

CERTIFICATE OF MORAL CHARACTER

Must Be Signed by Two Licensed Physicians and Surgeons Who Have Known Applicant for at Least One Year
(No person is expected to sign this certificate who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and standing in regard to the Board.)

This certifies that I have been personally acquainted with Gerald Zupnick, M.D. for one years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name Anthony J. Thebaud M.D. Address [Redacted]
Graduated from Emory University School of Medicine June 1964 Licensed in Georgia No. 14671

This certifies that I have been personally acquainted with Gerald Zupnick, M.D. for one years and that I know him to be of good moral character and hereby recommend him to the Board of Medical Examiners of the State of California as most worthy to be licensed to practice as a "physician and surgeon" in the State of California.

Name Robert M. [Redacted] Address [Redacted]
Graduated from Columbia College June 1967 Licensed in Georgia No. 14672

RECIPROCIITY INFORMATION

Dear Doctor: Sacramento, California
Answering your recent inquiry, we submit the following information regarding the issuance of a reciprocity certificate to practice in California. Please read carefully and supply all the data required on this application blank.

Reciprocity applications are acted on at a credentials committee meeting which is held approximately once a week. No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant an applicant any special privileges, nor is any method of crossing the state or allowing practice in California without the lawful possession of a certificate issued by this Board and that only after said certificate has been recorded in the county wherein such practice is conducted. See sections 2141 to 2143 of the Business and Professions Code. Applicants must not establish an office nor receive professional printed matter using the prefix "Dr." or suffix "M.D." before a California certificate has been issued.

APPLICATION FEE of \$100.00 (foreign exchange to be added) in any form other than a personal check must accompany this application and be deposited in the office of the Board, 1921 O Street, Sacramento, California, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$100.00 certificate fee to be paid if certificate is issued, together with the current license fee as provided by law and the Board rules and regulations.

Minors or partially exempted applications not acceptable. Read footnotes on page 1-2-3.
Application based on a certificate issued "in Reciprocity" is not acceptable.
If admitted to examination in another state without possession of a license, an applicant must submit a certified copy of the document used as a basis of his admission to examination.

Applicants who have failed in a California written or oral examination are not eligible to file a Reciprocity Application. This Application must be based on a certificate or medical license issued by the Board of Medical Examiners (or similar medical licensing body) of any STATE OR TERRITORY OF THE UNITED STATES that maintained a standard "Equal to CALIFORNIA" on the same date. After September 23, 1951, the requirements of the Business and Professions Code for the issuance of a physician and surgeon certificate included a one year's internship satisfactory to the Board. If such certificate or medical license is dated five or more years before the filing date of this application, the applicant must report for practical, clinical and examination complying with the enclosed notice or dates and places for Oral Examinations for the current year.

Oral examinations are given ONLY at the address and on the dates mentioned on the accompanying mimeographed sheet of meetings as listed therein. The Board must be notified when and where you will report for oral examination.

Amendment (Chapter 16, Statutes 1929) requires all preliminary, premedical and professional training to have been "resident" in a school approved by the Board.

Amendment (Chapter 67, Statutes 1951, effective September 11, 1951, and subsequent amendments) requires that graduates of foreign medical schools must meet additional requirements. Write for our printed form No. 172-173.

Responding to your requested detail

THIS APPLICATION MUST BE BASED ON A LICENSE SECURED FOLLOWING A REGULAR WRITTEN EXAMINATION.

Return This Application to 1921 O Street, Sacramento, and NOT to Six Practices NOT TO BE USED FOR APPLICATION ON NATIONAL BOARD CREDENTIALS

READ CAREFULLY—ALL CONDITIONS ON THIS BLANK MUST BE COMPLIED WITH IN FULL

This application will be considered without charge, but there shall be a payment of \$10.00 and a photograph 2 1/2 inches by 3 1/2 inches to be reproduced by the applicant. The fee of this application shall not cover the cost of the examination or the cost of the examination itself or the cost of the State of California, the University of California, or the State of California.
All foreign documents must be translated into English and the original and the translation must be submitted to the Board of Medical Examiners of the State of California.
The Board of Medical Examiners of the State of California reserves the right to require any other information or documents as may be necessary.

**DEPARTMENT OF PROFESSIONAL AND VOCATIONAL STANDARDS
BOARD OF MEDICAL EXAMINERS
OF THE STATE OF CALIFORNIA**

Application No. 712 8669
The year 1967
Diploma No. 8520
By 8520

RECIPROCIITY APPLICATION—CLASS C

I hereby apply for a physician and surgeon reciprocity certificate in the State of California and submit the following conditions as required by the Business and Professions Code (Chapter 5) and the rules of the Board of Medical Examiners of the State of California.

