

001748

DEPARTMENT OF
**Consumer
Affairs**

BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95825
ALLIED HEALTH PROFESSIONS (P16) 322-5043
APPLICATIONS AND EXAMINATIONS (P16) 322-5043

RECEIVED SACRAMENTO
BOARD OF MEDICAL
QUALITY ASSURANCE



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

May 16, 11 02 AM '80

008437

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

1. NAME: Last <u>Bundy</u> First <u>Ralph</u> Middle <u>Lawson</u>				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: <u>Ralph Lawson Bundy</u>				Birthdate (Month, Day, Year) [REDACTED]	
6. Pre-medical Education: Name of College or University <u>University of Central Florida</u>				Location <u>Orlando, Florida</u>	
Period of attendance: From <u>Oct 68</u> To <u>June 72</u>		Check premed courses successfully completed: <input type="checkbox"/> Chemistry <input type="checkbox"/> Physics <input checked="" type="checkbox"/> Biology or Zoology			
7. Medical School:					
Year	Name of Institution	Location	From	To	
1st	<u>Duke University</u>	<u>Durham, N.C.</u>	<u>Sept 72</u>	<u>May 76</u>	
2nd	"				
3rd	"				
4th	"				
5th					
6th					
8. Doctor of Medicine Degree granted by: <u>Duke University School of Med</u>			Date <u>May 9 1976</u>	For office use only School Code: <u>NC007</u>	
9. 1st Year Postgraduate Training (Internship):					
<u>Tripler Army Medical Center</u>		Location <u>Honolulu</u>	Type of Service <u>Flexible</u>	From <u>Jul 76</u>	To <u>Jun 77</u>
10. List all States in which you have been licensed to practice medicine: <u>none</u>					
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]					

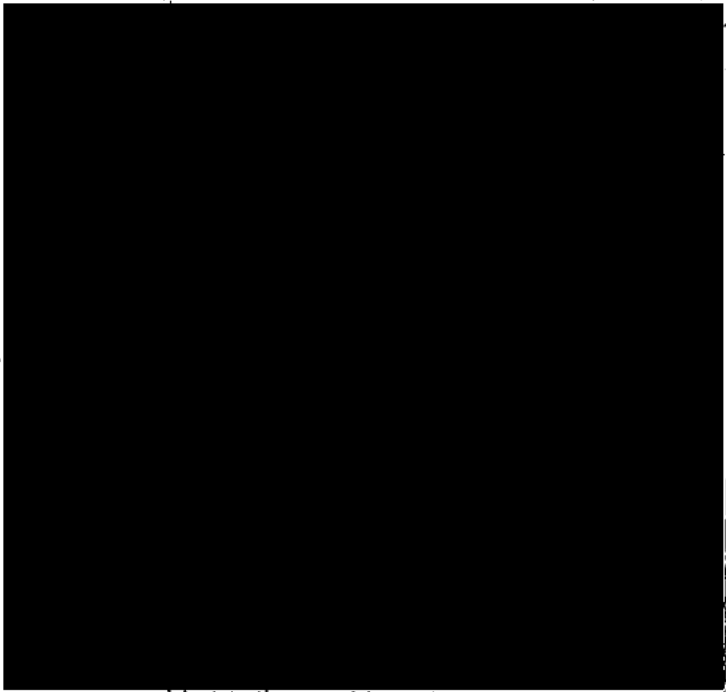
14. Have you ever been convicted of, or pled nolo contendere to a violation of any Federal, State or Local law relating to the manufacture, distribution or dispensing of controlled substances/narcotics, or to drug addiction? [REDACTED]

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.) [REDACTED]

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

Violation	Location	Date	Penalty/Disposition

17. Have you ever had staff privileges in a hospital suspended or revoked? 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: _____



maintained pursuant to Section 2312 of the Business and
 mandatory, none are voluntary. Failure to provide any of
 being rejected as incomplete. The information provided
 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 Paul L. Bunn
 Date 12 May 80

Subscribed and sworn to before me this 12th day of May 1980

Signature of Notary Gail M. Namka

SEAL

Address _____
 NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT
 STATE OF HAWAII
 MY COMMISSION EXPIRES: 20 Dec 81

My commission expires: 20 Dec 81



BOARD OF MEDICAL QUALITY ASSURANCE

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



PLEASE FORWARD TO YOUR MEDICAL SCHOOL
CERTIFICATE OF EDUCATION

This Certifies That Ralph Lawson Bundy
enrolled in Duke University School of Medicine
on the 5 day of September 1972

as a Freshman,

with advanced standing based on _____

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 Florida Technological Univ., and that he attended while at this

medical school (college) 4 courses of lectures of 36 weeks each,

completing approximately 5,000 hours in the subjects below listed, and that he/she:

was granted the degree ~~Bachelor~~ Doctor of Medicine.

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

on the 9 day of May 1976

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

- | | | | |
|--|---|---|---|
| <input checked="" type="checkbox"/> Anatomy | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Preventive medicine, including nutrition | <input type="checkbox"/> Otolaryngology |
| <input checked="" type="checkbox"/> Embryology | <input type="checkbox"/> Physical medicine | <input checked="" type="checkbox"/> Radiology, including radiation safety | <input checked="" type="checkbox"/> Obstetrics and gynecology |
| <input checked="" type="checkbox"/> Histology | <input type="checkbox"/> Therapeutics | <input checked="" type="checkbox"/> Medicine | <input type="checkbox"/> Human sexuality as defined in Section 2192.3 |
| <input checked="" type="checkbox"/> Neuroanatomy | <input type="checkbox"/> Tropical medicine | <input checked="" type="checkbox"/> Pediatrics | <input type="checkbox"/> Child Abuse detection and treatment |
| <input checked="" type="checkbox"/> Physiology | <input checked="" type="checkbox"/> Surgery, including orthopedic surgery | <input checked="" type="checkbox"/> Psychiatry | |
| <input checked="" type="checkbox"/> Biochemistry | <input type="checkbox"/> Urology | <input type="checkbox"/> Neurology | |
| <input checked="" type="checkbox"/> Pathology, bacteriology and immunology | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Anesthesia | |
| | <input checked="" type="checkbox"/> Pharmacology | | |

Signed and the College seal affixed this 28 day

[AFFIX SEAL HERE]

of April 1980

By [Signature] Registrar