

CERTIFICATE OF MORAL CHARACTER

Preferably Signed by Two Licensed Physicians and Surgeons in the State Where Applicant Last Practiced and Who Have Known Applicant for at Least One Year

(No practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish information concerning his or her character, education and standing, at request of the Board.)

This certifies that I have been personally acquainted with DAVID B. PRESKILL, M.D.

for four 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 [Signature] Address [Redacted]

Graduated from UCLA SCHOOL OF MED. date JUNE 1958 Licensed in CALIF. No. A-18690

This certifies that I have been personally acquainted with DAVID B. PRESKILL, M.D.

for four 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 [Signature] Address [Redacted]

Graduated from U. of Michigan date Sept. 1945 Licensed in California A16712

INFORMATION

DEAR DOCTOR:

Answering your recent inquiry, we submit the following information regarding the issuance of a certificate to practice in California under the provisions of Section 2194 of the Business and Professions Code, with the suggestion that you carefully supply all the data required within application blank.

National Board reciprocity applications are acted on at credential committee meeting held approximately once a week. Final action requires the affirmative vote of seven members of the board.

NOT TO BE USED FOR RECIPROCIATION BASED ON ANOTHER STATE'S LICENSE—WRITE FOR APPROPRIATE APPLICATION.

No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice are issued. The filing of an application does not grant applicant any special privilege, nor is any method of treating the sick or afflicted permitted in California without the lawful possession of a certificate issued by this Board and then 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 offices nor circulate professional printed matter before a California certificate has been issued.

Application Fee of \$10.00 (foreign exchange) to be added, preferably in any form other than a personal check (which must be held 2 weeks to clear bank) must accompany this application and be deposited in the office of the Board, 1020 N Street, Sacramento, California 95814, two weeks before any date shown on the accompanying dates for meetings for the current year. An additional \$100.00 to be paid if certificate is issued together with the current initial fee as provided by law and the Board rules and regulation.

PARTIALLY COMPLETED APPLICATIONS NOT ACCEPTABLE.

All preliminary, premedical and professional training must have been "incident" courses in a school approved by the Board.

THE BUSINESS AND PROFESSIONS CODE PROVIDES ADDITIONAL REQUIREMENTS THAT MUST BE COMPLETED BY GRADUATES OF FOREIGN MEDICAL SCHOOLS. APPLICANTS WHO ARE GRADUATES OF FOREIGN MEDICAL SCHOOLS SHOULD REQUEST INFORMATION REGARDING THE ADDITIONAL REQUIREMENTS PRIOR TO COMPLETING THIS APPLICATION.

Section 2194 of the Business and Professions Code. An applicant, whose application is based in a diploma certificate issued by the National Board of Medical Examiners of the United States, shall pay the fee provided by this chapter and, in addition to all other requirements provided for a physician's and surgeon's certificate, he shall file testimonials of good moral character satisfactory to the board and shall satisfy the board that the standard of the National Board of Medical Examiners on its date that the diploma certificate was issued was in no degree or particular less than that which was required for a physician's and surgeon's certificate under this chapter on the same date.

He shall also satisfy the board that the diploma certificate was procured without fraud or misrepresentation and that at no time has any certificate or license issued by any state of the United States or issued by a foreign country been revoked or annulled for unprofessional conduct.

The board may, in its discretion, with or without an oral examination, issue a certificate to an applicant who has complied with the requirements provided in a diploma certificate.

Responding to your request dated

DEPARTMENT OF CONSUMER AFFAIRS BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA NATIONAL BOARD APPLICATION—CLASS G

Application Fee 00053
Initial License Fee 00055
Certificate Fee 00054

1. Name: Last PRESKILL First DAVID Middle BEAUMONT Maiden [Redacted]

2. Address: Street and Number/Rural Route [Redacted] City [Redacted] State [Redacted] Zip Code No. [Redacted]

3. Birth date: (Month) [Redacted] (Day) [Redacted] (Year) [Redacted] ☒ Male ☐ Female Color Eyes [Redacted] Hair [Redacted] U.S. Citizen? ☒ Yes ☐ No If U.S. Citizen, of [Redacted]

4. Preliminary Education (4-Year High School or Equivalent) Name of High School HIGHLAND PARK HIGH SCHOOL Location HIGHLAND PK, ILL. Period of Attendance From 9/61 To 6/65

5. Premedical Education—College or University Name of College CLAREMONT MEN'S COLLEGE Location CLAREMONT, CALIF. Period of Attendance From 9/65 To 6/69

6. Premedical degree Yes ☒ No ☐ Degree B.A. Date Granted 2/11/69

7. Required Premedical Courses

Course	College	Location	Period of Attendance From	To
Chemistry	CLAREMONT MEN'S COLLEGE	CLAREMONT, CA	9/67	6/68
Physics	"	"	9/67	6/68
Biology	"	"	9/66	6/67

8. Medical School Course (Year) 1st 2nd 3rd 4th 5th 6th

Year	Medical College	Location	Period of Attendance From	To
1st	UNIVERSITY OF CALIF., LOS ANGELES	CA	9/69	6/70
2nd	"	"	9/70	6/71
3rd	"	"	6/71	6/72
4th	"	"	9/72	6/73
5th	"	"		
6th	"	"		

9. Doctor of Medicine degree granted by Calif Name of Institution UCLA Sch of Med Location LOS ANGELES, CA. Exact Date of Issuance 6/15/73

Attach proof of degree (copy of diploma or equivalent) If attended more than one school, proof of attendance at other school. (copy of transcript)

10. Post Graduate Education Name of Institution NONE Location [Redacted]

11. Internship Name of Hospital HARBOR GENERAL HOSPITAL Location TORRANCE, CALIF. Period of Attendance From 6/24/73 To 4/23/74

Attach proof of internship (copy of internship certificate or equivalent)

12. Have you been licensed to practice medicine in any state or country? ☐ Yes ☒ No

State or Country	Year License Issued	Active	Current Status of License	Revoked
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If previous license ever suspended or revoked: License Issued by NONE Date of Suspension or Revocation [Redacted] Charge [Redacted]

13. Have you been denied a license to practice medicine by any state or country? ☐ Yes ☒ No

State or Country [Redacted] Date of Denial [Redacted] Reason for Denial [Redacted]

HAVE YOU EVER FAILED A WRITTEN OR ORAL EXAMINATION GIVEN BY THIS BOARD? ☐ Yes ☒ No

(Over)

14. Are you now or have you ever been addicted to narcotic drugs? _____
15. Have you ever been charged with drug addiction? _____
- If yes: Charge _____ Date _____ Disposition _____
- Have you ever made an offer in compromise in connection with the Harrison Narcotic Law? _____
16. Have you ever been convicted of or pled guilty or nolo contendere to any violation of any law of any state, the United States or a foreign country? _____
- If yes: Violation _____ Date _____ Penalty or Disposition _____
17. Are you suffering from any physical condition which is likely to interfere with the performance of your duties as a medical examiner? _____

State of California
 County of Los Angeles
David Benjamin Proskell
 applicant, being duly sworn says he is the person
 whose photo is attached, that he is the person
 named in and lawful holder of each diploma sub-
 mitted herewith and that said diplomas were
 procured in the regular resident course of in-
 struction and examination without fraud or mis-
 representation; that he has read and understands
 all the requirements relating to this application
 and that all statements made herein are true.

APPLICANT WILL LEGIBLY COPY in the space immediately below, the "DIPLOMA" Certificate on which he applies.

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA

David Benjamin Proskell, 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: J.D. Myers
 Chairman of the Board

SEAL

Philadelphia, Pa.
 June 24, 1974

JOHN P. HUBBARD
 President of the Board
 Cert. # 131778

I hereby apply for a physician's and surgeon's certificate in the State of California and submit the following
 credentials as required in Section 2194 of the Business and Professions Code and by the rules of the Board of
 Medical Examiners of the State of California.



David Benjamin Proskell
 Signature of applicant in full - see of initials
 19 74
Jane B. Stamper
 Notary Public
San Antonio Co 90509
 Address

Certification of the National Board of Medical Examiners

(Note—This endorsement SHOULD NOT BE EXECUTED unless the applicant has affixed the affidavit at the bottom of the preceding page (24).)

NATIONAL BOARD OF MEDICAL EXAMINERS

I, John P. Hubbard, M.D., President of the National Board of Medical Examiners and official
 custodian of the records of said Board, certify that the foregoing Diplomate Certificate No. 131778 will be
 issued to David Benjamin Proskell M.D., on the 24th day
 of June 1974, and ~~was~~ ^{will be} delivered to him; (2) that prior thereto said applicant filed
 with the National Board, his Medical Diploma; (3) that said applicant has passed examinations given by the
 National Board as follows:

1st part	Location of examination	Month	Day	Month	Day	Total Credit
Los Angeles, Calif.	from June 15 to June 16	19 71				
2d part	Los Angeles, Calif.	from April 10 to April 11	19 73			
3d part	Los Angeles, Calif.	from March 6 to March 7	19 74			

(4) that the complete record of said applicant's credentials and examination will be forwarded for inspection to
 the California board on request; (5) that the "Diploma" Certificate on the preceding page bears the original
 date of issue (if a Duplicate please add an explanatory note).

In testimony whereof witness my hand and seal

John P. Hubbard M.D.
 Signature of executive officer
 Official title President

dated at Philadelphia, Pennsylvania
 this 12th day of June 19 74

Address 3930 Chestnut Street
 Philadelphia,
 Pennsylvania, 19104

It is hereby certified that DAVID BENJAMIN PROSKELL FRESHMAN
 class in the UCLA School of Medicine on the 23rd day of SEPTEMBER 1969
 Name Medical College Month

1. That as evidence of PRELIMINARY EDUCATION (high school) he presented _____
Highland Park High School indicated on Claremont transcript 10/16/68
 Specify documentary evidence and date of document
2. That as evidence of PREMEDICAL EDUCATION (college) he presented _____
transcripts from Claremont Men's Coll. 6/11/66-133 units
 Specify documentary evidence and date of document, including number of units

*3. That prior to commencing the _____ the study of medicine he completed a one-year course of
 college grade in each of the subjects of Physics, Chemistry and Biology as shown on the accompanying certification.

Every application based on a certificate issued after January 1, 1910, must show that prior to commencing the last 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, 1944, and course must have preceded study of medicine. After September 21, 1951, 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, 1954, must show the completion of a three-
 year college course, including the subjects of Physics, Chemistry and Biology.

* Strike out number 3 if course not of record in your institution, i.e., filed as matriculation requirement.

4. That he attended _____ courses of lectures given by this institution completed during a period of 4 _____
 Specify number _____
 and was issued the degree DOCTOR OF MEDICINE on the 15th day of JUNE 1973
 Specify _____

Signed Susan J. Lipp M.D.
 President (or Vice President)

SEAL OF SCHOOL of UCLA School of Medicine
 Name of school
 this 24 day of May 1974
 Month

Graduates after August 10, 1913, must show the completion of 4 terms of 32 weeks, totaling 128 weeks, and a
 minimum of 4000 hours in the subjects set forth in the Medical Practice Act of California.

Application Summary

4/16/19 3:09 PM

Page 1 of 3

License Type:	Physician and Surgeon G
License Number:	27603
File Number:	167902
Application:	Physician's and Surgeon's Renewal
Application Number:	14634866
Application Date:	04/16/2019 (mm/dd/yyyy)

Application Questions

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



Personal Detail

First Name:	DAVID
Middle Name:	BENJAMIN
Last Name:	PRESKILL
Birthdate:	**/**/****
Gender:	

Addresses

License Related Addresses

Address of Record (Required)

Warning: In order to protect your privacy and identity, address will not be displayed.

Confidential Address

Warning: In order to protect your privacy and identity, address will not be displayed.

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?	Yes
Activities in Medicine	Administration - None Other - None Patient Care - None Research - None Teaching - None Telemedicine - None
Patient Care Practice Location	Zip: County:
Telemedicine Practice Location	Zip: County:
Patient Care Secondary Practice Location	Zip: County:
Telemedicine Secondary Practice Location	Zip: County:
Current Training Status	Not in Training
Areas of Practice	Obstetrics and Gynecology - Primary
Board Certifications	American Board of Obstetrics and Gynecology - Obstetrics and Gynecology
Postgraduate Training Years	4 Years
Cultural Background	
Web Site Profile	Cultural Background - No Foreign Language Proficiency - No Gender - No
E-mail:	

Fees

StephenM.ThompsonLRP	\$25.00
Total Amount Due:	\$25.00

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:

Application Summary

6/4/15 2:01 PM

Page 1 of 3

License Type:	Physician and Surgeon G
License Number:	27603
File Number:	167902
Application:	Physician's and Surgeon's Renewal
Application Number:	14181787
Application Date:	06/04/2015 (mm/dd/yyyy)

Personal Detail

First Name:	DAVID
Middle Name:	BENJAMIN
Last Name:	PRESKILL
Birthdate:	**/**/****
Gender:	■

Addresses

License Related Addresses

Address of Record (Required)

Warning:

In order to protect your privacy and identity, address will not be displayed.

Confidential Address

Warning:

In order to protect your privacy and identity, address will not be displayed.

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**

Voluntary Fee:

**Attachments****Physician Survey**

Are you retired?

Yes

Activities in Medicine

Administration - 1-9 Hours**Other - None****Patient Care - None****Research - None****Teaching - None****Telemedicine - None**

Patient Care Practice Location

Zip: 92101 County: SAN DIEGO

Telemedicine Practice Location

Zip: County:

Patient Care Secondary Practice Location

Zip: County:

Telemedicine Secondary Practice Location

Zip: County:

Current Training Status

Not in Training

Areas of Practice

Obstetrics and Gynecology - Primary

Board Certifications

**American Board of Obstetrics and
Gynecology - Obstetrics and Gynecology**

Cultural Background



Foreign Language Proficiency



Web Site Profile

Cultural Background - No**Foreign Language Proficiency - No****Gender - Yes**

E-mail:

**Fees**

Biennial Renewal Fee

\$783.00

DUE TO CURES FUND

\$12.00

Steven M. Thompson Physician Corps Loan Repayment Program	\$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: