

15015

State of Nebraska
DEPARTMENT OF HEALTH
BUREAU OF EXAMINING BOARDS

APPLICATION FOR LICENSE TO PRACTICE MEDICINE

To State Board of Medical Examiners:

I hereby apply for certificate of registration to practice Medicine and Surgery in the State of Nebraska, and submit the following statement concerning my age, moral character, preliminary and medical education and practice.

1. Name KNOLLA MICHELLE SUE
LAST NAME (Print name in full, including middle name) FIRST NAME MIDDLE NAME
Permanent address 123 1/2 No. 61 OMAHA, NE 68132
Zip Code Age 28
2. Place and date of birth OMAHA, NE 3/30/50
3. Present residence OMAHA, NE 68132 Intended residence SAME
Zip Code
4. Are you a citizen of the United States? YES
5. Preliminary and Pre-medical Education:

Give name and location of institutions attended, beginning with high school, with concise statement of period of study, giving date of diplomas or certificates received.

NORTH HIGH SCHOOL (OMAHA, NE) 9/65 - 6/68 → HS DIPLOMA
UNIV. OF NEBRASKA (LINCOLN, NE) 9/68 - 5/69
UNIV. OF NEBRASKA (OMAHA, NE) 9/69 - 12/75 → B.A.

6. Medical Education:

I have spent 3 years in the study of medicine in the institutions named below:

Day, Month, Year	Day, Month, Year	Name of School	Location
From <u>6 July 76</u>	to <u>26 June 77</u>	<u>UNIV. OF NEBR. COLLEGE OF MED - OMAHA</u>	
From <u>5 July 77</u>	to <u>25 June 78</u>	" " " "	"
From <u>5 July 78</u>	to <u>20 May 79</u>	" " " "	"

I received the degree of M.D. from the UNIV. OF NEBRASKA MEDICAL
College located at OMAHA, NE on the 20th day of MAY 1979

CERTIFICATE OF MEDICAL EDUCATION

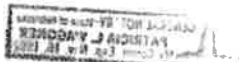
It is hereby certified that Michelle Sue Knolla
of Omaha, Nebraska matriculated in U. Nebr. Col. Medicine
at Omaha, Nebraska Date July 6, 1976 attended
three course of lectures of eleven months each, and received a diploma from
U. Nebr. Col. Medicine conferring the degree of Doctor of Medicine (date) May 20, 1979
Michelle J. Knolla XXXX Ph.D.
(President, Secretary or Dean)
(SEAL) Assistant Dean, Student Affairs

CERTIFICATE OF INTERN SERVICE

This certifies that Dr. _____ has rendered satisfactory and
continuous service as an intern in the _____ Hospital at _____
from _____ to _____
Dated _____

Superintendent of Hospital

Examination Fee \$100.00



RECIPROCITY AND NATIONAL BOARD

If this application is for reciprocity, the following must be completed and notarized.

1. Upon what license or certificate do you base this application?.....
(Give name of board issuing certificate)
2. Have you been a resident of such state for a period of one year subsequent (following) the date of issuance of said license?..... from..... 19..... to..... 19.....
(Yes or no) (Month, day, year) (Exact dates—month, day, year)
3. Have you ever filed an application in Nebraska?.....
(Yes or no)
4. Have you ever failed in a written examination in Nebraska?..... Give particulars.....
(Yes or no)
5. How long since you have ceased the active practice of medicine and surgery?.....
6. What has been your pursuit since you ceased practice?.....
7. In what other states have you applied for license?.....
8. In what states do you hold a license?.....
9. Have you ever been denied a certificate or the right to take an examination?.....
(Yes or no)
10. Has any state medical examining board or other state agency revoked or suspended a license issued to you?
(Yes or no) (Give particulars)
11. Do you now or have you ever had a personal problem with narcotics, drugs, or alcohol?.....
(Yes or no)
(Give particulars)
12. Have you ever been notified or reprimanded by any agency or any complaint relative to the practice of medicine?.....
(Yes or no) (Give particulars)
13. Have you ever been charged with the violation of any law relative to the practice of medicine or relative to any crime?.....
(Yes or no) (Give particulars)
14. Give brief record of military service.....
15. Affidavit: MICHELLE SUE KINOLLA....., being duly sworn, deposes and says that the foregoing
(Applicant)
statements are true.

I further solemnly swear upon my honor that if granted a license to practice within the State of Nebraska, that I shall abide by the laws of the State and adhere strictly to the ethics of the profession.

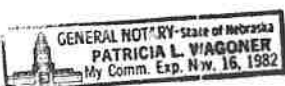
Dated MARCH 19, 1979 Signed Michelle Sue Kinolla
(Signature of applicant)

State of Nebraska }
County of Douglas } ss.

In Omaha in said county on this 19 day of March

A. D. 1979, personally appeared before me, and being duly sworn, deposes and says that he has carefully and truthfully complied with the above.

(SEAL)



Patricia L. Wagoner
Notary Public

CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE
OR ATTACH CERTIFICATION OF NATIONAL BOARD SCORES

I, _____, Secretary of the _____
certify that _____ was granted Certificate No. _____
to practice medicine in the State of _____ on the _____ day of _____
based on written examination, and that said certificate has never been revoked.

(Note:—If by written examination for re-registration Secretary should so state.)

I further certify that the aforesaid _____
in his written examination before this Board, obtained a general average of _____ in the following branches:

Subject	Per Cent	Subject	Per Cent
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby certify to the reputability of Dr. _____ and, based on the records
in this office, recommend him to the Department of Health as a fit and proper person to receive Nebraska Recipro-
city License.

I also certify that the photograph, as appears on this application, is a likeness of the said Dr. _____
_____ and the person named in the above statement, and our records show
he received the following diplomas from medical schools:

Name of School	Date of Issue
_____	_____
_____	_____
_____	_____

(SEAL OF STATE BOARD)

Secretary

Place _____ Date _____

RECOMMENDATION OF SECRETARY OF ☐ LOCAL ☐ COUNTY MEDICAL SOCIETY

I, _____ Secretary of the _____
Medical Society, certify that _____
(Full name of applicant)

is personally known to me, and that he is an ethical practitioner and is of good moral and professional character.

I further certify that the said Dr. _____
has been engaged in the reputable practice of medicine in the state of _____ for _____
years immediately preceding the date of this application and that he has never been an itinerant or advertising
doctor during the period he has practiced in this state. We have carefully reviewed all the statements made by
the applicant herein and believe them to be true in every respect.

(Note:—If licensee has not been engaged in practice continually, fix the time when he was out of practice

_____)

I also certify that the above photograph is a likeness of the said Dr. _____

I hereby recommend said applicant for a license to practice medicine in the State of Nebraska.

SEAL OF SOCIETY
Secretary
(Note:—If Society has no seal the signature
must be acknowledged before a notary public.)

CERTIFICATE FROM THE SECRETARY OF THE STATE SOCIETY

I hereby certify that the records of my office show that Dr. _____
has been a member and in good standing of the _____ State Medical
_____ for the past _____ years, and that he is now in good standing. Given under
my hand and the seal of _____ State Medical
this _____ day of _____ 19____
Secretary

THIS SPACE FOR PHOTOGRAPH

License No.

Date.....

STATE OF NEBRASKA
Department of Health

Practice of Medicine

For Use of Department Only

Name.....

Address.....

Application received.....

Fee.....[#]100⁰⁰ Paid 4-12-79 [#]5235

High School credits filed.....

Photo of applicant.....

Photo of diploma.....

Approved.....

Passed.....

Failed.....

This is to certify that the above is a correct
likeness of

Michelle S Knolla

William L Coon

Dean of School (for examination)
Registrar

Secretary of Board (for reciprocity)

Date.....

