

6853 MILLER, Hugh

STANDARD
KRAFT FIBRE

No. 2-152LK

RECEIVED
JAN 21 1961
BROW F.L.A. BT, DD,
MED. EXAM.

THE GEORGE WASHINGTON UNIVERSITY HOSPITAL
2113RD STREET, N. W.
WASHINGTON 7, D. C.

January 18, 1961

Florida State Board of Health
P.O. Box 210
Jacksonville, Florida

Gentlemen:

I should appreciate information concerning the
state board examinations, when they are given, and where.

Also, where may one obtain the mimeographed
booklet containing previous examination questions?

Yours truly,

Hugh Miller

Hugh Miller, M.D.

2-2-61
R-6

RECEIVED

AUG 4 1960

SECY FLA. ST. BD.
MED. EXAM.

Done

Gentlemen:

I am applying for a California certificate to practice as a physician and surgeon and my application is based on National Board Credentials. I am licensed in the State of Florida Certificate No. 6853, issued 12 Jan., 1956.

The California Board of Medical Examiners require that I submit evidence that my license in the State of Florida is in good standing and no charges of unprofessional conduct have ever been filed against me.

Hugh Miller M.D.

INSTRUCTIONS TO APPLICANTS - READ CAREFULLY ENTIRE SHEET

Endorsement by an applicant's county medical society, if graduated long enough to join one, is the best recommendation. Foreign physicians must prove that they are citizens of the United States by producing their citizenship papers. Physicians graduating from foreign colleges or graduates of unacceptable medical schools of the United States or Canada must qualify according to paragraph 4 of the Regulations.

The Florida law DOES NOT provide for RECIPROcity nor endorsement. All applications, with fee, must be in the Secretary's hands at least 30 days before the examination. Applicants must present their diplomas and basic science certificates to the Credential Committee the evening before at the place of examination. An applicant who FAILS TO PRESENT HIS CREDENTIALS, AND WHOSE APPLICATION IS INCOMPLETE will not be admitted for examination. Additional papers and letters of recommendation are of no advantage.

The fee for re-examination is fifty dollars. Do not send credentials to the secretary. All examinations are written in the English language, by the applicant, and will embrace the following subjects in their regular order, viz: Applied Anatomy, to begin 8:00 a.m. and two hours to be given to complete it. The second, Hygiene, at 10:00 a.m. and two hours given to complete it. Subjects to be continued in the following order until all examinations are completed: Surgery, Gynecology, Obstetrics, Medical Jurisprudence, Therapeutics, Surgical Pathology, Diagnosis, and the Practice of Medicine.

To obtain a license the candidate must make a general average of 75%. No credits are given for years of practice, and no examination papers will be reviewed by an examiner after the Secretary's report is made.

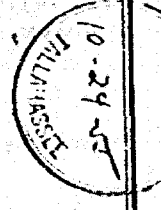
Applicants failing three times in succession will not be again admitted until a course of study has been pursued, the minimum for which will be prescribed by the Board.

Two examinations are held each year, June and November; the exact time and place to be set by the Board. Requirements for application are: Allopaths-A diploma from a legally chartered, acceptable medical college of the United States or Canada. Eclectic-A diploma from the Eclectic Medical College, Cincinnati. Homeopaths-A diploma from either Hahnemann Medical College & Hospital of Chicago, or Philadelphia; the New York Homeopathic Medical College and Flowers Hospital, or the University of Michigan Homeopathic Medical School. (The above refers to those graduating since 1918. Prior to this date the college an applicant graduated from must have been of reputable standing at the time he graduated.)

A certificate from the Florida Basic Science Board is a prerequisite for examination.

LICENSE NO. 12,345
ISSUED 1-12-55

Card sent 10-20-55



BOARD OF MEDICAL EXAMINERS
OF THE STATE OF FLORIDA

Application for License

Hugh Miller M.D.

Jackson Memorial Hospital
City or State or Full Name and Address

Place of Next Examination

Romer Plaza Hotel, Miami Beach

Date: November 20-22, 1955

Fee \$50.00

(See Paragraph 4, Rules and Regulations)
Assigned Number at Examination

155

IMPORTANT

Make all checks and money orders payable to:
State Treasurer of Florida,
Tallahassee, Florida.

