CERTIFICATE OF MORAL CHARACTER

Preferably Signed by Two Literased Physician and Surgeons in the State Where Applicant Last fracticed and Who Have Knea Applicant for at Least Ore Year

(No practitioner is expected to sign this recommendation sho is not personally acquainted with the applicant and wis is not willing to furnish information concerning his or he hander, education and standing on requ

This certifies that I have been personally acquinted with DAUID

for Years and that I know h.l.M... to but good moral character sal hereby recommend h.l.M... to the Board of Medical Examiners of the State of California as most worthy to be liceased to practice as a "physician and surgeon" in the State of California.

1958 Licensed in CALIF No. A-18690 UCLA SCHOOL OF MED die JUNE

This certifies that I have been personally acquirated with 1400 5

years and that I know ht. M. to keef good moral character and hareby recommend htm. to the Board of Medical Examiners of the State of Calbrula as most worthy to be licensed to practice as "physician and surgeon" of the State of Calbrula.

California A16712

INFORMATION

DEAR DOCTOR:

Craduated from

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

National Board reciprocity applications are and in at credential committee meeting held apprecipately once a week. Final action requires the affirmative votof seven members of the loard.

NOT TO BE USED FOR RECIPROCITY MASED ON ANOTHER STATE'S LICENSE -WRITE FOR APPROPRIATE APPLICATION.

No TEMPORARY CERTIFICATES or SPECIAL PERMITS to practice we issued. The filing of an application does not grant applicant any special privilege, nor is any method of trailing the sick or affected penultted in California without the lawful possession of a entificate issued by this Bond and then only after aid certificate has been recorded in the county wherein such pactice is conducted. See actions 214 to 2143 of the Business and Professions Code. Applicant must not established to not circulate professional printed matter before a California certificate has been issued. certificate has been issued.

Application Fix of \$10.00 (foreign exchange) be added) preferably many form other than a personal check (which must be held 2 weeks to clear bank) mast accompany this application and be deposited in the office of the Board, 1020 N Street, Sacramento, Californi 9381.4, two weeks before any date shown on the accompanying dates for meetings for the current year. An aditional \$100.00 to be paid if certificate is issued to gether 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 raising must have been "exident" courses in a shool approved by the Board.

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

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

He shall also satisfy the board that the dipunsic certificate was procured without fraud or mirepresentation and that at no time has any certificate or licess 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 wihout an oral examination, issue a certificate to an applicant who has complied with the requirements provided in a diplomate certificate.

request dated

Repending to your

State or Country

HAVE YOU EVER PAILED A WRITTEN OR ORAL EXAMINATION CIVEN BY THIS BOARD?

| BOARD OF MEDICAL EXAMINISTRANCES OF THE STATE OF CALIFORNIA NATIONAL BOARD APPLICATION—CLASS © 27 PM 774 For Type Name of the State of Number hard lone For Type Name of Last PRESCILL Address South and Number/hard lone Date from Presch deliterature Professor Name of High School Principles of Universy Name of High School Principles of Universy Name of High School Principles of Universy Name of College Principles of Universy Name of Name | | DEPART | MENT OF CONSU | MER APPAIRS | HIGE VE O SAGRAME: | Application F4)() | 53. |
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| 4. Are you now | e or have you ever been addicted to nurcetic d | nugit | | Certification of the National Board of Medical Emminers |
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| E House man as | ver been charged with drug addiction? | | | [Note,-This endocerous SHOULD NOT BE EXECUTED releasibly applicant has affixed the affidicity of the bottom of the preceding page (25) |
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| ı'. | | _ | | John P. Hubbard, M.D., President of the National Board of Medical Examiners and official |
| 1.6 | + 41 · . | | | custodian of the records of said Board, certify that the foregoing Diplomate Canificate No. 131778 vill be |
| | | | | |
| • | er made an offer in compromise in connection w | | | MD., on the 24th day |
| B. Have you e | ver been convicted of or pled guilty or note con | tendro to any violation of any law of any stat | te, the United States, or a foreign country? | of June 1974, and the same delivered to him; (2) that pior thereto said applicant filed |
| V | 1.5 | or the state of the desired | 17.4 | with the National Board, his Medical Diploms; (3) that said applicant has pured examinations given by the |
| lf yes: | Violation | Date | Penalty or Disposition | |
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| | | State of County of | yangeles) | (4) that the complete record of said applicant's ordenatula and examination will be forwarded for inspection to the California loads on request; (5) that the "Diplomente" Certificate on the preeding page bears the original date of issue (il a Duplicate please add an explanatory note). |
| | | applant, being it whos photo is at named in and lawf | uly swom says he is the person tached, that he is the person ul holder of each diploma sub- and that said diplomas were | In testimony whereof witness my hand and real Signature of recentive of necessary of the state o |
| | | procued in the r | regular resident course of in- nination without fraud or mis- | [seal] Official title President |
| | | representation; the | of he has read and understands ats relating to this application | dated at Philadelphia, Pennsylvania Address 3930 Chestnut Street |
| | | | nonts made herein are true. | Philadelphia, |
| | | 1 6 7 7 7 7 | $f(x,y,y,\partial y)$ | this 13th day of June 19 74 Pennsylvania, 19104 |
| which | APPLICANT WILL LEGIBLY COPY in he applies. NATIONAL | the space immediately below, the "D . Beauto of Microsca, Expulsives | DELOMATE CERTIFICATE ON | It is hereby contified that DAUID BENJAMIN TREKHARD to FRESHMAN Specif Frankman or law class in the ULLASE HOLD OF MEDICULES the 29th day of SEPTEM BER 1969 Name Maded College |
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| | U | RITTED STATES OF AMERICA | | 1. That as evidence of PRELIMINARY EDUCATION (Julgia school) he presented. |
| | having satisfied all the require | id Benjamin Proskill, N.D. ments and having successfuly passed the nate of the National Bond of Medic | e examinations | Highland Park High School inclicated on Clarement transcript 10/16/6 Specify december prolines and data of december 2. That as evidence of PREMEDICAL EDUCATION (college) he presented. |
| | Attest: J.D. Myors | | | |
| | Chairman of the Board | | | transcripts from Claremont Nen's Coll./6/11/65-133 units [posty documents reference land of document, bedding number of the |
| | 1 1111111111111111111111111111111111111 | SEAL. | | *3. That prior is commencing thethe study of medicine is completed a one-year current |
| | Piúlabelphia, Pa | John P. | Humano á the Board | college grade in such of the subjects of Physics, Carniter, and Biology as shown on the accompanying cartification. |
| | June 24, 1974 | Grat. # 131778 | a up grand | Every application based on a certificate issued after junary 1, 1919, must show that prior to commercing the last hill of the second year in the study of medicine, he has completed as your of college grade in the subject of Physics, Chemistry and Biology. After January 1, 1824, and course must have pre-acted to 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 commenting the study of medicine and an applicant materialisting in a melicul motor after January 1, 1954, suit show the completion of a three- |
| credent | eby apply for a physician's and surgeon tials as required in Section 2194 of the I I Examiners of the State of California. | 's certificate in the State of California dusiness and Professions Orde and by | and submit the following the rules of the Board of | study of medicine at an applicant matriculating in a mulcul minot after January 1, 1954, not show the completion of a three- year college course, including the subject of Physics, Chestry and Biology. * Strike out number 3 if course not of record in your institution, i.e., filed as matriculation requirement. |
| moules | . Commissions of the California | D. R. | Polin | 4. That he attended |
| | 2. | FOUND DUNCH | HI - MI DE MINE | and was issued the degree DOCTOR OF MEDILANE on the 15th dayst JUNE 1973 |
| Subse | cribed and swom to before me this 30 | in day of May | 19-4 | - huse I walk |
| ميد | JANE B. STAMPER | () 3 | Marika | Nigued President M.D. |
| 160 | MAL Metery Public California OUT LOS ANGELES COUNTY | A Hospin a | Inn Hospital | (SEAL) of UCLA School of Medicine |
| 100 | My Commission Expires Decamber 6, 1974 | The star ster | Charles of | O7 Name of actions |
| NA. | ministra and in the constant | (Janane | 1 470307 | (#CBOOL) |

(NOTE—This allidarit and the endorsement required at the top of the next page met be dated within 80 days of the filing date of this application. After you have completed all data required on pages No. 1 and No. 1, after your affidavit, THEN send this blank to the Secretary of the National Board of Medical Examiners, who will endorse at top of sect page.)

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 Califonia.

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?



4/16/19 3:09 PM Page 2 of 3

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

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|-------|------|------|---|
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| -IIVS | | | $\mathbf{u} \mathbf{v} \mathbf{e} \mathbf{v}$ |
| | | | |

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.



4/16/19 3:09 PM Page 3 of 3

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?



6/4/15 2:01 PM Page 2 of 3

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

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,

Signature: Date:

complete and accurate.

6/4/15 2:01 PM

Page 3 of 3