

112211

INSTRUCTIONS TO GRADUATES OF MEDICAL SCHOOLS LOCATED IN THE UNITED STATES

1. The fee to be filed with an application for examination is \$75.00. Remittance should be made by bank draft, express or postal money order, payable to the Department of Registration and Education, Springfield, Ill.
2. The applicant must present to the Department of Registration and Education for verification, at its office in Springfield or on the first day of the examination, the original diploma of a legally chartered medical institution in good standing. Photostatic copies are not acceptable. If the diploma is sent to Springfield by express, charges should be prepaid; if by mail, letter postage should be affixed to the package. If the applicant wishes the diploma returned by mail the necessary postage should be furnished.
3. A transcript of the applicant's medical and premedical records should be forwarded to the Department by the Registrar of the medical college.
4. Graduates after July 1, 1923, are required to furnish proof of having completed one year's rotating internship in an approved general hospital in the United States. If the intern service is not rotating, an applicant must furnish proof of satisfactory completion of residency training or proof that he has been accepted for residency training in a hospital training program approved by this Department.
5. The application must be accompanied by letters of recommendation with regard to the moral and professional character of the applicant from two reputable, licensed physicians in Illinois, or, if from non-resident physicians such letters must be endorsed by Illinois physicians.
6. An applicant who is not a native-born citizen of the United States must submit with his application his certificate of naturalization, or his declaration of intention, or, if eligible to file a petition for naturalization, evidence that this petition has been filed within thirty (30) days after he became eligible to do so.
7. The filing of an application or the taking of an examination does not entitle the applicant to practice in the State of Illinois.

INSTRUCTIONS TO GRADUATES OF FOREIGN MEDICAL SCHOOLS

1. The examination fee is \$75.00, and remittance should be made by bank draft, express or postal money order, or postal note, payable to the Department of Registration and Education, Springfield, Illinois.
2. An applicant must furnish documentary proof of his preliminary and professional education (Study books or transcripts of studies), and his original medical diploma. Photostatic copies of diplomas are not acceptable. If the diploma is sent to Springfield by express, charges should be prepaid; if by mail, letter postage should be affixed to the package. If the applicant wishes the diploma returned by mail, the necessary postage should be furnished. Foreign credentials must be accompanied by certified translations. The original documents must be verified in the Springfield office. Foreign credentials may not be presented for review at an examination.
3. Graduates after July 1, 1923, are required to furnish proof of having completed one year's internship in an approved general hospital in the United States. If the intern service is not rotating, an applicant must furnish proof of satisfactory completion of residency training or proof that he has been accepted for residency training in a hospital training program approved by this Department.
4. After approval of applications, original credentials are returned to the applicant but translations are held on file as a part of the Department records.
5. Naturalized citizens of the United States must submit Certificates of Naturalization; and non-citizens must submit Declarations of Intention to become citizens (first papers); or receipt showing that petition for Naturalization (second papers) has been filed.
6. The application must be accompanied by letters of recommendation with regard to the good moral and professional character of the applicant from two reputable, licensed physicians in Illinois; or, if from non-resident physicians, such recommendations must be endorsed by Illinois physicians.
7. The filing of an application or the taking of an examination does not entitle the applicant to practice.

FEB-24-72 252975 36

75.00

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION

40085

SPRINGFIELD

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

I hereby make application for examination for a Certificate to practice Medicine and Surgery in all their branches, under the provisions of an Act entitled: The "Medical Practice Act" of Illinois.

Full name Faramarz Salimi

Permanent address [Redacted]

Place of birth [Redacted] Date of birth [Redacted] Age 34

Are you a citizen of the United States? No

NOTE: Naturalized citizens of the United States must submit Certificates of Naturalization, and aliens Declarations of Intention or receipts showing petitions for Naturalization have been filed.

HIGH SCHOOL EDUCATION

Name and location of school attended	Period of attendance
1st year	6 years High School Sept. 23 1949 - June 1955
2d year	
3d year	
4th year	

I was graduated from the Darolfagan High school on the 5th day of June, 1955.

COLLEGE OR UNIVERSITY EDUCATION

Name and location of school attended	Period of attendance
1st year	not applicable for my country's educational system
2d year	
3d year	
4th year	

I have credit for _____ of college work. I received the degree of _____ from _____ (College or University) on the _____ day of _____, 19____.

