



BOARD OF MEDICAL EXAMINERS

1920 N. STREET, SACRAMENTO, CALIFORNIA 95814
TELEPHONE

Applications and Examinations (916) 322-5040

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JUN 7 7 58 AM '77

APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE
BASED ON NATIONAL BOARD CREDENTIALS
CLASS C

18743

18744

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

18745

1. NAME: Last First Middle Initial		2. Social Security No.	
POLIGAR MICHAEL SCOTT		[REDACTED]	
3. List other names, if any, you have used: none			
4. Address: Street and No./Rural Route		City	State Zip Code
[REDACTED]		[REDACTED]	[REDACTED]
5. Name you wish on License:		Birthdate: (Month - Day - Year)	
Michael Scott Poligar, M.D.		[REDACTED]	
6. Premedical Education: Name of College or University		Location	
University of the Pacific		Stockton, Calif.	
Period of attendance:		Clock premed courses successfully completed:	
From: Sept 1968 To: May 1972		<input checked="" type="checkbox"/> Chemistry <input checked="" type="checkbox"/> Physics <input checked="" type="checkbox"/> Botany or Zoology	
7. Medical School: University of California School of Medicine - San Francisco			
Year	Name of Institution	Location	From To
1st	University of California San Francisco	S.F. Ca.	9/72 6/73
2nd	"	"	9/73 9/74
3rd	"	"	9/74 9/75
4th	"	"	9/75 6/76
5th	"	"	
6th	"	"	
8. Doctor of Medicine Degree granted by:		Date	For office use only
University of California - San Francisco		27 June 1976	School Code: CA 2
9. 1st Year Postgraduate Training (Residency): School of Medicine			
University of California Los Angeles - Center for the Health Sciences			
Location: Los Angeles, Calif.		Type of Service: Obstetrics & Gynecology	From To
			7/76 7/77
10. List all States in which you have been licensed to practice medicine: none			
11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, indicate below:			
State	Date	Charge	Disposition
12. Have you ever been denied a license to practice medicine in any State or Country?			Yes <input type="checkbox"/> No <input type="checkbox"/>
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?			Yes <input type="checkbox"/> No <input type="checkbox"/>

14. Have you ever been convicted of, pled guilty or 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 addiction? Yes No

15. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of \$50.00 or less.) Yes No

16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information:

Violation and Location	Date	Penalty/Disposition



Applicant: Please complete the following:

Height: Ft. In. Weight: Lbs.

Hair color: Eye color:

Identifying marks:

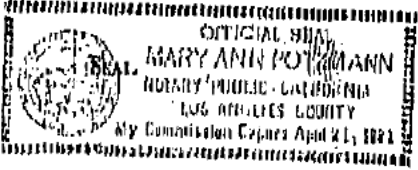
NOTE—APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, 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 Michael Policar MD

Date 16 June 1977

Subscribed and sworn to before me this 16th day of June 19 77



Signature of Notary Mary Ann Potzmann

Address 10533 Le Conte Ave
Los Angeles, Ca. 90024

My commission expires: April 21, 1981



BOARD OF MEDICAL EXAMINERS

1020 N STREET, SACRAMENTO, CALIFORNIA 95814

TELEPHONE: (916) 322-5046



This Certificate That Michael S. Polioar, M.D. of [redacted] matriculated in JOSE School of Medicine San Francisco on the 25 day of September 1972 and was granted the following credits on matriculation entered as freshman based upon the following credentials: AB in Chemistry University of the Pacific

The undersigned further certifies that the records of this institution show that PRIOR TO COMMENCING THE STUDY OF MEDICINE the applicant herein referred to has completed a three-year course of College grade including the subjects of PHYSICS, CHEMISTRY and BIOLOGY and that he attended in this institution 14 courses of lectures of 12 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 of Doctor of Medicine by the above-mentioned Medical (College) on the 27 day of June 1971

- 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
Anesthesia
Otolaryngology
Obstetrics and gynecology

Signed and the College seal affixed this 9th day of May 1977

APPEN SEAL HERE

By A. H. ... President, Secretary, Dean

* If premedical work has been completed state the name 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 from consecutive period of attendance.
§ Strike out the names NOT CONFIRMED.
The law requires 4 terms of 32 weeks each totaling 4,000 hours medical education completed in a school approved by the board.


Application Summary

6/2/16 11:38 AM

Page 1 of 3

License Type: **Physician and Surgeon G**
License Number: **34711**
File Number: **184369**
Application: **Physician's and Surgeon's Renewal**
Application Number: **14283654**
Application Date: **06/02/2016 (mm/dd/yyyy)**

Application Questions

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

Personal Detail

First Name: **MICHAEL**
Middle Name: **SCOTT**
Last Name: **POLICAR**
Birthdate: ****j**j******
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 - 1-9 Hours

Patient Care - 10-19 Hours

Research - None

Teaching - 10-19 Hours

Telemedicine - None

Patient Care Practice Location

Zip: 94110 County: SAN FRANCISCO

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

White

Foreign Language Proficiency

None

Web Site Profile

Cultural Background - Yes

Foreign Language Proficiency - Yes

Gender - Yes

E-mail:

Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00

Application Summary

3/30/14 7:25 AM

Page 1 of 3

License Type: **Physician and Surgeon G**
License Number: **34711**
File Number: **184369**
Application: **Physician's and Surgeon's Renewal**
Application Number: **14073141**
Application Date: **03/30/2014 (mm/dd/yyyy)**

Personal Detail

First Name: **MICHAEL**
Middle Name: **SCOTT**
Last Name: **POLICAR**
Birthdate: 
Gender: **Male**

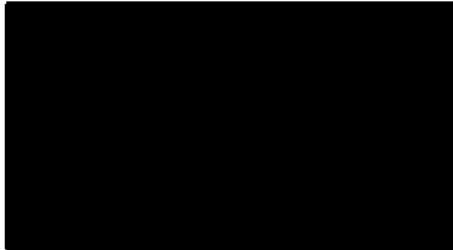
Addresses

License Related Addresses

Confidential Address (Optional)

Name:

Address:



License Specific Public/Mailing Address (Required)

Name:

Address:

Phone Number:

E-mail Address:



Questions

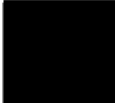
Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body, or, have you been convicted of any crime in any state, the U.S.A. and its territories, military court or a foreign country?



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?

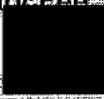


I certify under penalty of perjury, under the laws of California, that I have disclosed the names of those health-related facilities in which I or my family have a financial interest OR I declare under penalty of perjury I have no financial interests to disclose.



Family Physician Training Program Voluntary Fee

Voluntary Fee:



Attachments

Physician Survey

Are you retired?

No

Activities in Medicine

Administration - 10-19 Hours

Patient Care - 10-19 Hours

Teaching - 10-19 Hours

Patient Care Practice Location

Zip: 94110 County: SAN FRANCISCO

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

Public Health and General Preventive Medicine - Secondary

Board Certifications

American Board of Obstetrics and Gynecology - Obstetrics and Gynecology

Cultural Background

White

Web Site Profile

Cultural Background - Yes

Foreign Language Proficiency - Yes

Gender - Yes

E-mail:



Fees

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00

Steven M. Thompson Physician Corps Loan Repayment Program	\$25.00
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Total Amount Due:	\$820.00
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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: