STATE OF CALIFORNIA—AGRICULTURE AND SERVICES AGENCY — EDMUND G. BROWN JR., Governor

DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL QUALITY ASSURANCE

RECEIVED SACRAMENTO BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
ALLIED HEALTH PROFESSIONS (916) 322-5043
APPLICATIONS AND EXAMINATIONS (916) 322-5049

AUG 4 10 13 AM '80

APPLICATION FOR PHYSICIAN'S AND SURGEON'S CERTIFICATE
BASED ON NATIONAL BOARD CREDENTIALS
CLASS G

F38-D

00102200335

(Please type or print neatly. When space provided is insufficient, attach additional sheets.)

1. NAME: Last Shaversky First Valorie Middle Dean — 2. Telephone No. [redacted]

3. List other names, if any, you have used:

4. Address: Street and No./Rural Route [redacted] City [redacted] State [redacted] Zip Code [redacted]

5. Name you wish on License: Valorie Dean Shaversky — Birthdate: (Month - Day - Year) [redacted]

6. Premedical Education: Name of College or University: The University of Michigan — Location: Ann Arbor, Michigan
Period of attendance: From 9/67 To 12/73
Check premed courses successfully completed: ☑ Chemistry ☐ Physics ☑ Biology or Zoology

7. Medical School:

Year	Name of Institution	Location	From	To
1st	The University of Michigan	Ann Arbor, Michigan	9/74	6/78
2nd				
3rd				
4th				
5th				
6th				

8. Doctor of Medicine Degree granted by: ☒ University of Michigan Med Sch — Date: 10/78 — For office use only, School Code: MI001

9. 1st Year Postgraduate Training (Internship):

Location	Type of Service	From	To
Cabrini Memorial Medical Center	Obstetrics - Gynecology	7/79	6/80

10. List all States in which you have been licensed to practice medicine:

11. Has any disciplinary action ever been taken regarding any license which you now hold or ever held? [redacted]
If Yes, indicate below:

State	Date	Charge	Disposition

12. Have you ever been denied a license to practice medicine in any State or Country? [redacted]
If Yes, indicate below:

State or Country	Date of Denial	Reason for Denial

13. Are you now or have you ever been addicted to narcotic drugs? [redacted]

14. Have you ever been convicted of, or pled nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction? [redacted]

15. Have you ever been convicted of, or pled nolo contendere to any offense, misdemeanor or felony in any state? (Except violations of traffic laws resulting in fines of $50.00 or less.)

16. If you answered "Yes" to either No. 14 or No. 15 above, please provide the following information:

Violation and Location	Date	Penalty/Disposition

17. Have you ever had staff privileges in a hospital suspended or revoked? [redacted]
If yes, please explain on another sheet of paper.

[redacted]

Applicant: Please complete the following:

Height: [redacted] Ft. [redacted] In. Weight: [redacted] lbs.

Hair color: [redacted] Eye color: [redacted]

Identifying marks: _____

_____

_____

[redacted] Professions Code. All items in this application are mandatory, none are voluntary. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their applications subject to the provisions of the California Public Records Act.

NOTE: APPLICANT WILL SIGN THIS STATEMENT IN PRESENCE OF NOTARY PUBLIC.

"I hereby certify (or declare), under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself, the applicant identified herein."

Signature of Applicant [signature]

Date 7/3/80

Subscribed and sworn to before me this 3 day of July 19 80

OFFICIAL SEAL
GEORGIA LEE FROBERG
NOTARY PUBLIC - CALIFORNIA
LOS ANGELES COUNTY
My comm. expires MAY 7, 1984

Signature of Notary [signature]

Address Los Angeles, Calif.

My commission expires: May 7, 1984

[illegible]

STATE OF CALIFORNIA—STATE AND CONSUMER SERVICES AGENCY — EDMUND G. BROWN JR., Governor

DEPARTMENT OF Consumer Affairs

BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
APPLICATIONS AND EXAMINATIONS
(916) 920-6411

RECEIVED
JUN 9 1980
MEDICAL SCHOOL

PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF EDUCATION

This Certifies That Valorie Jean Salisberry
Full name of applicant

enrolled in University of Michigan Medical School
Name of medical school (college)

on the 3rd day of September 19 74
Month Year

☒ as a Freshman.

☐ with advanced standing based on _____
Please specify

The undersigned further certifies that official transcripts on file show that prior to completing the study of medicine the applicant herein referred to completed at least a two-year resident course of college grade including:

☒ PHYSICS ☒ CHEMISTRY ☒ BIOLOGY (or) ZOOLOGY (Check course(s) completed)

at University of Michigan, Ann Arbor, MI, and that he attended while at this
Please indicate school

medical school (college) 4 years ~~courses~~ of lectures of 8 1/2 months ~~weeks~~ each,
Specify number Specify number of weeks

completing --- hours in the subjects below listed, and that he/she:
Total hours

☒ was granted the degree { ~~Bachelor~~ / Doctor } of Medicine

☐ left the above mentioned medical school (college) for the following reason(s):

_____

_____

on the 20th day of October 19 78.
Month Year

Please indicate which of the following courses of study were successfully undertaken by the applicant:

X Anatomy	___ Preventive medicine	X Medicine
X Embryology	___ Hygiene and sanitation	X Pediatrics
X Histology	X Radiology, including roentgenologic technique and radiation safety	X Psychiatry
X Neuroanatomy	X Urology	X Neurology
X Physiology	___ Ophthalmology	X Dermatology
___ Psychobiology	X Anesthesia	X Physical medicine
X Biochemistry	___ Otolaryngology	___ Therapeutics
X Pathology, bacteriology and immunology	X Obstetrics and gynecology	___ Tropical medicine
X Pharmacology		X Surgery, including orthopedic surgery

X Radiology
X Infectious Disease
X Hypertension

Signed and the College seal affixed this 11 day

of June 19 80.
Month Year

[AFFIX SEAL HERE]

By Frances D French
President, Secretary, Dean

Frances D. French
Director of Academic Services

07A-32 (REV. 6-78)

Application Summary

License Type:	**Physician and Surgeon G**
License Number:	**43045**
File Number:	**67117**
Application:	**Physician's and Surgeon's Renewal**
Application Number:	**14274540**
Application Date:	**02/22/2016 (mm/dd/yyyy)**

Application Questions

Have you served or are you currently serving in the military?	[redacted]

Personal Detail

First Name:	**VALLORIE**
Middle Name:	**JEAN**
Last Name:	**SAULSBERRY**
Birthdate:	****/**/******
Gender:	[redacted]

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?	[redacted]
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?	[redacted]

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. [redacted]

Family Physician Training Program Voluntary Fee

Voluntary Fee: [redacted]

Attachments

Physician Survey

Are you retired?	**No**
Activities in Medicine	**Administration - 1-9 Hours**
	Other - None
	Patient Care - 30-39 Hours
	Research - None
	Teaching - 1-9 Hours
Patient Care Practice Location	**Zip: 91405 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**
	Public Health and General Preventive Medicine - Secondary
Board Certifications	**None**
Postgraduate Training Years	**4 Years**
Cultural Background	[redacted]
Foreign Language Proficiency	[redacted]
Web Site Profile	**Cultural Background - No**
	Foreign Language Proficiency - No
	Gender - No
E-mail:	[redacted]

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:

Application Summary

License Type:	**Physician and Surgeon G**
License Number:	**43045**
File Number:	**67117**
Application:	**Physician's and Surgeon's Renewal**
Application Number:	**14498558**
Application Date:	**02/06/2018 (mm/dd/yyyy)**

Application Questions

Have you served or are you currently serving in the military?	[redacted]

Personal Detail

First Name:	**VALLORIE**
Middle Name:	**JEAN**
Last Name:	**SAULSBERRY**
Birthdate:	****/**/******
Gender:	[redacted]

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?	[redacted]
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?	[redacted]

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. [redacted]

Family Physician Training Program Voluntary Fee

Would you like to contribute? [redacted]

Attachments

Physician Survey

Are you retired?	**No**
Activities in Medicine	**Administration - 1-9 Hours**
	Other - None
	Patient Care - 30-39 Hours
	Research - None
	Teaching - 1-9 Hours
	Telemedicine - None
Patient Care Practice Location	**Zip: 91405 County: LOS ANGELES**
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 - Secondary**
Postgraduate Training Years	**3 Years**
Cultural Background	[redacted]
Web Site Profile	**Cultural Background - No**
	Foreign Language Proficiency - No
	Gender - No
E-mail:	[redacted]

Fees

Biennial Renewal Fee	**$783.00**
DUE TO CURES FUND	**$12.00**
StephenM.ThompsonLRP	**$25.00**
Total Amount Due:	**$820.00**

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Signature: Date:

Application Summary

License Type:	**Physician and Surgeon G**
License Number:	**43045**
File Number:	**67117**
Application:	**Physician's and Surgeon's Renewal**
Application Number:	**14723642**
Application Date:	**04/02/2020 (mm/dd/yyyy)**

Application Questions

Have you served or are you currently serving in the military?	[redacted]

Personal Detail

First Name:	**VALLORIE**
Middle Name:	**JEAN**
Last Name:	**SAULSBERRY**
Birthdate:	****/**/******
Gender:	[redacted]

Addresses

License Related Addresses

Address of Record

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?	[redacted]
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?	[redacted]

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.	[redacted]

Family Physician Training Program Voluntary Fee

Would you like to contribute?	[redacted]

Attachments

Physician Survey

Are you retired?	**No**
Activities in Medicine	**Administration - 1-9 Hours**
	Other - None
	Patient Care - 30-39 Hours
	Research - None
	Teaching - 20-29 Hours
	Telemedicine - 1-9 Hours
Patient Care Practice Location	**Zip: County: LOS ANGELES**
Telemedicine Practice Location	**Zip: County:**
Patient Care Secondary Practice Location	**Zip: County: LOS ANGELES**
Telemedicine Secondary Practice Location	**Zip: County:**
Current Training Status	**Not in Training**
Areas of Practice	**Obstetrics and Gynecology - Primary**
	Obstetrics and Gynecology - Secondary
Board Certifications	**None**
Postgraduate Training Years	**3 Years**
Cultural Background	[redacted]
Web Site Profile	**Cultural Background - No**
	Foreign Language Proficiency - No
	Gender - No
E-mail:	[redacted]

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