Name:

Knolla

Michelle

Sue

First

Middle



Address: ~~123 1/2 No. 61~~ CORRECTION
~~Omaha, NE 68132~~ ON BACK

Medical School: Univ. of Nebraska
College of Medicine

Omaha, Nebraska

Date of Graduation: May 20, 1979

FLEX Test Center (State) & Date:
Nebraska

June 12, 13, & 14, 1979

Nebr. Applicant No: NEB 070

FLEX Test Processing No: 35200

Reviewing Examining Official's
signature

NEW ADDRESS:

7805 PINE STREET

OMAHA, NEBRASKA

68124

State of Nebraska



Department of Health

Lincoln, Nebraska

This is to Certify That MICHELLE SUE KNOLLA, M.D.

Having submitted satisfactory evidence of compliance with the laws of the State of Nebraska is hereby granted

License No. 15015 to practice

Medicine and Surgery

Board of Examiners in Medicine and Surgery

James H. Green President
Wm. H. King, M.D. Vice-President
Paul C. Colwell, M.D. Secretary
George W. Taylor, M.D.
Maude O. Taylor, M.D.

Given under the name and Seal of the Department
of Health of the State of Nebraska, at Lincoln,
on the 27TH day of AUGUST

in the year one thousand nine hundred and 19,

Charles L. Smith M.D.
Director of Health

Charles L. Smith Governor



The University of Nebraska

MEDICAL CENTER
COLLEGE OF MEDICINE

THIS DIPLOMA MAKES KNOWN THAT THE BOARD OF REGENTS OF THE UNIVERSITY OF NEBRASKA UPON THE RECOMMENDATION OF THE FACULTY AND BY AUTHORITY OF THE STATUTES OF THE STATE HAS BY ITS OFFICERS SPECIALLY AUTHORIZED HERETO CONFERRED THE DEGREE

DOCTOR OF MEDICINE

UPON

MICHELLE SUE THOMAS KNOLLA

WHO IS ENTITLED TO ENJOY ALL THE RIGHTS, HONORS AND PRIVILEGES PERTAINING TO THAT DEGREE

IN TESTIMONY WHEREOF WE HAVE HEREUNTO SUBSCRIBED OUR NAMES AND CAUSED THE SEAL OF THE SAID BOARD TO BE AFFIXED AT LINCOLN THIS TWENTIETH DAY OF MAY, NINETEEN HUNDRED SEVENTY-NINE.

ATTEST:



William T. Lunsford
CORPORATION SECRETARY OF THE BOARD

Herbert Helst
CHAIRMAN OF THE BOARD

Neal A. Vanselow
CHANCELLOR

Ronald W. Spink
PRESIDENT OF THE UNIVERSITY

August 27, 1979

Michelle Sue Knolla, M.D.
7805 Pine Street
Omaha, NE 68124

Dear Doctor Knolla:

We are pleased to advise that you have successfully passed the examination in Medicine and Surgery (FLEX) which you took June 12, 13, 14, 1979. Your license number is 15015, dated August 27, 1979, and your license will be forwarded to you as soon as the necessary signatures have been obtained. Pending its receipt you may regard this letter as Official Notice that you are duly licensed in the State of Nebraska and as your authority to commence your practice as a Physician and Surgeon.

Your examination results follow:

This is for your information only and may not be used as an official endorsement or certification to another state licensing agency.

May we extend our congratulations and best wishes for the successful practice of your profession in Nebraska.

Sincerely yours,

Rex C. Higley, Director
Bureau of Examining Boards

cs/jn

April 17, 1979

Michelle Sue Knolla
123½ N. 61st
Omaha, NE 68132

Dear Ms. Knolla:

Your application for a license to practice Medicine and Surgery in the State of Nebraska by examination (FLEX), to be taken at the Nebraska examination site June 12, 13, 14, 1979, has been reviewed and accepted.

