

## MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2382 FAX (916) 263-2487

www.medbd.ca.gov



APPLICATION FOR PHYSICIAN'S AND SURGEON'S LICENSE

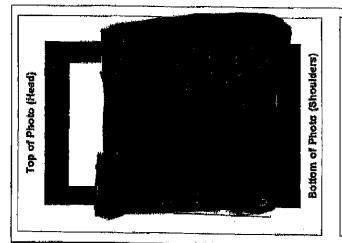
Please READ all instructions prior to completing this application. ALL questions on this application must be answered, and all supporting documents must be submitted as per instructions. Please type or prior neatly. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application.

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For all of the below, also include any disciplinary actions by the U.S. Willitary, U.S. Publ entity.	lia Hesith Service, or other U	.S. federal	governmental	License Dala
17 <u>A</u> . Have you ever been charged with, or been found to have committed, unprofession negligence, or repeated negligent acts or majoractice by any medical licensing board, or	al conduct, professional inv other agency, or hospital?	ompetence	a, gross	
17 <u>B</u> . Has any disciplinary action ever been filed or taken, including but not limited to, in letters of warning, regarding any healing arts license which you now hold or have ever	nformal or confidential disci held?	pline, cons	ent orders, or	
170. Is any such action as described above pending?	17(A)	Yes	No	中
IF YOU ANSWERED YES TO 17A, 17B OR 17C, PROVIDE DETAILS ON	17(8)	Yes	, No	
A SEPARATE ATTACHMENT.	17(C)	Yes	No	<u>_</u>
18. Has a claim or action for damages ever been filed against you in the course of the presented in a maipractice settlement, judgement, or arbitration award of over \$30,000.00	rectice of medicine or any o	ther healing	g ast which	
IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.		Yes	No	
18. Have you ever been denied a license, permission to practice medicine or any other it take an examination in any state, territory, country, or U.S. federal jurisdiction, or is a	healing art, or denied permi any such action pending?	ssion	PRAME -	
IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.		Yes	No	
20. Have you ever voluntarily surrendered a license to practice medicine or any other is surrendered your narcotic (controlled substance) permit (state or federal) to any licens pending?	healing arts in this or any ol ling board or any other age	iher state, o ncy, or is ac	y such action	
IF YOU ANSWERED YES, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.		Yes	No	þ
21. Have you ever had staff privileges in a hospital denied, suspended, limited, revoked resigned from a medical staff in lieu of disciplinary or administrative action, or is any so	i, or not renewed for medica uch action pending?	l disciplina	гу сацве, от	
YOU MUST DISCLOSE ANY INFORMAL OR CONFIDENTIAL DISCIPLINARY ACTION,	r	Yes	, No	ф
23. Do you have any condition which in any way impairs or limits your ability to practice skill and safety, including but not limited to, any of the following?	e medicine with reasonable		•	
IF YES, PLEASE CHECK THE APPROPRIATE BOX(ES) BELOW:		Yas	No	中
<ul> <li>☐ A condition which required admission to an inpatient psychiatric transform.</li> <li>☐ Alcohol or chemical substance dependency or addiction.</li> <li>☐ Emotional, mental or behavioral disorder.</li> <li>☐ Other (explain):</li> </ul>	eatment facility.			
FOR ANY OF THE BOXES CHECKED ABOVE, PLEASE SUBMIT COMPLETE OFFICIAL INPATIENT AND OUT REHABILITATION TREATMENT, AND A PERSONAL WRITTEN EXPLANATION.	Patient Treatment Records	, EVIDENCE C	OF ONGOING	
FOR ALL OF THE BELOW, YOU ARE REQUIRED TO LIST ANY CONVICTION THAT HAS BEEN SET ASIGN	AND DISMISSED OR EXPUNDED	, or where	A STAY OF	
25A. Have you ever been convicted of, or pled noto contenders to, ANY violation (include refederal law of any state, territory, country, or U.S. federal jurisdiction?	ide every miademeanor or f	elony) of ar	ny local, state,	
23 <u>B.</u> Is any criminal action related to the above pending?	23 (A)	Yes	No	4
IF YOU ANSWERED YES TO 23A OR 23B, PROVIDE DETAILS ON A SEPARATE ATTACHMENT.	23 (B)	Yes	No .	
NAMEOFAPPLICANT: MICHAEL ISPAEL HERTZ	DATE OF RIGHU			10



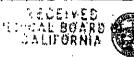
Notice: All Items in this application are mandatory; none are voluntary. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to determine your qualifications for licensure per Section 2080 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other medical licensing authorities, the Federation of State Medical Boards, or other governmental or law enforcement agencies. You have the right to review your application subject to the provisions of the information Practices Act. The Chief of the Licensing Program is the custodian of records.

Manual	Applicant Declaration/Signature and to CARY
STATE OF / HUHIGAN	
COUNTY OF KALAMAROO	ı ·
(DATE OF BIRTH)	, being first duly sworn
upon his/her oath deposes and says: that I am the person herein named subscribing to this application the complete application, know the full content thereof, and declare under penalty of perjury, that all contained herein and evidence or other credentials submitted herewith are true and correct; that I am the degree of Doctor of Medicine as prescribed by this application, that the same was procured in the instruction and examination, and that it, together with all the credentials submitted, were procured with resentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I he hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and professional associates (past, present, and future), and all government agencies (local, state, fee release to the Medical Board of California or its successors any information, files or records, including educational records, and records of psychiatric treatment and treatment for drug and/or alcohol abuse requested by that Board in connection with this application; or any further or future investigation by the determine my medical competence, professional conduct, or physical or mental ability to safely enganged in the profession of the profession of the physical or mental ability to safely enganged in groups listed above any information which is material to this application or any subsequent licensum that FALSIFICATION OR MISREPRESENTATION OF AMY ITEM OR RESPONSE ON THIS API ATTACHMENT HERETO IS A SUFFICIENT PASIS FOR DENYING OR RESPONSE ON THIS API	of the Information In the lawful holder of In the lawful holder of It regular course of It regular course of It regular course all It and future), business It derai, or foreign) to It g medical records, It e or dependency, It has board necessary to It it is not because of It is a second of the practice of It is a second of the practice of It is a second of the practice of the pra
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## **MEDICAL BOARD OF CALIFORNIA**

1426 Howe Avenue, Suite 64 Sacramento, CA 96926-3236 (916) 283-2362 FAX (916) 263-2487 www.caidooinfo.ca.acv



## CERTIFICATE OF MEDICAL EDUCATION: ENSING PROGRAM

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Medical Board of California – Physician's and Surge LICENSEE NAME HERTZ, MICHAEL I	eon's Initial Renewal LICENSE NO. G87542	EXPIRATION DATE 10/31/14	AMOUNT DUE NOW \$820.00	AMOUNT DUE IF POSTMARKED AFTER NOVEMBER 30, 2014 \$898.00
LICENSEE MUST CHECK CORRECT BOXES  "H" Completed Continuing Education  "E" Change of Address (fill in reverse side)  "I" Conviction Disclosure – Yes  "J" Conviction Disclosure – No  "F" Family Physician Training Program (\$25)  "G" Financial Interest Statement	statements, answers attached hereto, are  Signature  ENTER	lty of perjury under and representations true, complete and a	s on this form, includ	Date 10/11/14
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