Name in full GERALD ZUPNICK Address [Redacted]

Date of birth [Redacted] and street address [Redacted]
Age this date [Redacted]

Are you a citizen of the United States? Give particulars YES

Did you attend high school? YES 4 YRS GREAT WESTERN NORTH GREAT WESTERN

Did you graduate from high school? YES JUNE 1960 AS ABOVE

Did you attend college or university? YES 4 YRS COLUMBIA COLLEGE N.Y.C.

Have you any degree other than M.D.? A.B. JUNE 1964 COLUMBIA COLLEGE

PREMEDICAL EDUCATION

Did you PRIOR to beginning the study of medicine complete a course of college grade in the subjects of:

- a. Physics YES College COLUMBIA N.Y.C. from SEPT. 1960 to JUNE 1961
- b. Chemistry YES College COLUMBIA N.Y.C. from SEPT. 1960 to JUNE 1961
- c. Biology YES College COLUMBIA N.Y.C. from SEPT. 1960 to JUNE 1961

If there is any premedical education in a certificate or license issued after January 1, 1951, by any state examining board, must show that before beginning the last half of the second year in the study of medicine he has completed a course which includes at least one year of work of college grade, in each of the subjects of Physics, Chemistry and Biology. After January 1, 1954, such premedical courses must have been completed prior to commencing the study of medicine after September 23, 1951. An applicant must show the completion of a two year's college course including the subject of Physics, Chemistry and Biology and an applicant commencing in a medical school after January 1, 1954 must show the completion of a three year's college course including the subjects of Physics, Chemistry and Biology.

Indicate your medical education in the following manner:
(Applicants matriculating in medical schools and graduated therefrom between August 1, 1911, and August 31, 1951, must show the medical education standard for both preliminary and professional education was such as prescribed by the Association of American Medical Colleges for the year of matriculation and graduation.)

I have spent 4 years in the study of medicine and surgery each year comprising 9 months in the following institutions:

- From the 1st day of SEPT. 1960 to the 31st day of JUNE 1961 U. OF LOUISVILLE, LOUISVILLE, KY.
- From the 1st day of SEPT. 1965 to the 31st day of JUNE 1966 [Redacted]
- From the 1st day of SEPT. 1966 to the 31st day of JUNE 1967 [Redacted]
- From the 1st day of SEPT. 1967 to the 31st day of JUNE 1968 [Redacted]
- From the 1st day of JULY 1968 to the 31st day of JUNE 1969 CARDY HOSPITAL, ATLANTA GA.

From what school did you obtain the degree Doctor of Medicine or Bachelor of Medicine? (See footnote.)
U. OF LOUISVILLE SCHOOL OF MEDICINE, LOUISVILLE, KY. on 9 day of JUNE 1968

Is this application accompanied by the original diploma or a photographic copy thereof? YES

Upon what license or certificate do you base this application? STATE MEDICAL BOARD OF KENTUCKY

When JUNE 1969 (1) written or (2) oral examination or (3) registration of diploma WRITTEN EXAM

Have you ever filed an application in California? NO

Have you ever failed in a written or oral examination in California? [Redacted] Give particulars [Redacted]

How long since you have ceased the active practice of medicine and surgery? [Redacted]

What has been your vocation since you ceased practice? [Redacted]

In what other states have you applied for license or registration? NONE

Have you ever been denied a certificate or license by any license board or the right to take an examination? [Redacted]

If applicant having this application on a license issued after September 23, 1951, must show the completion of a year's internship satisfactory to the Board prior to the filing of this application. Submit with this application a photographic copy of your internship certificate.

*An applicant admitted to a State Medical Board examination prior to POSSESSION OF A DIPLOMA must submit a certified copy of the document used as a basis of his admission to examination.
*Graduates from foreign medical schools must read and comply with instructions on page 4.
*MORAL EXAMINATION REQUIRED IN STATE CERTIFICATE IS DATED FIVE OR MORE YEARS BEFORE APPLICATION IS FILED.

Has any license entitling you to practice in any foreign country or in any state or territory of the United States been suspended or revoked? If so, specify _____

Have you ever been or are you now addicted to narcotic drugs? _____

Have you ever been charged with addiction? NO

Specify charge: _____

Have you ever made or been in complicity in connection with the Harrison Narcotic Law? _____

Have you ever been called before a Federal, state or local enforcement officer? _____

Have you ever been charged with a violation of any law of a foreign country, or with a violation of a U.S. STATUTE or STATE STATUTE? If so, give full particulars: _____

My physical description on this date is as follows: _____

Height _____ inches weight _____ pounds color of hair _____ color of eyes _____

Are you suffering from any ailment communicable to others? _____ Have you ever practiced as an itinerant physician? _____

Use the photo attached to this application a license taken within sixty days next preceding the date of the above stated license _____

Have you answered the above questions from your own knowledge or upon information from your best recollection? _____

Reciprocity not granted if the following certificate was issued "on Reciprocity"
 APPLICANT WILL EXHIBIT COPY IN HAND A photostatic copy in the space immediately below, of the original STATE CERTIFICATE OR LICENSE on which the application is based. Do not enter a County Clerk's Certificate or Registrar's certificate for Annual Registration.

No. 15217 STATE BOARD OF HEALTH
 Commonwealth (SEAL) of Kentucky
GERALD ZUPNICK
 is hereby issued this regular license, to practice
MEDICINE
 in the State of Kentucky in accordance with and subject to the provisions of Chapter 150 of the 1952 Acts of the General Assembly of Kentucky and the rules and regulations of the State Board of Health issued thereunder.

GIVEN under our hands and the seal of the State Board of Health of Kentucky at Frankfort, Franklin County, on this the 1st day of July 1969.

/s/ Sam A. Overstreet, M.D.
 President
 /s/ Russell E. Teague, M.D.
 Secretary

STATE OF Georgia
 COUNTY OF Fulton
Gerald Zupnick
 being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Reciprocity Certificate to practice as a Physician and Surgeon in the State of California; that he has read the foregoing application and knows the contents thereof to be true.

Subscribed and sworn to before me this 25th day of July 1968
 [Signature]
 Notary Public

My commission expires _____
 [Signature]
 Notary Public

NOTE—This affidavit and the entire set required at the top of this set, must be filed within 60 days of the date of this application. After you have completed all data required on pages No. 1 and No. 2, this year edition, RETURN said data back to the Secretary of the Board that issued the above certificate or license, who will transmit it to you with the date of its expiration and your return the date of your affidavit above.

Certificate of Secretary of State Board which issued the License Used as the Basis of This Application (DO NOT SIGN THIS STATEMENT unless the applicant has attached the PHOTOGRAPH on the preceding page and made the required AFFIDAVIT)
 I, Russell E. Teague, M.D., Secretary of the Kentucky State Board of Health
 certify that the foregoing certificate No. 15217 to practice as a Physician and Surgeon was issued to Gerald Zupnick, M.D. on the 1st day of July 1969

based on written examination that (1) said applicant was then the actual possessor of a diploma in evidence of his completion of his medical course; (2) that said applicant passed admission to said examination presented to this Board a diploma issued by University of Louisville School of Medicine on the 9th day of June 1968, that no charge against Dr. Zupnick has ever been filed with this Board or any other board so far as our records show, nor has his certificate been revoked; and that the certificate on the opposite page bears the original date of issue and is NOT A RE-REGISTRATION certificate. (If it be a "DUPLICATE" please add an explanatory note.)

NOTE—If the certificate on the preceding page was issued by written examination, the Secretary will complete the following certification, attaching the A.C.O.S. the page below, with the words ISSUED ON CREDENTIALS.
 I further certify that the applicant referred to herein does not possess any license to practice in this State other than referred to herein.
 I further certify that the applicant Zupnick passed the REGULAR WRITTEN EXAMINATION given by this Board on June 1, 1968, and obtained a general average of 79 per cent in the following subjects: June 4, 1968

ENTER THE SUBJECTS OF EXAMINATION	PER CENT	ENTER THE SUBJECTS OF EXAMINATION	PER CENT
Anatomy & Histology		Pediatrics	
Physiology		Hygiene, Public Health & Medical Jurisprudence	
Chemistry		Physiology & Bacteriology	
Bacteriology		Prevention of Medicine	
Pathology		Pharmacology	
Surgery			
Ob-Gyn			

I hereby certify that the above license is in good standing; that the above applicant's record in this State and that from the records now on file in this office, I believe the above applicant to be a fit and proper person to receive a California Reciprocity Certificate.

In testimony whereof I witness my hand and seal
 [Signature]
 Secretary of the Kentucky State Board of Health
 Frankfort, Kentucky
 this 15th day of July 1969
 Address: 275 E. Main Street, Frankfort, Kentucky 40601

NOTE—On examination shall not be deemed as final until a written examination and certificate shall be issued in this case where the applicant has given an oral examination in a special case and the California law requires a written examination on the same date.
 This applicant admitted to examination prior to position of Director must submit a certified copy of the document filed as a basis of his admission to examination.
 (NOTICE—Do not lose and seal to Medical College for endorsement)

It is hereby certified that GERALD ZUPNICK entered the Freshman class in the SCHOOL OF MEDICINE on the 9th day of September 1964.

