



2118120

MQA

Licensee Certification & Non-Certification Request Detail Report

Report Date: May 20, 2014 4:09:47PM

Request ID: 70482

1 Licensee to be researched:

Profession Code & Name: 1501 Medical Doctor

Name: glazer, jeffrey d
Business Name:
Type of Request: Certification
License Number: 44465
Special Instruction:

2 Contact Information

Contact Name: Glazer, jeffrey d
E-mail: jeffglazer@gmail.com
Phone: (502) 558-7900 Ext.

3 Certification to be sent to:

Organization: State Medical Board of Ohio
Attention:
Address Line 1: 30 E. Broad Street
Address Line 2: 3rd Floor
City: Columbus, OH 43215
Phone: (502) 558-7900 Ext.
Fax:
E-mail:

4 Fee:

Fee Paid \$ 25.00
Validation Number 413448287

5 Completion Information:

Date completed:
Completed by:

6 Special Instruction:

RECEIVED

MAY 21 2014

License Verification

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the **Healthiest State** in the Nation

May 21, 2014

Ohio Board of Medicine
30 East Broad Street, 3rd Floor
Columbus, OH 43215

RE: License Certification for Jeffrey David Glazer

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME44465
ORIGINAL CERTIFICATION:	07/27/1984
EXPIRATION DATE:	12/31/1987
CURRENT STATUS OF LICENSE:	AUTHORITY VOID,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Ellen Pulido
Licensure Support Services

**Florida Department of Health**

Division of Medical Quality Assurance • Bureau of Operations
4052 Bald Cypress Way, Bin C-10 • Tallahassee, FL 32399-3260
PHONE: (850) 245-4444 • FAX: (850) 245-4791

www.FloridasHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh
Created on 5/21/2014 11:26 AM



Rick Scott
Governor

H. Frank Farmer, Jr., M.D., Ph.D.
State Surgeon General

LICENSE STATUS "AUTHORITY VOID"

Previously, the Florida Board of Medicine issued license numbers to applicants who had been approved for licensure. However, in order to be able to practice, an applicant had to pay the required fees to activate the license.

If applicants failed to pay the fees and complete the activation process within six (6) months of approval, the authority to hold licensure became void. "Authority Void" is the status that is reflected in our data base for these applicants.

NAME;

Cherry

ROLL #

1012

CAMERA II

DATE

9-27-89

*✓
6/22/89
MAY*

Jane TRNG Graduate
944465

Agenda

ME 0044465 (86/91771)
GLAZER, JEFFREY DAVID
9645 BAYMEADOWS RD #812
JACKSONVILLE FL 32216-

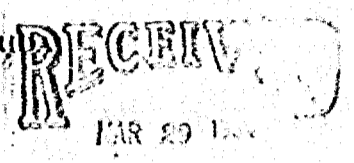
NAME: Glazer

ROLL # 1011

CAMERA 11

DATE 9-29-84

DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF MEDICAL EXAMINERS OF FLORIDA



ENDORSEMENT APPLICATION

Fee of \$250 must accompany application. NO FEE REFUNDED. ANSWER ALL QUESTIONS MEDICAL NURSE/PATH
OSTEOPATH

If the answer to any question is YES, give details in a notarized affidavit attached to the application.

****PLEASE TYPE OR USE BLACK INK(ONLY) WHEN COMPLETING APPLICATION****

On the basis of certification by the National Board of Medical Examiners _____ Federation Licensure Examination (FLEX) _____ I hereby, apply for licensure to practice medicine and surgery in Florida, and in support of this submit the following information.

Name in full JEFFREY DAVID GLAZER
(Type or print name as it should appear on certificate)

List and explain all other names you have used. _____

Have you ever legally changed your name? No If so, enclose certified copy of legal document giving change.

Residence address (at time of filing application) 9645 Baymeadows Rd Apt. 812

Office address none Jax FL 32216

Permanent address (if different from above) _____

Intended residence 9645 Baymeadows Rd #812 JAX FL 32216
(Print street and number, city, state, zip code)

Place of birth Louisville KY Date of birth 5-157

Are you a citizen of the United States? Yes

Did you attend a college or university? University of Louisville, Louisville KY 1975-79
(Give name, location and dates)

Do you have any degree other than M.D.? No
(Degree, date, school)

MEDICAL EDUCATION: Be specific. Account for each year.

STEP University of Louisville from Sp 1979 to MAY 1983
(Name of medical school, location)

Louisville KY from 19 to 19
(Name of medical school, location)

from 19 to 19
(Name of medical school, location)

from 19 to 19
(Name of medical school, location)

Degree of Doctor of Medicine was obtained from University of Louisville, Louisville, KY
(Name of medical school, location)
on 5-15-83 19

CERTIFICATE OF MEDICAL EDUCATION (Applicant must submit certified copy of medical diploma. Documents written in language other than English must be accompanied by a notarized translation.)

03/29/84 15 20 1197 0346739 250.00 DPR

NAME;

Curtis

ROLL #

1512

CAMERA II

DATE

7-29-84

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT

990 Training List chronologically residency or other post-graduate training Give name and address of hospitals, exact dates, and specify type of training. If currently in training give name of department chief *655*

JAX Hosp Educ. PGM Univ. Hosp - JAX 652 W. 8th St 32209
Dept Ob/GYN 1983 (July) - Present

List chronologically locations practiced and/or employed Give addresses, dates, specify type of practice and/or employment

List hospitals where you have staff privileges (Give addresses, dates of service, chief of staff)

Have you ever been denied staff privileges in any hospital? *No* Have you ever had your staff privileges suspended? *No*

MILITARY SERVICE: (Attach copy of separation report.)
None

FOREIGN GRADUATES: ECFMG Standard Certificate No. _____ issued after passing examination. (Attach notarized copy of certificate.)

In what states have you ever been licensed? List states giving license number and date of issuance.

Have you ever studied to become, or do you hold a license in any state as a chiropractor, naturopath or osteopath?
No

Have you ever failed a state board, FLEX or National Board examination? *No*

Have you ever been denied an application for a license to practice medicine by any state board or other governmental agency of any state or country? *No*

Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct?
No

Have you ever had a license to practice medicine and surgery revoked, suspended, or other disciplinary action taken in any state, territory, or country? *No*

NAME;

Christine

ROLL #

1011

CAMERA 11

DATE

9/21/89

Are you certified by _____ an American Specialty Board? *No* If yes, give name of Board.
(Enclose copy of Board certificate or letter verifying eligibility.)

Have you ever been convicted of a felony? *No* A misdemeanor? *No* Have any judgments ever been entered against you? *No* Have you ever been sued for malpractice?

Have you ever had to discontinue practice for any reason for a period of one month or longer? *No*

Are you now _____ have you ever been addicted to or excessively used alcohol, narcotics, habituates, or any other medication? _____

Are you now or have you ever been emotionally or mentally ill? _____ Have you ever received psychotherapy? _____

Have you ever voluntarily or otherwise been a patient in an _____ tion for the treatment of mental or emotional illness, drug addiction or abuse, or excessive use of alcohol? _____

Have you ever been treated but not hospitalized? _____
If any of these questions are answered yes, give details including dates, names of and addresses of hospitals and treating physicians on sworn affidavit.

Have you ever been warned or called before the Bureau of Narcotics and Dangerous Drugs? *No* Have you ever made an offer to compromise in connection with the Harrison Narcotic Law? *No* Have you ever been denied or surrendered a narcotic tax stamp? *No*

LIST MEDICAL SOCIETY AFFILIATIONS: State, county, national including dates and complete address (street, city, state).

