



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95828  
APPLICATIONS AND EXAMINATIONS (P16) 920-6411

FEB 8 8 38 AM '00



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

For Graduates of Foreign Medical Schools Applying Under Sections 2193 and 2193.5  
of the California Business and Professions Code

9100.00  
005305  
007433/7200

ANSWER ALL QUESTIONS

1. Name: (Please print) First Middle Last

Jeffrey Michael Good

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. Send California certificate, if issued, to: No. and Street City State Zip Code

6. Have you ever taken the Federal Licensing Examination (Flex)? Where? When?

Yes North Dakota June '78

7. Premedical Education—College/University Name of College Location Period of Attendance From (mo./yr.) To (mo./yr.)

Columbia Univ New York City, N.Y. 9/66 6/69

8. Premed Courses (Required)

	Yes	No	College	Location	From (mo./yr.)	To (mo./yr.)
Chemistry	✓		Columbia Univ	New York City	9/66	6/67
Physics	✓		"	"	9/66	6/67
Biology	✓		"	"	9/66	6/67

9. Medical Education

Course	Medical College	Location	From (mo./yr.)	To (mo./yr.)
1st Basic Sci.	Univ Barcelona	Spain	9/69	6/70
2nd "	"	"	9/70	6/71
3rd "	"	"	9/71	6/72
4th Clinical Med.	"	"	9/72	6/73
5th "	"	"	9/73	6/74
6th "	"	"	9/74	6/75

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

Name of Institution Location Exact Date of Issuance  
Univ Barcelona fac. of med. Barcelona, Spain Sept 30, 1975

11. Internship in United States Hospitals:

Name of Hospital	Location	From (mo./yr.)	To (mo./yr.)
Hassan Hosp	Minneapolis, N.Y.	11/75	6/76

12. Postgraduate Instructions:

Name of Institution	Location	From (mo./yr.)	To (mo./yr.)
St. Joseph Hosp	Chicago, IL	7/76	6/77
McC. Simey Med. Center	Milwaukee, WI	7/77	Present

13. Have you been licensed to practice medicine in any state or country?  
 IF YES, where?  Yes  No

North Dakota, New York, & Wisconsin

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

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

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

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

Charge	Date	Disposition

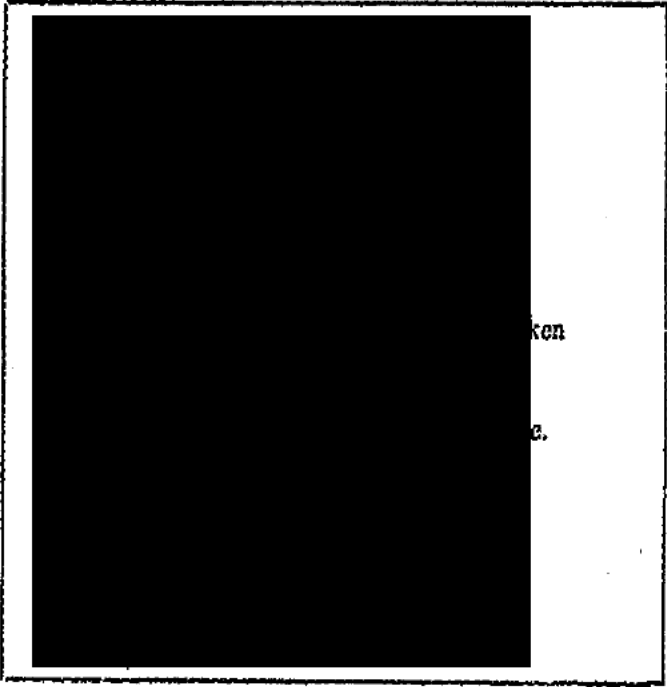
18. Have you ever been convicted of, or pled no contest to a violation of a federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances (narcotics)?  
 If YES, explain. [REDACTED]

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



I hereby declare 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

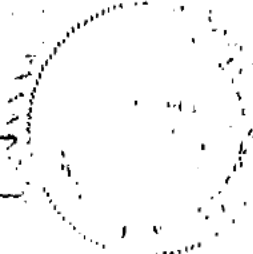
STATE OF Wisconsin }  
COUNTY OF Milwaukee } SS.

Jeffrey Good, M.D. 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]  
Signature of Applicant IN FULL (Do not use INITIALS ONLY)

Signed and sworn to before me this 31 day of JANUARY, 19 80

Louise A. Bongalli  
3243 S. Logan Ave  
Address



[SEAL]

My commission expires Feb 7, 1983



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Applications and Examinations (916) 920-0411

FEB 26 9 59 AM '80

PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES THAT Jeffrey Michael Good  
of [redacted] enrolled in Universidad de Barcelona  
Barcelona, Spain on the 1 day of oct 19 69

and was granted the following credits on enrollment:

Freshman  
based upon the following credentials: pre-med @ California State

The undersigned further certifies\* that the records of this institution show that he attended in this institution†  
30 courses of lectures of 40 weeks each, completing the following schedule totaling at least  
4,000 hours in the subjects required by Article 5, Section 2192 of the Business and Professions Code, relating to the practice  
of medicine, as set forth hereunder, and that he was granted the degree Doctor of Medicine† by the above-mentioned  
Medical (College) on the 30 day of Sept 19 75.

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 2192.3
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 seal affixed this 13-2 day of 1980

[AFFIX SEAL HERE]



By José Luis For Medeiros  
PRESIDENT, DEPUTY, DEAN



\* If premedical work has been completed state the time devoted thereto and institution where completed.  
† Each medical school affiliated with this board complete one of these forms covering periods of study.  
‡ Strike out the degree NOT CONFERRED.