

9020664

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

ENDORSEMENT APPLICATION

PROF. REG. DIVISION

Fee of \$100.00 must accompany application. NO FEE REFUNDED.

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

National Boards

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 Richard Stuart Friefeld
(Type or print. Use no initials.)

List 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) 465 West Olive St. Long Beach, New York 11561

Office address None (I am a Resident)

Permanent address (if different from above) _____

Intended residence unknown at present
(Print street and number, city, state, zip code)

Place of birth Brooklyn, New York Date of birth June 16, 1949

Are you a citizen of the United States? Yes (If foreign born attach proof of citizenship or declaration of intention.)

Did you attend a college or university? Gettysburg College Gettysburg, Penna. 1966-1968
Hofstra University Hempstead, N.Y. 1968-1970 (Give name, location and dates)

Do you have any degree other than M.D.? B.A. Hofstra University 1970
(Degree, date, school)

MEDICAL EDUCATION: Be specific. Account for each year.

University of Bologna (Italy) from September 1970 to June 1974
(Name of medical school, location)

George Washington University from September 1974 to June 1976
(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 George Washington University Washington, D.C.
(Name of medical school, location)

_____ on May _____ 1976

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.)

51-002

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT.

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.

1976-1977 PGY-1 Long Island Jewish Hospital New Hyde Park, N.Y. - 8 months OBS/GYN - 4 months Internal Medicine

1977-present Residency PGY-2,3,4(Chief Residency)- Long Island Jewish Hospital New Hyde Park
Chief of Service- Dr. Joseph J. Rovinsky

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

none

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

none

Have you ever been denied staff privileges in any hospital? no

MILITARY SERVICE: (Attach copy of separation report.)

none

(Branch of service, rank, dates)

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

In what states are you 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

Are you certified by _____ an American Specialty Board? no ⁹⁹ 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? no

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

Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, 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 institution 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).

Junior Fellow American College of Obstetricians and Gynecologists 1 East Wacker Dr.

Chicago, Illinois 60601

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.

none

FLEX Certification: (Applicant must have weighted average of 75% or above on one complete writing of 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, 1612 Summit Avenue, Suite 308, 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.

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

Dr. Joseph J. Rovinsky, M.D. Long Island Jewish Hospit. Dept. of OBS/GYN New Hyde Park, New York 11042

Dr. Burton Krumholtz, M.D. Queens Hospital Center 82-68 164 Street Jamaica, N.Y. 11432

AFFIDAVIT OF APPLICANT:

I, Richard Stuart Friefeld, M.D., 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 Queens

STATE OF New York

Richard Stuart Friefeld
(Signature of Applicant)

Subscribed and sworn to before me this 17th day of April, 1980.

Francis Almeida
(Notary Public)

My Commission Expires MARCH 30, 1982

FRANCIS ALMEIDA
Notary Public, State of New York
No. 5875
Queens County
Commission Expires March 30, 1982
(NOTARY SEAL)

TO BE COMPLETED BY APPLICANT

Date 4/1/80

Age 30

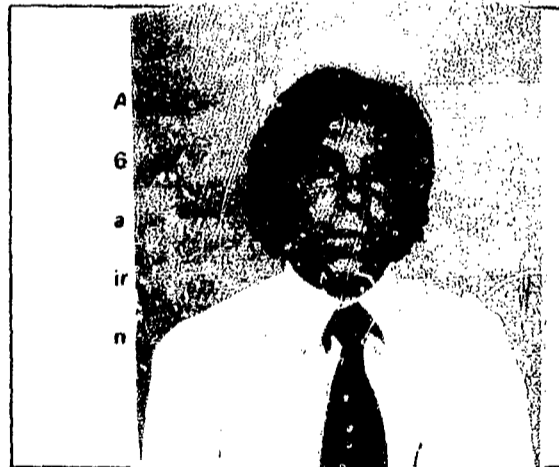
Height 5-10 Weight 160

Color of Eyes Brown

Color of Hair Brown

Other means of identification scar left leg

90 20664 99. 175



FOR USE OF SECRETARY ONLY

Oral Examination: Yes _____ No _____

Date _____

Approved _____ Disapproved _____

License Number 36632

Date Issued July 1, 1980

Richard S. Friefeld, M.D.
Name as it appears on license.