Has any application for medical society membership been rejected? *No*

Have you ever been notified to appear before a medical society in regard to charges or complaints filed against you? *No*

List civic organizations of which you are or have been a member.

FLEX Certification: (Applicant must have weighted average of 75% or above on the examination to be eligible for consideration).
Applicant is responsible for contacting FLEX and having a certified transcript of FLEX grades sent to the Florida Board. The address is: FLEX c/o The Federation of State Medical Boards, 2626-B West Freeway, Fort Worth, Texas 76102.

CERTIFICATE OF NATIONAL BOARD OF MEDICAL EXAMINERS: Applicant is responsible for contacting the National Boards and having a certified copy of grades and certificate number sent to the Florida Board. The address is: National Board of Medical Examiners, 3930 Chestnut Street, Philadelphia, Pa. 19104.

PLEASE NOTE: ALL certificates accompanying the application MUST be certified OR notarized as a True and Correct Copy. This application WILL NOT be considered complete unless this requirement is met by the applicant.

NAME: Chandy
CAMERA II

ROLL # 1010
DATE 9-27-84

RECOMMENDATIONS Give the names and complete addresses of two physicians.
If in training or employed give names and addresses of physicians with whom you have worked.

Robert Thompson M.D. Chmn. Dept Ob Gyn 655 W. 8th St JAV FL 32107
Ernest Ferrell M.D. Dept Ob Gyn 655 W. 8th St JAV FL 32107

AFFIDAVIT OF APPLICANT

I, JEFFREY DAVID GLAZER, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Florida.

COUNTY OF DUVAL
STATE OF FLORIDA

Jeffrey David Glazer
(Signature of Applicant)

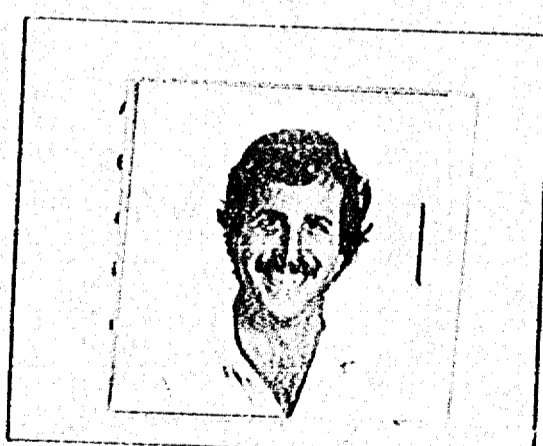
Subscribed and sworn to before me this 20 day of March, 1984.

Quelyn R. Carl
(Notary Public)

My Commission Expires January 20, 1988
(NOTARY SEAL)

TO BE COMPLETED BY APPLICANT

Date 3-20-84
Age 26
Height 6'0" Weight 160
Color of Eyes Brown
Color of Hair Brown
Other means of identification _____



FOR USE OF SECRETARY ONLY

Oral Examination Yes _____ No _____
Date _____
Approved _____ Disapproved _____

License Number 44465
Date Issued 1/9/84

Name as it appears on license _____

NAME: [REDACTED]

ROLL # [REDACTED]

CAMERA II

DATE [REDACTED]

NATIONAL BOARD OF MEDICAL EXAMINERS* 3930 CHESTNUT STREET, PHILADELPHIA, PENNSYLVANIA 19104
ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Jeffrey David Glazer, M.D.
having satisfied all the requirements and having successfully passed the examinations is hereby
declared a Diplomate of the National Board of Medical Examiners.

Attest **C. WILLIAM DAESCHNER, JR., M.D.**
Chairman of the Board

SEAL **EDITH J. LEVIT, M.D.**
President of the Board

Philadelphia, Pa. 07/02/84 Certificate # 280435

RECEIVED
MAY 29 1984
MEDICAL/NATUROPATH
OSTEOPATH

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be* awarded to the physician named above, who graduated from **U LOUISVILLE SCH MEDICINE** in **MAY 1983** and whose birth date is **05/01/1957**. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed <u>06/81</u>		
Anatomy, incl. histology and embryology	375	[REDACTED]
Physiology	475	[REDACTED]
Biochemistry	380	[REDACTED]
Pathology	480	[REDACTED]
Microbiology, incl. immunology	370	[REDACTED]
Pharmacology and Materia Medica	375	[REDACTED]
Behavioral Sciences	355	[REDACTED]
TOTAL TEST (Minimum Passing Score 380)	385	[REDACTED]
Part II passed <u>04/82</u>		
Internal medicine and the medical specialties	465	[REDACTED]
Surgery and the surgical specialties	500	[REDACTED]
Obstetrics and Gynecology	550	[REDACTED]
Public Health and Preventive Medicine	425	[REDACTED]
Pediatrics	470	[REDACTED]
Psychiatry	415	[REDACTED]
TOTAL TEST (Minimum Passing Score 290/75)	465	[REDACTED]
PART III passed <u>03/84</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	420	[REDACTED]
GENERAL AVERAGE (Parts I, II, and III Scale Score)		[REDACTED]

RECEIVED
MAY 29 1984
MEDICAL/NATUROPATH
OSTEOPATH

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Ann K. Heverling
Secretary for Certification

SEAL

05/25/84

Date

NAME;

ROLL #

CAMERA II

DATE

6-20-84
BG

DEPARTMENT OF PROFESSIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
OLD COURT HOUSE SQUARE BUILDING
130 N. Monroe Street
Tallahassee, Florida 32301

TO: Jeffrey D. Glazer, M.D.
9645 Baymeadows Road, Apt. 612
Jacksonville, Florida 32216

FROM: DOROTHY J. FAIRCLOTH, Executive Director

***NO APPLICATION WILL BE CONSIDERED COMPLETE UNTIL ALL REQUESTED INFORMATION HAS BEEN RECEIVED IN THE BOARD OFFICE. ALL DOCUMENTS TO BE NOTARIZED MUST BE CERTIFIED AS A TRUE AND CORRECT COPY OF THE ORIGINAL BY THE NOTARY PUBLIC. OTHERWISE, THE DOCUMENTS SHALL BE RETURNED TO THE APPLICANT FOR PROPER NOTARIZATION.

Your application has been received but is incomplete for failure to submit:

- ___ Please respond to the enclosed letter of Licensing Authority
- ___ copy of medical school diploma
- ___ certified translation of medical school diploma (IF NOT IN ENGLISH)
- ___ \$250.00 examination fee
- ___ \$250.00 endorsement fee
- ___ copy of standard ECFMG certificate
- ___ copy of 5th pathway certificate
- ___ ~~copy of~~ evidence of 1 year AMA approved Internship or residency, or in lieu thereof, licensure and 5 years practice in country or state in which licensed (send copy of certificate or in lieu thereof letter from director stating your completion of one year AMA approved training)
- ___ ~~copy of~~ FLEX or NATIONAL BOARD certificate of Endorsement
- ___ separation from service form
- ___ photograph ___
- ___ proof of legal change of name (court order or marriage certificate)
- ___ current letters of recommendation (ADDRESSED TO THE FLORIDA BOARD)
- ___ accounting for ALL of the following time
- ___ FLEX Application, Part A completed
- ___ OTHER:

REVISED 6/22/83

NAME; *Ch...*

ROLL # *1-12*

CAMERA II

DATE *6-15-84*

DEPARTMENT OF PROFESSIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
OLD COURT HOUSE SQUARE BUILDING
130 N. Monroe Street
Tallahassee, Florida 32301

6-15-84

TO: Jeffrey David Glazer, M.D.
9645 Baymeadows Rd., Apt. 812
Jacksonville, Fl. 32216

FROM: DOROTHY J. FAIRCLOTH, Executive Director

***NO APPLICATION WILL BE CONSIDERED COMPLETE UNTIL ALL REQUESTED INFORMATION HAS BEEN RECEIVED IN THE BOARD OFFICE. ALL DOCUMENTS TO BE NOTARIZED MUST BE CERTIFIED AS A TRUE AND CORRECT COPY OF THE ORIGINAL BY THE NOTARY PUBLIC. OTHERWISE, THE DOCUMENTS SHALL BE RETURNED TO THE APPLICANT FOR PROPER NOTARIZATION.

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- Please respond to the enclosed letter of Licensing Authority
- copy of medical school diploma
- certified translation of medical school diploma (IF NOT IN ENGLISH)
- \$250.00 examination fee
- \$250.00 endorsement fee
- copy of standard ECFMG certificate
- copy of 5th pathway certificate
- evidence of 1 year AMA approved Internship or residency, or in lieu thereof, licensure and 5 years practice in country or state in which licensed
- certified copy of FLEX or NATIONAL BOARD certificate of Endorsement
- separation from service form
- photograph 1 This cannot be a polaroid.
- proof of legal change of name (court order or marriage certificate)
- current letters of recommendation (ADDRESSED TO THE FLORIDA BOARD)
- accounting for ALL of the following time
- FLEX Application, Part A completed
- OTHER: Your application will remain incomplete until we receive the above.

REVISED 6/22/83

NAME;

Cr...

ROLL #

151

CAMERA 11

DATE

9-29-84

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES
DEPARTMENT OF DATA RELEASE SERVICES

DATE: 04-27-84
TIME: 5:11 PM

32216

NAME: GLAZER, JEFFREY DAVID, M.D.
ADDRESS: 9645 BAYHEADS RD-012
BIRTHPLACE: LOUISVILLE, KY

JACKSONVILLE FL
BIRTHDATE: 05/01/57

1983

MEDICAL EDUCATION (SCHOOL YEAR):
UNIV OF LOUISVILLE SCH MED, LOUISVILLE KY 40202
NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE
LICENSES: NONE REPORTED TO DATE

PHYSICIAN'S PROFESSIONAL ACTIVITIES:
INTERN

PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY
SECONDARY SPECIALTY: UNSPECIFIED
TERTIARY SPECIALTY: UNSPECIFIED

SPECIALTY BOARD CERTIFICATION: NONE REPORTED TO DATE
MEMBER OF AMA: NOT MEMBER
NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NONE REPORTED TO DATE
PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE
CURRENT MEDICAL TRAINING: INTERN
HOSPITAL: JACKSONVILLE HLTH ED PROG JACKSONVILLE FL 32209

DATES OF TRAINING: 07/83-06/87
SPECIALTY: OBSTETRICS AND GYNECOLOGY
SPECIALTY: UNSPECIFIED

INTERNSHIP: NONE REPORTED TO DATE
RESIDENCY: NONE REPORTED TO DATE
FELLOWSHIP: NONE REPORTED TO DATE

COPYRIGHT 1984 AMERICAN MEDICAL ASSOCIATION **AMA FILES CHECKED** SEE REVERSE

NAME;

Chandler

ROLL #

1512

CAMERA II

DATE

9-24-84

AMA PHYSICIAN PROFILE (CONTINUED)

IT IS MUTUALLY AGREED BETWEEN THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE REQUESTING ORGANIZATION THAT THIS PHYSICIAN PROFILE (SEE REVERSE) IS PROVIDED TO THE REQUESTING ORGANIZATION WITH THE UNDERSTANDING THAT (1) THE INFORMATION ON THE PROFILE WILL BE TREATED WITH TOTAL CONFIDENTIALITY; (2) THAT SUCH INFORMATION IS GRANTED SOLELY TO THE REQUESTING ORGANIZATION AND IS GRANTED AS A NON-EXCLUSIVE LIMITED LICENSE, CONSISTENT WITH AND LIMITED TO THE SPECIFIC PURPOSES SET FORTH ON THE PHYSICIAN PROFILE REQUEST FORM; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT UPON A BREACH OF ANY OF THE FOREGOING COVENANTS OR UPON THE EFFECTIVE DATE OF ANY STATUTE, REGULATION OR COURT DECISION MANDATING ANY DISCLOSURE WHATSOEVER OF SUCH PROFILE INFORMATION BY THE REQUESTING ORGANIZATION, SUCH LICENSE TO USE AND POSSESS THE PROFILE SHALL BE AUTOMATICALLY AND IMMEDIATELY TERMINATED AND THE PROFILE AND ANY INFORMATION OR DATA CONTAINED THEREON OR, IN ANY WAY, DERIVED THEREFROM SHALL BE RETURNED TO THE AMA IMMEDIATELY, BUT, IN NO EVENT, LATER THAN 48 HOURS AFTER SUCH AUTOMATIC TERMINATION.

NAME;

Casady

ROLL #

1512

CAMERA II

DATE

7-29-79

From the desk of
DR. JEFFREY GLAZER

Dear Dr. Palmer

Enclosed please find

1) completed application for licensure
in Florida

2) 2 letters of recommendation to practice
medicine in Florida

3) a copy of my diploma

4) a letter stating I will complete
my first year of residency in Ob/Gyn

5) a check for \$50

All these (except for the check) have been notarized
Please submit these for my licensure in the
State of Florida.

Thank you
Jeff Glazer

NAME: Crane
CAMERA II

ROLL # 151
DATE 7-29-84

DOCTOR'S APPLICATION
UPON THE RETURN
OF THIS EVALUATION.
PLEASE RUSH

DEPARTMENT OF PROFESSIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
OLD COURT HOUSE SQUARE BUILDING, Suite 150
120 N. Monroe Street
Tallahassee, Florida 32301
(904) 438-0595

TO: Chairman, Dept. of OB/GYN
Jacksonville Hospital Educational
Program
655 West 8th Street
Jacksonville, FL 32209

FROM: Dorothy J. Faircloth, Executive Director

JUL 12 1984
RECEIVED

MEDICAL NUTRITION
OSTEOPATH

Please complete the form below and return it to this office as soon as possible.
This doctor made application for medical licensure in Florida and is under investi-
gation by this authority.

1. Name JEFFREY DAVID GLAZER, M.D.

2. Internship XX Residency FROM 7/1983 TO Present

3. Professional Character (compared to physician of similar experience)

	POOR	FAIR	GOOD	SUPERIOR	DON'T KNOW
a. Basic Medical Knowledge	---	---	✓	---	---
b. Diagnostic and Clinical Ability	---	---	✓	---	---
c. Teaching Ability	---	---	✓	---	---
d. Research Potential	---	---	✓	---	---
e. Fitness for Clinical Practice	---	---	✓	---	---

4. Personal Character:

a. Motivation	---	---	✓	---	---
b. Initiative	---	---	✓	---	---
c. Responsibility	---	---	✓	---	---
d. Integrity	---	---	✓	---	---
e. Appearance	---	---	✓	---	---
f. Knowledge of English	---	---	✓	---	---

5. Relationship:

a. Teaching Staff	---	---	✓	---	---
b. Colleagues	---	---	✓	---	---
c. Nursing Staff	---	---	✓	---	---
d. Patients	---	---	✓	---	---

6. Physical Handicaps: [REDACTED]

Comment: [REDACTED]

7. Personality Problems Which Might Affect Performance:

8. Overall Evaluation: ***IF ITEM 3 or 4 IS CHECKED, PLEASE PROVIDE A WRITTEN EXPLANATION ON THE REVERSE SIDE OF THIS SHEET.

- 1. Recommend as outstanding applicant.
- 2. Recommend as qualified and competent.
- 3. Recommend with some reservation.
- 4. Cannot Recommend.

Dorothy J. Faircloth
Chairman Dept OB/GYN

9. Use back of page for additional information or comment.

NAME;

Cassidy

ROLL #

1512

CAMERA 11

DATE

9-29-84



JACKSONVILLE HEALTH EDUCATION PROGRAMS, INC.

655 West 8th Street Jacksonville, Florida 32209 (904) 350-6682

A DIVISION OF J. HILLIS MILLER HEALTH CENTER
UNIVERSITY OF FLORIDA

Department of
Obstetrics & Gynecology

February 27, 1984

George S. Palmer, M.D.
Executive Director
Florida State Board of Medical Examiners
Oakland Building, Suite 220
2009 Apalachee Parkway
Tallahassee, Florida 32301

Dear Dr. Palmer:

RE: Jeff Glazer, M.D.

Dr. Glazer will complete his first year of resident training in the Department of Obstetrics and Gynecology through the Jacksonville Health Education Programs, Inc. on June 30, 1984. He is a fine resident and knowledgeable of his specialty.

It gives me a great pleasure to recommend him to you for licensure.

Sincerely,

Robert J. Thompson, M.D.

Robert J. Thompson, M.D.
Professor and Chairman
Department of Obstetrics and Gynecology

RJT:pb

Witness my hand and seal this 27 day of February, 1984

Evelyn R. Carl
Notary Public

MEMBERS

- Baptist Medical Center • Cathedral Health & Rehabilitation Center • Duval County Medical Society • Greater Orange Park Community Hospital
- Hope Haven Children's Hospital • Memorial Hospital • Methodist Hospital • Riverside Hospital • St. Luke's Hospital • St. Vincent's Medical Center
- University Hospital of Jacksonville • University of North Florida • Florida Junior College at Jacksonville • Jacksonville General Hospital
- Jacksonville University • University of Florida

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

NAME;

Cherry

ROLL #

1513

CAMERA II

DATE

9-29-84



UNIVERSITY HOSPITAL
OF JACKSONVILLE

655 West Eighth Street
Jacksonville, Florida 32209
Telephone: (904) 350-6679

Gene M. Lead
President

March 19, 1984

Board of Medical Directors
Old Courthouse Square
130 North Monroe Blvd.
Suite 100
Tallahassee, Florida 32301

Re: Jeffrey Glazer, M.D.

TO WHOM IT MAY CONCERN:

Doctor Jeffrey Glazer is a resident in our Obstetrics and Gynecology Program. I have had the opportunity of working with him for the past nine months and he has done an outstanding job. He has demonstrated a great desire to learn and is very concerned about his patients' care. He has always been of the highest moral character.

As one of the attendings in the Division of Obstetrics in the Department of Gynecology at University Hospital, I have the opportunity and privilege of participating in the education and development of many young doctors and Dr. Glazer is one of the finest. I take great pleasure in recommending that he be allowed to practice medicine and surgery in the State of Florida.

Sincerely,

Ernest Ferrell, M.D.
Director, Prenatal Diagnostic Program

EF:bg

Witness my hand and seal this *22* day of *March*, 1984

Notary Public

Equal Opportunity
Affirmative Action Employer

NAME; *Clayton*

ROLL # *1512*

CAMERA II

DATE *9-29-84*

This is a true copy of the original document.
Witness my hand and seal this 13 day of Sept 1984.

Ernest R. Carl
Notary Public

The University of Louisville

To all to whom these Letters shall come, Greeting:

The trustees of the University on the recommendation of the University faculty and by virtue of the authority vested in them have conferred on

Jeffrey David Glazer

who has satisfactorily pursued the studies and passed the examinations required therefor the degree of

Doctor of Medicine

with all the rights, privileges and honors pertaining thereto.

Given at the University of Louisville in the Commonwealth of Kentucky on the Fifteenth day of May in the year of our Lord the One Thousand Nine Hundred Eighty-third, of the City of Louisville the Two Hundred Fifth, of the Commonwealth of Kentucky the One Hundred Ninety-first, and of the University of Louisville the One Hundred Eighty-fifth.



Donald C. Whinn
Chancellor of the University

Donald C. Swain
President of the University

Bruce A. Bursick
Vice-Chancellor of the University

Donald R. Smith
Dean of the School of Medicine

NAME;

Crosby

ROLL #

1512

CAMERA II

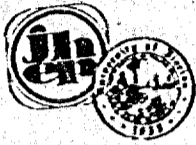
DATE

9-27-84

JACKSONVILLE HEALTH EDUCATION PROGRAMS, INC.

655 West 8th Street Jacksonville, Florida 32209 (904) 350-6682

A DIVISION OF J. HILLIS MILLER HEALTH CENTER
UNIVERSITY OF FLORIDA



Department of
Obstetrics & Gynecology

February 27, 1984

Florida Board of Medical Examiners
130 North Monroe Street, Suite 100
Old Courthouse Square Building
Tallahassee, Florida 32301

Attention: Dorothy Faircloth

Dear Ms. Faircloth:

Dr. Jeff Glazer is currently a first year resident in the Department of Obstetrics and Gynecology. He began his residency in July, 1983 and will complete the residency program in June, 1987.

Sincerely,

Robert J. Thompson, M.D.
Robert J. Thompson, M.D.
Professor and Chairman
Department of Obstetrics and Gynecology

RJT:pb

Witness my hand and seal this 27 day of February, 1984

Enidyn R. Park
Notary Public

MEMBERS

- Baptist Medical Center
- Cathedral Health & Rehabilitation Center
- Hope Haven Children's Hospital
- Memorial Hospital
- University Hospital of Jacksonville
- Methodist Hospital
- University of North Florida
- Jacksonville University
- Duval County Medical Society
- Riverside Hospital
- Florida Junior College at Jacksonville
- University of Florida
- Greater Orange Park Community Hospital
- St. Luke's Hospital
- St. Vincent's Medical Center
- Jacksonville General Hospital

EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

NAME: *Clarke*

ROLL # *1512*

CAMERA II

DATE *9-27-84*



Department of Professional Regulation

Governor
Bob Graham
Secretary
Fred Poche

Board of Medical Examiners
30 N. Monroe Street, Tallahassee, Florida
(904) 488-0595

May 2, 1984

TO: University of Louisville School
of Medicine
Health Sciences Center
Louisville, Ky. 40202

FROM: DOROTHY J. FAIRCLOTH
EXECUTIVE DIRECTOR

The individual listed below has applied to the Florida Board of Medical Examiners for licensure in the profession indicated. A diploma from your school was submitted as proof of having completed educational prerequisites for licensing. Please authenticate by signature and seal (school or notary) that the following information is true and correct according to your records.

NAME: Jeffrey David Glazer

PROFESSION: Medical

DATE OF BIRTH: 5-1-57

TYPE OF DEGREE: M. D.

DATE DEGREE GRANTED: 5-15-83

COMMENTS: _____

Verified by: *Lillian A. Jones*
Signature

Lillian A. Jones
Name

Program Assistant
Title

SEAL

BOARD MEMBERS

J. Carver Boyd, M.D. Ben M. Cole, M.D. Richard T. Conard, M.D. Richard J. Feinstein, M.D.
 Alberto M. Hernandez, M.D. Robert B. Katirji, M.D. John N. Sims, M.D. Jeraldine Smith
 Raul Valdes-Fault Dana V. Wallace, M.D. Robert N. Webster, M.D.

NAME;

Compton

ROLL #

150

CAMERA 11

DATE

9-27-84

ATT: SUE COMPTON

JUNE



Department of Professional Regulation

Governor
Bob Graham
Secretary
Fred Roche

Board of Medical Examiners
130 N. Monroe Street, Tallahassee, Florida
(904) 488-0595

TO: University of Louisville School
of Medicine
Health Sciences Center
Louisville, Ky. 40202

May 2, 1984

FROM: DOROTHY J. FAIRCLOTH
EXECUTIVE DIRECTOR

The individual listed below has applied to the Florida Board of Medical Examiners for licensure in the profession indicated. A diploma from your school was submitted as proof of having completed educational prerequisites for licensing. Please authenticate by signature and seal (school or notary) that the following information is true and correct according to your records.

NAME: Jeffrey David Glazer

PROFESSION: Medical

DATE OF BIRTH: 5-1-57

TYPE OF DEGREE: M. D.

DATE DEGREE GRANTED: 5-15-83

COMMENTS: _____

Verified by: _____
Signature

_____ Name

_____ Title

SEAL

BOARD MEMBERS

J. Carver Boyd, M.D. Ben M. Cole, M.D. Richard T. Conard, M.D. Richard J. Feinstein, M.D.
 Alberto M. Hernandez, M.D. Robert B. Katims, M.D. John N. Sims, M.D. Jeraldine Smith
 Raul Valdes-Fauli Dana V. Wallace, M.D. Robert N. Webster, M.D.

NAME;

Cherdy

ROLL #

1512

CAMERA II

DATE

9-29-84

JACKSONVILLE HEALTH EDUCATION PROGRAMS, INC.



655 West 8th Street Jacksonville, Florida 32209 (904) 350-6682

A DIVISION OF J. HILLIS MILLER HEALTH CENTER
UNIVERSITY OF FLORIDA

Department of
Obstetrics & Gynecology

June 27, 1984

RECEIVED
JUN 29 1984
MEDICAL DEPARTMENT
UNIVERSITY OF FLORIDA

Florida Board of Medical Examiners
130 North Monroe Street, Suite 100
Old Courthouse Square Building
Tallahassee, Florida 32301

Attention: Dorothy Faircloth

Dear Ms. Faircloth:

Dr. Jeff Glazer is currently a first year resident in the Department of Obstetrics and Gynecology. He began his residency July, 1983 and will complete the residency program on June 30, 1987.

Sincerely,

Robert J. Thompson, MD

Robert J. Thompson, M.D.
Professor and Chairman
Department of Obstetrics and Gynecology

RJT:pb

Witness my hand and seal this 27th day of June 1984

Evelyn R. Carl
Notary Public

My commission expires Jan 20, 1988

MEMBERS
Baptist Medical Center • Duval County Medical Society • Humana Hospital Orange Park • Jacksonville General Hospital
Jacksonville & Northeast District Dental Associations • Memorial Medical Center • Methodist Hospital • Nemours Children's Hospital • Riverside Hospital
St. Luke's Hospital • St. Vincent's Medical Center • University Hospital of Jacksonville • University of North Florida • Florida Junior College
Jacksonville University • University of Florida

EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

NAME: *Casidy*

ROLL # *1512*

CAMERA II

DATE *7-29-84*

JACKSONVILLE HEALTH EDUCATION PROGRAMS, INC.

655 West 8th Street Jacksonville, Florida 32209 (904) 350-6682

A DIVISION OF J. HILLIS MILLER HEALTH CENTER
UNIVERSITY OF FLORIDA



Department of
Obstetrics & Gynecology

July 19, 1984

Florida Board of Medical Examiners
130 North Monroe Street, Suite 100
Old Courthouse Square Building
Tallahassee, Florida 32301

Attention: Dorothy Faircloth

Dear Ms. Faircloth:

This is to certify that Jeff Glazer, M.D. completed his internship in the Department of Obstetrics and Gynecology on June 30, 1984 and is expected that he will graduate from the program on June 30, 1987.

Sincerely,

Robert J. Thompson
Robert J. Thompson, M.D.
Professor and Chairman
Department of Obstetrics and Gynecology

RJT:pb

Witness my hand and seal this 23 day of July 1984

Evelyn R. Corl
Notary Public

My commission expires January 20, 1988

MEMBERS
Baptist Medical Center • Duval County Medical Society • Humana Hospital Orange Park • Jacksonville General Hospital
Jacksonville & Northeast District Dental Associations • Memorial Medical Center • Methodist Hospital • Newberry Children's Hospital • Riverside Hospital
St. Luke's Hospital • St. Vincent's Medical Center • University Hospital of Jacksonville • University of North Florida • Florida Junior College
Jacksonville University • University of Florida

EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

NAME: *Crutley*
CAMERA 11

ROLL # 1512
DATE 9-27-84



Department of
Obstetrics & Gynecology

JACKSONVILLE HEALTH EDUCATION PROGRAMS, INC.

655 West 8th Street Jacksonville, Florida 32209 (904) 350-6682

A DIVISION OF J. HILLIS MILLER HEALTH CENTER
UNIVERSITY OF FLORIDA

2ND COPY

July 19, 1984

Florida Board of Medical Examiners
130 North Monroe Street, Suite 100
Old Courthouse Square Building
Tallahassee, Florida 32301

Attention: Dorothy Faircloth

Dear Ms. Faircloth:

This is to certify that Jeff Glazer, M.D. completed his internship in the Department of Obstetrics and Gynecology on June 30, 1984 and is expected that he will graduate from the program on June 30, 1987.

Sincerely,

Robert J. Thompson

Robert J. Thompson, M.D.
Professor and Chairman
Department of Obstetrics and Gynecology

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Witness my hand and seal this 23 day of July 1984

Evelyn R. Corb
Notary Public

My commission expires January 20, 1988

- MEMBERS
- Baptist Medical Center • Duval County Medical Society • Humana Hospital Orange Park • Jacksonville's General Hospital
 - Jacksonville & Northeast District Dental Associations • Memorial Medical Center • Methodist Hospital • Nemours Children's Hospital • Riverside Hospital
 - St. Luke's Hospital • St. Vincent's Medical Center • University Hospital of Jacksonville • University of North Florida • Florida Junior College
 - Jacksonville University • University of Florida

EQUAL EMPLOYMENT OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

RECEIVED

AUG 16 1984

MEDICAL/NATUROPATH
OSTEOPATH

RECEIVED
AUG 15 9 15 AM '84
DEPARTMENT OF
PROFESSIONAL REGULATION

NAME; Casley
CAMERA II

ROLL # 1512
DATE 9-29-84

SIGNATURE FIRST CHECK	MARY ANN KELLY	SIGNATURE SECOND CHECK	MARGARET H HALE
DATE:	<u>1/1</u>	DATE:	<u>6/20/84</u>
SCHOOL LETTER APPLICATION (All Questions Answered)	<u>5-2-84</u> ✓ <u>1231*</u>		✓
FEE	✓		✓
MEDICAL DIPLOMA (NOTARIZED)	✓		✓
TRANSLATION (If Foreign)			✓
TRAINING APPROVED	✓		✓
FIVE YEARS LICENSED PRACTICE:			
1) Proof of Licensure			
2) Proof of Practice			
ECFMG:			
1) Standard			
2) Interim			
3) Verified			
5TH PATHWAY APPROVED			
2 LETTERS OF RECOMMENDATION	✓✓		✓✓
AMA VERIFICATION (IN)	<u>4/23/84</u>		✓
VERIFICATION OF FMG EDUCATION			
GRADES (Endorsement)			
1) FLEX			
2) National Board	<u>7/84</u>		<u>7/2/84</u>
SEPARATION FROM SERVICE FORM			
LEGAL CHANGE OF NAME			
ACCOUNTING FOR TIME			
1) Dates:			
STATES WHERE LICENSED (NUMBER)			
1) Verification Received			
STAFF (Number)			
1) Verification Received			
PHOTOGRAPH			
TRAINING (NUMBER)	<u>6-5-84</u> ✓		✓

cert. on comp. Complete add 2 hrs. 6-22-84

req. 6-15-84

94 HOSP.

NAME:

Compton

ROLL #

1512

CAMERA II

DATE

9-29-89

ATT: SUE COMPTON

PLEASE PRINT OR TYPE

JULY

NAME: *JEFFREY D. GLAZER*

ADDRESS: *9645 Baymeadows Rd #812*

JAX FL 32216

RECEIVED
JUL 28 1989

MEDICINA TROPICAL
OSTEOPATH

BOARD MEMBERS

Leonard C. Bass, M.D.	William F. Brunner, M.D.	James N. Burt, M.D.	Richard J. Feinstein, M.D.
Alberto M. Hernandez, M.D.	Robert B. Katims, M.D.	H. Roger Lutz	J. Darrell Shea, M.D.
Raul Valdes Fauli	Dana V. Wallace, M.D.	Robert N. Webster, M.D.	