We are enclosing a receipt in the amount of \$100.00 for the examination fee, a schedule informing you of the place and time to report for the examination, a FLEX booklet, your admission card, and a reservation card for your use if necessary. If you need a room reservation, we suggest you make it early. If you use the reservation cards, please mail them by May 27th. That will allow them to reach the Holiday Inn at least two weeks prior to the time you plan to check in. The Ramada Inn and the Howard Johnson's Motor Lodge are across the street if you prefer.

YOU MUST PRESENT YOUR ADMISSION CARD TO THE EXAMINATION PROCTOR WHEN YOU APPEAR FOR THE EXAMINATION. Also bring a copy of your diploma if you have not sent one in.

Please note the policy relative to cancellation, withdrawal, or postponement of the examination, stated on the schedule.

Sincerely yours,

Rex C. Higley, Director
Bureau of Examining Boards

cs/jn

Enclosures 5

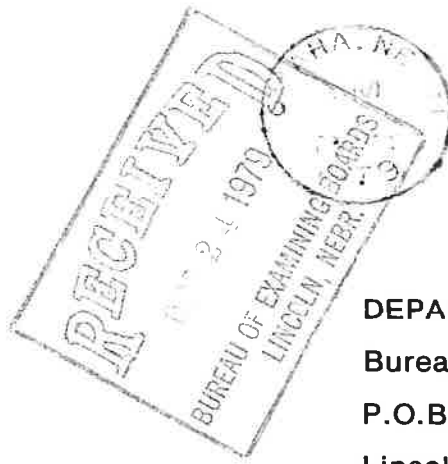
Dear Sirs:

Received my license to practice MEDICINE
(Name of Profession)
same being certificate No. 15015, dated 8/27/79

Michelle Sue Knoll MD
Signature

7805 PINE ST 68124
Address Zip Code
OMAHA

Fill in, stamp, and mail.



DEPARTMENT OF HEALTH
Bureau of Examining Boards
P.O.Box 95007
Lincoln, Nebraska 68509

CHANGE OF ADDRESS CARD FOR:
Correspondents,
Publishers and
Businesses

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBR.

Name St. of Ne. Dept. of Health - Bureau of Examining Boards
(For publishers, name of publication)

Address P.O. Box 95007
(Include Apt./Suite No.)

Post Office Lincoln **State** Ne. **ZIP** 68509

As soon as you know your new address, mail this card to all the people, businesses, and publications who send you mail.

For publications, tape an old address label over name and old address sections and complete new address.

Your name	Print or Type - Last Name, First Name, Middle Initial KNOLLA, MICHELLE S.; M.O.			LICENSE # 15015		
	Old Address			Old Address		
Old Address	No. and Street 410 S. SADDLE CR RD			Apt./Suite No.		P.O. Box
	Post Office/State OMAHA, NE			ZIP Code 68131		
New Address	No. and Street 720 No. 87 TH ST			Apt./Suite No.		P.O. Box
	Post Office/State OMAHA, NE			ZIP Code 68114		
Sign Here	Signature X Michelle Knolla			Date new address in effect 10-1-84		Account No. (If any)

PS FORM 3576, JAN. 1984

RECEIVER: Be sure to record the above new address in your address book at home or office

NOTICE OF RECORDING

This is notification to the effect that the Certificate
or License number 15015 to practice MEDICINE
(Profession)
of MICHELLE SUE KNOLLA, M.D.
(Name must appear exactly as on Certificate)
of 7805 PINE ST. OMAHA, Nebraska
(Street Address and City)

was duly recorded by this office on the 23 day of
OCTOBER, 19 79, in compliance with the provisions
of Section 71-109, R.R.S. Nebraska, 1943.

WALTER B. SPELLMAN

(County Clerk)

of Douglas County, Nebr.

NOTE: This form together with your license must be taken
to the County Clerk in the county in which you intend to
practice. The County Clerk is to complete the form and
return it to the office of the Bureau of Examining Boards,
Department of Health, 301 Centennial Mall, South, P.O.
Box 95007, Lincoln, Nebraska 68509.