ENCLOSE CHECK WITH APPLICATION

For 155 AWA record clear

Date October 19 19 55

(Signature of County Medical Society Secretary if graduated more than three years. If not member of state and have signed legally by two reputable physicians.)

Signed J.P. Lieberman, M.D. Deputy Director
Address Jackson Memorial Hospital

Signed H.H. Gates, M.D. Executive Director
Address Jackson Memorial Hospital

This is to certify that we, the undersigned legally qualified physicians are personally acquainted with Hugh Miller and know him to be of good moral character and professional standing, and that he is the person referred to in this application, and that the attached photographs and autograph are his.

CERTIFICATE OF RECOMMENDATION

CERTIFICATE OF RECOMMENDATION

This is to certify that we, the undersigned legally qualified physicians are personally acquainted with
 Dr. Hugh Miller and know him to be of good moral character and professional standing, and that he is the person referred to in this application, and that the attached photographs and autograph are his.

Signed K.H. Gates, M.D. Executive Director
 Address Jackson Memorial Hospital

Signed J.P. Lieberman, M.D. Deputy Director
 Address Jackson Memorial Hospital
 (Signature of County Medical Society secretary if graduated more than three years, if not member so state and have signed legal by two reputable physicians.)

Date October 19, 19 55.

card sent 10-20-55
 10-24-55
 TALLAHASSEE

BOARD OF MEDICAL EXAMINERS
 OF THE STATE OF FLORIDA

Application for License
Hugh Miller, M.D.
Jackson Memorial Hospital
 City and State (Print your FULL Name and Address)

Place of Next Examination
Roney Plaza Hotel, Miami Beach

Date November 20-22, 1955
 FEE \$50.00

(See Paragraph 4, Rules and Regulations)
 Assigned Number at Examination
155

IMPORTANT
 Make all checks and money orders payable to:
 State Treasurer of Florida,
 Tallahassee, Florida.
ENCLOSE CHECK WITH APPLICATION
 Nov. 155 AHA record clear

LICENSE NO. 12345
 ISSUED 1-12-55

INSTRUCTIONS TO APPLICANTS - READ CAREFULLY ENTIRE SHEET

Foreign physicians must prove that they are citizens of the United States by producing U.S. citizenship papers. Applicants must present their diplomas and basic science certificates to the Secretary's hands at least 30 days before the examination. Applicants must present their additional papers and letters of recommendation in their regular order.

The fee for re-examination is fifty dollars. Do not send credentials to the Secretary.

All applicants, with the exception of those who are of no advantage, must take a general average of 75%. No credits are given for years of practice, and no examination for medical jurisprudence. The candidate must make a general report if made.

To obtain a license, the candidate must make a general report if made.

Applicants failing three times in succession will not be again admitted until a course of study has been pursued, the minimum for which will be prescribed by the Board.

Requirements for applicants are: Allopathic - A diploma from a legally chartered, acceptable medical college of the United States or Canada, Expector - A diploma from the Philadelphia College of Podiatry, the New York Homeopathic Medical College, Cincinnati, Homeopathic Medical College and Flower Hospital, or the University of Chicago, Expector - A diploma from the Philadelphia College of Podiatry, the New York Homeopathic Medical College, Cincinnati, Homeopathic Medical College and Flower Hospital, or the University of Michigan Homeopathic Medical School. (The above refers to those graduated.)

A certificate from the Florida State Science Board is a prerequisite for examination.

FLA. STATE BOARD OF MEDICAL EXAMINERS

IMPORTANT: This is the application for your 1968 registration certificate and is the only notice you will receive. License suspended if fee not paid on or before January 1, 1968. A license suspended for non-payment of registration can be reinstated only upon payment of the fee of \$10, plus a delinquency fee of \$10 (total \$20), for each year or portion thereof delinquent.

Sign and return this form with your check or money order. Indicate in the spaces below any change of address, change in specialty or military status. While on active duty with the armed services, and for a period of six months following discharge, physicians are exempt from paying the fee but are required to complete and return this form giving military status and anticipated date of discharge.

ADDRESS CHANGE ↓

DR Hugh Miller
42 Cedar Road
Wellesley Hills, Mass. 02181

Zip Code _____

Signature

Hugh Miller, M.D.

Date

10-7-67

FLA. STATE BOARD OF MEDICAL EXAMINERS

IMPORTANT: This is the application for your 1967 registration certificate and is the only notice you will receive. License suspended if fee not paid on or before January 1, 1967. A license suspended for non-payment of registration can be reinstated only upon payment of the fee of \$10, plus a delinquency fee of \$10 (total \$20), for each year or portion thereof delinquent.

Sign and return this form with your check or money order. Indicate in the spaces below any change of address, change in specialty or military status. While on active duty with the armed services, and for a period of six months following discharge, physicians are exempt from paying the fee but are required to complete and return this form giving military status and anticipated date of discharge.

ADDRESS CHANGE

HUGH MILLER, M.D.
15 FARRAR STREET
CAMBRIDGE, MASS.

Zip Code _____

Signature

FLA. ST. Bd.
MED. EXAM.

Hugh Miller, M.D.

Date

10-11-66

RECEIVED
OCT 17 1966

FLORIDA STATE BOARD OF MEDICAL EXAMINERS
P. O. BOX 5, BISCAYNE ANNEX
MIAMI, FLORIDA 33152

RECEIVED
OCT 12 1967

1968 -- REGISTRATION DUE \$10.00
License No. 6853

Hugh Miller, H.D.
42 Oak Road
Walden Hills, Mass. 02181

formerly is 7 Laver St, Cambridge, Mass.

(see other side)

FLORIDA STATE BOARD OF MEDICAL EXAMINERS
P. O. BOX 5, BISCAYNE ANNEX
MIAMI, FLORIDA 33152

NOTICE

1967 -- REGISTRATION DUE \$10.00
License No. 6853

Hugh Miller, M.D.
7 Caldwell Place
Springfield, Massachusetts

RECEIVED
OCT 17 1968
FLA. ST. BD.
MED. EXAM.

(see other side)

FLORIDA STATE BOARD OF MEDICAL EXAMINERS

APPLICATION FOR CERTIFICATE OF ANNUAL REGISTRATION
(Please Type or Print)

05380
1/4/62

Name Hugh Miller

Office Address D.C. General Hospital, Washington, D.C.

Home Address 7 Caldwell Place, Springfield, Mass.

If in active service give rank, branch of service and service address _____

Permanent Registration Number 4454000

License Number 6853 Issued 12th day of January, 1956

Medical degree obtained from Boston University School of Medicine Year 1955

Sex Male Race White Date of Birth Nov 15, 1929 Place of Birth Detroit, Michigan

Designate Type of Practice

At present I am now in medical residency.

Specialty _____ Specialty Board, if any _____

General Practice _____ Retired _____

Active Private Practice _____ Full Time _____

Institutional Practice _____ Part Time _____

Years in Practice _____

List other locations where you have practiced None

12-10-61
Date

Signature Hugh Miller

State of District of Columbia
County of _____

Subscribed and sworn to before me this 18th day of December, 1961.

Sarah M. Cochran
Notary Public
Official Title

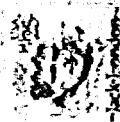
NOTICE: Application and \$10 fee due on or before January 1, 1962.

MAIL TO: Florida State Board of Medical Examiners, P. O. Box 52-5, Miami 52, Florida.

My commission expires May 14, 1964.

6853

Hugh Miller



Board of Medical Examiners
130 North Monroe Street
Tallahassee, Florida

Hugh Miller, M.D.
12 Cliff Road
Wellesley, Massachusetts 02151

RECEIVED

6853

JAN 09 1989

MEDICAL / NATUROPATH

December 28, 1978

To Florida State Board of
Medical Examiners

To whom it may concern.

In light of the MICA legislation
I have decided not to apply for renewal
of my Florida license to practice medicine,
and I hereby resign whatever time is
left upon my present license.

Thank you,

Hugh Miller, M.D.

Hugh Miller