NAME: *Clarke*

ROLL # *1512*

CAMERA II

DATE *9-27-84*



State of Florida

Department of Professional Regulation
Board of Medical Examiners

No 44465

This Certifies that

Jeffrey David Gayer, MD
has fulfilled the requirements of Chapter 458, Florida Statutes, governing the practice of
medicine and is hereby certified to practice
Medicine
in the State of Florida.

In Witness Whereof, we have hereunto subscribed our names and affixed the Seal of the Board of
Medical Examiners this *9th* day of *July* A.D., 19 *84*

Bob Graham
Governor of Florida

Chairman

Vice-Chairman

NAME: *Jelask*

DATE:

CAMERA II:

ROLL # *44365*



DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
ORLANDO, FLORIDA 32813 5200

44365

6-20-86

6320
09C
25 April 1986

Board of Medical Examiners
130 North Monroe Street
Tallahassee, FL 32301

Gentlemen:

Andrew S. Taussig, MD, [redacted] has applied for clinical privileges at this medical facility. In connection with appointment/reappointment to the clinical staff, a report of past academic/clinical performance is requested as part of the credentials review process. Specifically, information regarding the individual's licensure is requested.

Your timely completion and return of the questions listed on enclosure (1) would be greatly appreciated. A pre-addressed envelope has been enclosed for your use.

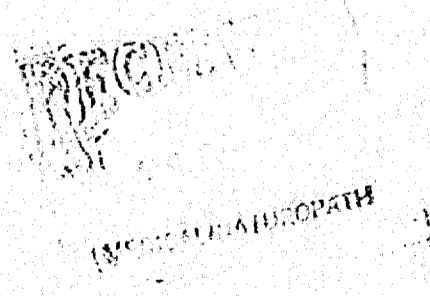
By the signature on enclosure (2), the applicant has consented to this inquiry and has released your organization and any individual providing the requested information from liability for honestly responding to the questionnaire.

Sincerely,

C. L. Minnick
C. L. MINNICK
Chief Hospital Corpsman
United States Navy
Credentials Coordinator
By direction of
the Commanding Officer

- Encl:
(1) Credentials Questionnaire
(2) Consent and Release From Liability

DEPARTMENT OF PROFESSIONAL REGULATION
FLORIDA BOARD OF MEDICAL EXAMINERS
License Number 44365
Issue Date 6-11-84
Expiration Date 12-31-87
Derogatory Information Yes No
Authorized Signature and Date
Leslie Hard 6/20/86



NAME: *Jeffrey David Glazer*

DATE: *July 24, 1986*

CAMERA: *111*

ROOM: *111*

44465

Department of Professional Regulation



GOVERNOR
COMMISSIONER
SECRETARY

Board of Medical Examiners
2001 Orange Street, Tallahassee, Florida 32309
(904) 438-0000

Georgia Composite Board of
Medical Examiners
166 Pryor St., S.W.
Atlanta, GA 30303

July 24, 1986

TO WHOM IT MAY CONCERN:

This is to certify that Jeffrey David Glazer is licensed to practice medicine and surgery in the State of Florida. He was issued license number 44465 by the Florida State Board of Medical Examiners on 7/9/84.

This license, number 44465, has never been suspended or revoked and is in full force and effect.

FLORIDA STATE BOARD
OF MEDICAL EXAMINERS
Susan R. Griner
Susan R. Griner
Administrative Assistant

(BOARD SEAL)

SRG/1st

BOARD MEMBERS

[Faint, illegible text listing board members and their terms]

44465

RECIPROCIITY RELEASE FORM

RECEIVED

(APPLICANT: PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES).

Gentlemen:

MEDICAL/NATUROPATH

I am applying for a Georgia Medical License with the Composite State Board of Medical Examiners. The Georgia Board requires that your Board complete this form in order that I may be considered for licensure. By signing this form, this gives my consent to release any information, favorable or otherwise, for its review, in considering me for a Georgia license. Please forward the form to the Georgia Composite State Board of Medical Examiners no later than AS SOON AS POSSIBLE.

My license No. 0044465 was issued by your State Board on 7-9-15-84

on the Basis of () State Exam, () FLEX, () Reciprocity/Endorserant, () National Board, () National Osteopathic Boards, () LMCC, () Other.

Jeffrey David Glazer
Signature

3433 Southside Blvd #2012
Address

JEFFREY DAVID GLAZER
Please print or type full name

SARASOTA FL 32216
City State Zip Code

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE ENDORSING STATE BOARD

TO: COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
166 Pryor Street, S.W.
Atlanta, GA 30303

Medical License No. 44465 to practice medicine/surgery in the State of Florida
was issued to Dr. Jeffrey David Glazer on the 9 day of July 19 84

Is license current & in good standing? () YES, () NO. If yes, furnish details.

Has any disciplinary action ever been taken against the above named physician?
() YES, () NO. If yes, please furnish details.

Signed: Ann R. Quinn

Date: 7/28/84

Title: Administrative Assistant

State Board: Florida

Tel. No. (904) 488-0595

(Board Seal)

CAMERA 1

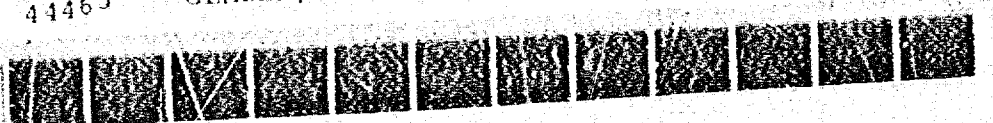
NAME *C. Smith*

DATE *7/68*

ROLL # *177*

44465

GLAZER, JEFFREY



44465

CAMERA 1

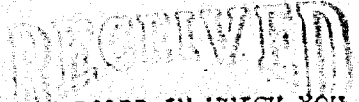
NAME *C. Smith*

DATE *7/88*

ROLL # *1/12*

44465

RECIPROCITY RELEASE FORM



(PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.)

MEDICAL/NATUROPATH

Gentlemen:

I am applying for a Georgia Medical License with the Composite State Board of Medical Examiners. The Georgia Board requires that your Board complete this form in order that I may be considered for licensure. By signing this form, this gives my consent to release any information, favorable or otherwise, for its review in considering me for a Georgia license. Please forward the form to the Georgia Composite State Board of Medical Examiners not later than immediately.

My license No. ME0044465 was issued by your State Board on 9-15-84

on the basis of () State Exam, () FLEX, () Reciprocity/Endorsement, () National Board,

() Other.

Jeffrey David Glazer 8433 Southside Blvd #2412
Signature () Address

JEFFREY DAVID GLAZER Jacksonville FL 32216
Please print or type FULL name City State Zip

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE ENDORSING STATE BOARD

TO: COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
166 Pryor Street, S.W.
Atlanta, Georgia 30303

Medical License No. _____ to practice medicine/surgery in the State of _____

was issued to Dr. _____ on the _____ day of _____ 19____

Is License current & in good standing? () YES () NO. If not, why? _____

Has any disciplinary action ever been taken against the above physician, including, but not limited to suspension or revocation? () YES, () NO. If yes, furnish details.

Signed: _____ Date _____

Title: _____

State Board _____ (Board Seal)

Tel. No. _____

CAMERA 1

NAME C. Smith

DATE 7/66

ROLL # 2772

From the desk of
DR. JEFFREY GLAZER

To whom it may concern

I am applying for
medical licensure in the state
of Georgia. They request that a
reciprocity release form be filled
out. I would appreciate your filling
this out as soon as possible.

My license # is ME 004425

Thank you

Jeff Glazer

CAMERA

11

OPERATOR:

Jeffrey Clazer

DATE:

8/90

ROLL #

1095

4465

CLAZER, JEFFREY

CAMERA

OPERATOR:

DATE:

ROLL #

8/90

1015

44465

APPLICANT IS REQUESTED TO PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD BY WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE/OSTEOPATHY. IF NEEDED, YOU MAY COPY THIS FORM FOR ADDITIONAL COPIES.

Dear Sir:

In applying for a license to practice medicine/osteopathy in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form completed by each state wherein I hold or have ever held licensure. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
The Mall Office Center
100 Sherburn In, Suite 222
Louisville, KY 40207

Name: Jeffrey D. Glazer, M.D.
Address: 933 Southside Blvd., Apt. #2412
Jacksonville, FL 32216
License No.: ME0044465

Jeffrey D. Glazer
(SIGNATURE)

State of: Florida

License No.: ME0044465 Issued Date: July 1984

BY: Endorsement/Reciprocity with endorsement by national boards

BY: Your State Board's Written Examination:

License is current? yes If no, why not?

Has this physician ever been disciplined by your Board in any manner (revocation, probation, suspension, etc)? no If yes, please explain and attach copy of final order.

Is there currently any formal charges pending against this physician's license? no If yes, please explain and attach copy of Complaint.

Is this physician currently under investigation, or has he/she been investigated for any serious matter in the past five years? no If yes, please explain:

Has licensee ever been requested to appear before your Board? If yes, why?

Further comments, if any: none

Signed: *Thomas R. Nantz*

Title: Assistant to the Director

Date:

BOARD SEAL

RECEIVED
FEB 17 2 23 PM '87
PROFESSIONAL REGULATION

44465

GLAZER, JEFFREY



Department of Professional Regulation

Governor
Bob Martinez
Secretary
Van B. Poo

130 North Monroe Street
Tallahassee, Florida 32399-0750

44965

BOARD OF MEDICAL EXAMINERS

03707787

TO: GLAZER, JEFFREY DAVID
6433 SOUTHSHORE BLVD
APT 2612
JACKSONVILLE

DATE LICENSED: JULY 9, 1984

FROM: GROTHY J. FAIRCLOTH
EXECUTIVE DIRECTOR

SUBJECT: MEDICAL LICENSE

PURSUANT TO
ARTICLE XVII,
SECTION 11,
IN THE
CONSTITUTION OF
THE STATE OF
FLORIDA,
AS AMENDED,
THE BOARD OF
MEDICAL EXAMINERS
DOES HEREBY
RENEW THE
MEDICAL LICENSE
OF
JEFFREY DAVID
GLAZER, M.D.,
A LICENSEE OF
THE BOARD OF
MEDICAL EXAMINERS,
FOR THE
PERIOD OF
ONE YEAR,
BEGINNING
ON JULY 9, 1984,
AND ENDING
ON JULY 9, 1985.

P-551 809 882

THE RECORD
DATE

A CURRENT
WHICH NO
FLORIDA
LICENSE
RENTAL
ACTIVELY
YEAR PER
CONTINUE

IF ESTAB
SERVICE
VIA FOR
SERVICE
LICENSE

IN ORDER TO AVOID THE AUTOMATIC CANCELLATION OF YOUR LICENSE BY SECTION 453.312, FLORIDA STATUTES, A POSTAL NOTICE SHOULD BE PROVIDED THIS BOARD NO LATER THAN THE DATE OF THIS LETTER.

STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF MEDICAL EXAMINERS
TALLAHASSEE, FLORIDA 32399-0750

SEND IN Complete name and address (with additional postage as desired) and complete forms 2 and 4. Put your address in the RETURN TO box on the envelope. Full postage will be provided on this receipt. The card form being returned to you. The return receipt will be provided on the back of this receipt. Authorized by and the Dept. of Delivery for additional fees. The following services are available at an additional postmaster fee and check box (es) for additional service(s) requested. <input type="checkbox"/> Registered Mail <input type="checkbox"/> Restricted Delivery <input type="checkbox"/> Certified Mail <input type="checkbox"/> Insured <input type="checkbox"/> 500 <input type="checkbox"/> Signature Required	Recipient's Address 6433 SOUTHSHORE BLVD APT 2612 JACKSONVILLE FL 32216	Return Address 44965 GROTHY J. FAIRCLOTH EXECUTIVE DIRECTOR DEPARTMENT OF PROFESSIONAL REGULATION 130 NORTH MONROE STREET TALLAHASSEE, FLORIDA 32399-0750	Tracking Number P-551 809 882	Registered Mail <input type="checkbox"/> Insured <input type="checkbox"/> 500 Certified Mail <input type="checkbox"/> Signature Required <input type="checkbox"/>	Approved DATE DELIVERED JULY 11 1984	Always obtain signature of addressee or approved DATE DELIVERED	Addressee's Address STE 570 2525 So. First St LOUISVILLE, Ky 40203	Signature of Addressee [Signature]	State of Origin KY	State of Delivery KY	PS Form 3871, Feb. 1980	DOMESTIC RETURN RECEIPT
---	---	---	----------------------------------	--	---	---	---	---------------------------------------	-----------------------	-------------------------	-------------------------	-------------------------

RECEIVED
MAY 16 1984
STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
TALLAHASSEE, FLORIDA 32399-0750



Department of Professional Regulation

Governor
Bob Martinez
Secretary
Tom Gallagher

130 North Monroe
Tallahassee, Florida 323

TO:

CLARA J. JEFFREY DAVIS
3423 SOUTHWEST BLVD
APT 2612
JACKSONVILLE

07/26/87

FROM:

DOROTHY J. FAIRCLOTH
EXECUTIVE DIRECTOR

DATE RECEIVED: JULY 27, 1987

SUBJECT: MEDICAL LICENSE

PURSUANT TO SECTION 458.313, FLORIDA STATUTES, A LICENSE OBTAINED BY ENCLOSURE SENT IN THIS STATE SHALL BECOME VOID AND OF NO FORCE AND EFFECT UNLESS THE RECIPIENT UTILIZES THE SAME BY ACTIVELY ENGAGING IN THE STATE OF FLORIDA LICENSE AND CONTINUES FOR (1) YEAR. THIS FRACTURE HOLDER OF AN ENCLOSURE IN TWO STATES OR IN AN

P-630 187 343

RECORDS OF THIS OFFICE WHICH WOULD SUBSTANTIATE WHICH FLORIDA STATUTES, THESE LICENSE BY ENCLOSURE AFFIDAVIT OF ACTIVELY ENGAGED IN THE YEAR PERIOD AFTER ISSUANCE CONTINUED SUCH PRACTICE IN ESTABLISHMENT OF REAL SERVICE IT WILL BE NEEDED FOR FORM OF PROPERLY CERTIFIED SERVICES ON AN APPROVED LICENSE UNTIL (GIVE DATE)

IN ORDER TO AVOID THE ACTION BY SECTION 458.313, FLORIDA STATUTES ABOVE SHOULD BE RECORDED BY THE DATE OF THIS LETTER.

DOMESTIC RETURN RECEIPT

3. Article Addressed To:
CLARA J. JEFFREY DAVIS
APT 2612 SW 26TH ST
JACKSONVILLE

4. Article Number:

5. Signature - Address:

6. Signature: *Dorothy J. Faircloth*

7. Date of Delivery: 7/26/87

8. Address of Addressee (FAN/IT):
Address of Addressee (FAN/IT)
Signature and Title (FAN/IT)

9. Signature of Addressee (FAN/IT):

10. Date of Delivery: 7/26/87

11. Signature and Title (FAN/IT):

PS Form 3877 (Rev. 5/87)

U.S. POSTAL SERVICE

44465

DEPARTMENT OF PROFESSIONAL REGULATION
Board of Medicine
100 NORTH WASHINGTON STREET
TALLAHASSEE, FLORIDA 32304-0110
(904) 410-3500

Cramer, Jeffrey
1431 Southside Blvd. #2412
Jacksonville, FL 32216
Date licensed: 7-9-83
License # 14687 44165

NOTICE OF INTENT TO VOID ENDORSEMENT CERTIFICATE

1. You are hereby notified of the intent of the Department of Professional Regulation, Board of Medicine, to void your endorsement license.

2. The Board of Medicine reviewed and considered your endorsement license at a meeting on April 6-10, 1986, in Orlando, Florida, and has determined that said license be voided, stating the grounds therefore: (a) A license by endorsement was issued to you by the Board more than three (3) years ago and (b) you have not demonstrated to the Board that you have utilized your license by endorsement by actively engaging in the practice of medicine in the State of Florida within three (3) years after issuance of the license and confined in practice in the State of Florida for a minimum of one (1) year as required by Section 58.312(3), Florida Statutes.

3. Please be advised that you have the right to an Administrative Hearing pursuant to Section 120.69(2), Florida Statutes, on the Board's voiding of your endorsement license. The hearing could be conducted in accordance with the provisions of Section 120.57, Florida Statutes, and Rule Chapter 27-5.

44465

...and you ...
...of ...
...take ...
...subpoena ...
...evidence ... if you request a hearing.

...provision of rule 13.01, 11, ...
...you must attend ...
...the validity of your endorsement license within ten days ...
...of this notice. Unless a request ...
...by certified mail on or before ...
...will act in accordance with the ...
...Florida Statutes, and ...
...and this ruling shall become final ...
...in substantial compliance with ...
...of ...
...if you desire to request a hearing, you ...
...your request to this office.

1988

Walter J. ...

Walter J. ...
Executive Director
130 North ... Street
Tallahassee, FL 32309-0100

A REPORT ...
...this 13th day of March, 1988.

Walter J. ...

TO: DIVISION OF EXAMS/LICENSURE/SUPPORT SERVICES
 ATTENTION: DATA ENTRY

OCCUPATION: Medical

DATE: August 30, 1989

PLEASE ACCEPT THIS AS YOUR AUTHORITY TO INITIATE THE FOLLOWING:

ADDITIONS CHANGES DELETIONS
 NOTE LICENSE NUMBER MUST BE INCLUDED FOR EACH INDIVIDUAL ADDED, CHANGED OR DELETED. SEPARATE FORMS MUST BE USED FOR ADDITIONS, CHANGES AND DELETIONS. SEPARATE FORMS FOR DIFFERENT OCCUPATION CODES. SIGNATURE REQUIRED.

AUTHORIZING SIGNATURE: Jucker

COMMENTS: Please put in other status.

*****FOR DATA ENTRY ONLY*****

COMPLETED BY: KS

DATE: 8-3-89

Action Code		License No.	
License Name (Last, First, Middle Suffix)			
1st Address Line			
2nd Address Line			
3rd Address Line			
Zip Code			
Foreign ID	Class	Lic. Date	
Fee	Batch	FEIN	
Doing Business As Name			
Employer Code		Employer No.	

111465

Action Code		License No.		Status	
License Name (Last, First, Middle Suffix)					
1st Address Line					
2nd Address Line					
3rd Address Line					
Zip Code		City		State	
Foreign ID	Class	Lic. Date		Ins. Date	
Fee	Batch	FEIN		Citizenship Date	
Doing Business As Name				Military Exempt Year	
Employer Code		Employer No.		A or D Control	

Action Code		License No.	
License Name (Last, First, Middle Suffix)			
1st Address Line			
2nd Address Line			
3rd Address Line			
Zip Code			
Foreign ID	Class	Lic. Date	
Fee	Batch	FEIN	
Doing Business As Name			
Employer Code		Employer No.	

Handwritten notes and signatures:
 WAT
 Jucker

Page 2

April, 88 void list

Diktaban, Theodore
#45207Escarilo, Francisco
#44449Field, Robert
#44456Gibbons, Kathleen
#45235Goldberg, Steven
#44468Greenberg, Andrew
#44476Handler, Lawrence
#45245Hawley, William
#44485Hicks, Charles
#45258Islam, Sajjadul
#44493Jorge, Lois
#45266Katz, Michael
#44502Koso, Sybil
#44507Ku, Wen-Tsang
#44510Ledet, Ted
#44513Licht, Harvey
#45291Donovan, Paul
#45209Fekete, Paul
#44454Fredericks, John
#45223Glazer, Jeffrey
#44465Gordon, Terry
#44471Guth, Lenoard
#44480Hartley, Charles
#44483Hearn, Perry
#45252Hultzen, Christopher
#44491Ittoop, Paul
#45262Joshi, Rajan
#45267King, Delf
#45275Krauland, John
#45280Lamotta, Edward
#45285Lennon, Kelly
#44515Lichtbroun, Alan
#45292

Rick Scott
Governor



1639453
John H. Armstrong, MD, FACS
Surgeon General & Secretary

December 21, 2012

Indiana Board of Medical Licensure
402 Washington Street, Room W072
Indianapolis, IN 46204

RE: License Certification for Jeffrey David Glazer

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:	Medical Doctor
LICENSE NUMBER:	ME44465
ORIGINAL CERTIFICATION:	07/27/1984
EXPIRATION DATE:	12/31/1987
CURRENT STATUS OF LICENSE:	AUTHORITY VOID,
AGENCY ACTION:	No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Susan Harris
Licensing and Auditing Services Unit





MQA

1639453

Licensee Certification & Non-Certification Request Detail Report

Report Date: December 17, 2012 8:41:47AM

Request ID: 58123

1 Licensee to be researched:

Name:
Business Name:
Type of Request:
License Number:
Special Instruction:

Profession Code & Name: 1501 Medical Doctor

glazer, Jeffrey d

Certification

~~4465~~ 44465

12/14

2 Contact Information

Contact Name:
E-mail:
Phone:

glazer, jeffrey d
jeffglazer@gmail.com
(502) 558-7900 Ext.

3 Certification to be sent to:

Organization:
Attention:
Address Line 1
Address Line 2:
City:
Phone:
Fax
E-mail:

Indiana Board of Medical Licensure
402 Washington Street
Room W072
indianapolis, IN 46204
(502)558-7900 Ext.

4 Fee:

Fee Paid \$ 25.00
Validation Number 512178197

5 Completion Information:

Date completed:
Completed by:

6 Special Instruction:

RECEIVED
DEC 17 2012
Licensing and
Auditing Services