- That as evidence of PRELIMINARY EDUCATION (high school) is presented _____
- That as evidence of ELEMENTARY EDUCATION (college) is presented _____

NOTE—Do not lose and seal to Medical College for endorsement

1. That prior to commencing the first course in the study of medicine he completed a two-year course of college grade in each of the subjects of chemistry, physics and biology as shown in the accompanying certification. (This application based on a certificate issued after January 1, 1918, may show that prior to commencing the first half of the second year in the study of medicine he has completed one year of college grade in the subjects of physics, chemistry and biology after January 1, 1914, and one year has preceded the study of medicine. On or after December 31, 1914, an applicant must show the completion of a two-year college course, including the subjects of physics, chemistry and biology prior to commencing the study of medicine, and an applicant matriculating in a medical school after January 1, 1914, must show the completion of a three-year college course, including the subjects of physics, chemistry and biology.)

2. That he attended four courses of lectures given by this institution completed during a period of four and was issued the degree DOCTOR OF MEDICINE on the 9th day of June 1968.

[Signature]
 Dean of University of Louisville School of Medicine
 this 3d day of June 1969

Graduates on August 10, 1911, may show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a minimum of (40) hours in the subjects set forth in the Business and Professions Code of California.

Application Summary

10/1/18 1:35 PM

Page 1 of 3

License Type: **Physician and Surgeon C**
License Number: **31756**
File Number: **144597**
Application: **Physician's and Surgeon's Renewal**
Application Number: **14538609**
Application Date: **10/01/2018 (mm/dd/yyyy)**

Application Questions

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

Personal Detail

First Name: **GERALD**
Last Name: **ZUPNICK**
Birthdate: **** 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.**

License Attributes Selected

Secondary Status **Military**

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

Would you like to contribute?



Attachments

Physician Survey

Are you retired? **No**

Activities in Medicine **Administration - 1-9 Hours**
Patient Care - 10-19 Hours
Research - 1-9 Hours
Teaching - 1-9 Hours
Telemedicine - None

Patient Care Practice Location **Zip: 11050 County: OUT OF STATE**

Telemedicine Practice Location **Zip: County:**

Patient Care Secondary Practice Location **Zip: County: OUT OF STATE**

Telemedicine Secondary Practice Location **Zip: County:**

Current Training Status **Not in Training**

Areas of Practice **Other - Not Listed - Primary**

Board Certifications **None**

Postgraduate Training Years **2 Years**

Cultural Background **White**

Foreign Language Proficiency **French**
Italian

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**

StephenM.ThompsonLRP **\$25.00**

Total Amount Due:

\$820.00

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:

(DO NOT DETACH)

Medical Board of California – Physician's and Surgeon's Initial Renewal

LICENSEE NAME	LICENSE NO.	EXPIRATION DATE	AMOUNT DUE NOW	AMOUNT DUE IF POSTMARKED AFTER OCTOBER 30, 2016
ZUPNICK, GERALD	C31756	09/30/16	\$820.00	\$898.00

LICENSEE MUST CHECK CORRECT BOXES

"H" Completed Continuing Education

"E" Change of Address (fill in reverse side)

"I" Conviction Disclosure – Yes

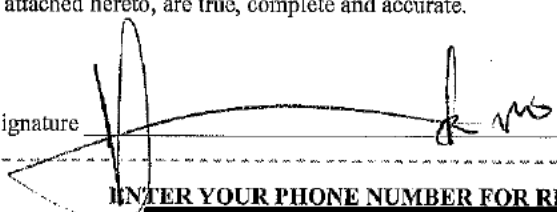
"J" Conviction Disclosure – No

"F" Family Physician Training Program (\$25)

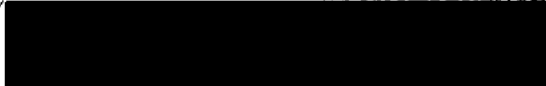
"G" Financial Interest Statement-Read instructions above

"D" **SIGNATURE REQUIRED**

I declare under penalty of perjury under the laws of the State of California that all statements, answers, and representations on this form, including supplementary attached hereto, are true, complete and accurate.

Signature  Date 29 Jul 16

ENTER YOUR PHONE NUMBER FOR REFERENCE:



63010300000300004000317560010930160008200000089800

CHANGE OF MAILING ADDRESS

ZUPNICK, GERALD

C31756

88882016 2000E427 20010025

Street Address (this address is public information except when a PO Box is used for the public address of record; this address then becomes confidential)

Street address grid

Street address grid

City grid

State

Zip

State box

Zip box

PO Box (if used, must provide a confidential physical street address, above)

PO Box grid

City grid

State

Zip

State box

Zip box