MEDICAL EDUCATION

I attended full courses of medical lectures at follows:
At Tehran University Medical School Tehran IRAN
from the 9th day of September, 1957 to the 3rd day of November, 1964

At	from the	day of	19	to the	day of	19

I was granted the degree of Doctor of Medicine by Tehran University Medical School Tehran on the December, 1964.

Handwritten signature

will ~~not~~ ^{contain} ~~any~~ ^{of} Internship at Cook County Hospital 1825 W. Harrison St. Chicago Ill.

from the 1st day of July, 1966 to the 30th day of June, 1967

Residency training at University of Illinois Hospital 840 S. Wood St. Chicago Ill.

from the 1st day of July, 1968 to the 30th day of June, 1971

in the specialty of Obstetrics and Gynecology

State of Illinois }
County of Cook } ss. Faramarz Salimi, M.D. being
duly sworn, says that he is the person referred to in this application and
that the statements therein contained are true.

[Redacted Signature] M.D.
(Signature of Applicant)

Subscribed and sworn to before me this 10th day of February, 1972

[Redacted Notary Signature]
My Commission Expires Sept. 16, 1975

EXTRACTS FROM THE MEDICAL PRACTICE ACT

"SECTION 16. The Department may revoke or suspend the license or certificate of any person issued under this Act, or issued under any other Act in this State, to practice medicine, or to practice the treatment of human ailments in any manner * * *. 7. Employment of fraud, deception or any unlawful means in applying for or securing a license or certificate to practice the treatment of human ailments in any manner, or to practice midwifery, or in passing an examination therefor, or wilful and fraudulent violation of the rules and regulations of the Department governing examinations."

"SECTION 33. Any person who shall employ fraud or deception in applying for or securing a license under this Act, or in passing any examination therefor, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than one hundred dollars nor more than five hundred dollars, or by confinement in the county jail not more than one year, or by both such fine and imprisonment, in the discretion of the court."

RULES GOVERNING EXAMINATIONS

1. No applicant will be admitted to an examination without a card of admission issued by the Department of Registration and Education after his application and credentials have been approved. Applications must be filed at least 15 days prior to the examination date.
2. With his card of admission the applicant must present a recent, unmounted photograph, passport size, which is a duplicate of the photograph filed with his application. The signature of the applicant, attested by the physicians who signed his recommendations, must appear on the reverse side of the photographs, and a form for that purpose accompanies the application blank.
3. The examination consists of twelve written subjects which are listed on the outer fold of this application. The examination requires four days to complete. To be successful, the applicant must make a general average of 75% with no grade below 60%. In case of failure in the first and second examination, credit will be allowed on the following examination for grades of 75% or more, but in case of failure in the third examination, all subjects must be repeated at all subsequent examinations. An applicant who has failed in five examinations is required to furnish proof of further formal professional study in an accredited institution before admission to subsequent examination.

STATE OF ILLINOIS
RICHARD B. OGDEN, Governor
DEPARTMENT OF
REGISTRATION AND EDUCATION

WILLIAM H. ROBINSON
DIRECTOR

SPRINGFIELD

ALLEN M. ANDREASEN
ASSISTANT DIRECTOR

REPLY REFER TO: Medical Section

Have you ever been convicted of any criminal offense(s) in Illinois, or in another State, or in Federal Court (other than minor traffic violations)? Yes _____ No X _____ If yes, attach explanation stating the date and place of conviction(s) and the nature of such offense(s).

[Redacted Signature]

(Signature of Applicant)

Faramaty Salini, M.D.
being duly sworn, says that he is the person referred to in this application and that the statements therein contained are true.

Subscribed and sworn to before this 10th day of February, 19 72

[Redacted Notary Public]

(Notary Public)

My Commission Expires Sept. 16, 1973



University of Tehran
Faculty of Medicine

August 21, 1971

2025-72

TO WHOM IT MAY CONCERN:

This is to certify that **PARAMARZ SALIMI, M.D.** has attended and creditably completed a seven-year training program in the Faculty of Medicine, University of Tehran. He has also served a one-year Rotating Internship program as part of his seventh year training, graduating in November 1964. He was awarded the Degree of Doctor of Medicine on 3rd December 1964.

Dr. F. Salimi has been a diligent and enthusiastic student and has shown special interest in his work. His conduct and character have also been quite satisfactory.

Any assistance rendered to him in considering his application would be highly appreciated.

Yours sincerely,

G.R. [Redacted], M.D.
GENERAL SECRETARY



RECOMMENDATION

Date Feb 10 1972

This certifies that I am personally acquainted with Dr. Farmanrooz Salimi

that I know him to be of good moral and professional character and entirely worthy of confidence.

I hereby recommend him to the Department of Registration and Education to be licensed to practice Practice Medicine & surgery in the State of Illinois.



Endorser is a Graduate of Tehran University Medical School in the year 1967
(Name of Professions) School

Illinois License No. 36-44269 Date issued Sep 16-71

Illinois License No. 36-44769

Date issued Sep 16 - 71

Q.O. 22

RECOMMENDATION

Date Feb 10th 19 79

This certifies that I am personally acquainted with

DR. Farmanj Salimi

that I know him to be of good moral and professional character and entirely worthy of confidence.

I hereby recommend him to the Department of Registration and Education to be licensed to practice Medicine and Surgery in the State of Illinois.

[Redacted]

P. O. Address [Redacted] Ill.

Endorser is a Graduate of TEHRAN UNIVERSITY Med. School in the year 1964

(Name of Professional School)

Illinois License No. 36-44874

Date issued OCT 9th 1971

Q.O. 22

STATE OF ILLINOIS
RICHARD H. OGILVIE, Governor
DEPARTMENT OF
REGISTRATION AND EDUCATION

SPRINGFIELD

WILLIAM H. ROBINSON
DIRECTOR

ALLEN H. ANCREASE
DEPUTY DIRECTOR

RE REFERRED TO Medical Section

February 8, 1972

H. H. Crabb, M.D., Secretary
Federation of State Medical Boards
1612 Summit Avenue, Suite 304
Fort Worth, Texas 76102

RE: Faramarz Ballini, M.D.

Dear Dr. Crabb:

Please forward a transcript of the gross ~~Ballini~~ ^{Ballini} ~~FLOR~~ examination received in the ~~December 7-9, Ohio~~ ^{FLOR} examination.

Very truly yours,

William H. Robinson
Director

ad/m

In the New Illinois, we accommodate!



STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
JOAN G. ANDERSON
DIRECTOR

55 East Jackson Boulevard
Chicago, Illinois
60604
(312) 341-9810

628 East Adams Street
Springfield, Illinois
62786
(217) 782-4624

IN REPLY REFER TO: Medical Section
Springfield Office

[REDACTED]
June 14, 1978
[REDACTED]

Farsuqz Salimi, M.D.
[REDACTED]

License No. 36-45577

Dear Doctor:

This is to acknowledge receipt of your letter requesting certification for the State of Arizona, and to inform you it will receive further consideration upon receipt of a \$15.00 certification fee as provided by the Illinois Medical Practice Act.

If certification is required on a special form, please submit the form to this Department. In the event the state requires more than one certification, a second fee is not required.

If you request a certification for more than one State Board, a \$15.00 fee is required for each state.

Very truly yours,

[REDACTED]
Beatrice Taylor, Supervisor
Medical Section

wpc



STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
JOAN G. ANDERSON
DIRECTOR

55 East Jackson Boulevard
Chicago, Illinois
60604
(312) 341-8810

Springfield, Illinois
62786
(217) 782-4624

IN REPLY REFER TO: Medical Section
Springfield Office

October 13, 1978

Faramarz Salimi, M.D.
[REDACTED]

Dear Doctor Salimi:

Enclosed is the incomplete certification form previously received from you. We are unable to complete this certification, since you did not submit the required \$15.00 certification fee.

If you do desire this certification completed, please return the form with the required fee.


Very truly yours,

Marilyn Yokem
Acting Unit Supervisor

MY:pas


Enclosure

Electronic Renewal Record



License Number	036045577	Method	I	Credited:	<input type="button" value=""/>																																																
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Transaction Dt 6/10/2011

Renewal Fee \$300.00

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Service Fee \$5.00

Memo

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Authorization 08616B

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Perjury Disclaimer Y

Transaction Dt 6/9/2014

Renewal Fee \$690.00

Fee Type R

Service Fee \$10.00

Memo

User Responses


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