

APPLICATION FOR EXAMINATION
BEFORE THE

Arkansas State Medical Board

1. Name Thomas Harold Twetten Age 30 Sex M Nationality American
(WRITE FULL NAME. USE NO INITIALS.)
Postoffice Address to which I wish certificate sent 209 Donnison LA. Ark.
2. Place of birth Jabtown Pa. Date of Birth _____
3. Are you addicted to the use of intoxicants or narcotics? NO
4. Were you ever refused examination by any State Medical Licensing Board? NO If so, what State? _____
5. Did you ever fail in examination before a State Medical Licensing Board? NO If so, what State? _____
6. Number of years in actual practice since graduation? NONE
7. Preliminary education: I graduated from AE Lee High School date 6/74 I attended LSU + UALR Colleges 4 1/2 years. I received BS degree from UALR College
8. I received certificate No. _____ from the Arkansas Healing Arts Board. Date _____

9. MEDICAL EDUCATION

First Year from 9 1973 to 6 1974 in UAME College
Second Year from " 1974 to " 1975 in " College
Third Year from 7 1975 to " 1976 in UAMS College
Fourth Year from 6 1976 to May 1977 in " College
Degree of Doctor of Medicine ^{received} from Univ. of Ark Med College
at Little Rock on the 14th day of May 1977

10. CERTIFICATE OF DEAN OR REGISTRAR OF MEDICAL COLLEGE

I hereby certify that the foregoing statements of Thomas Harold Twetten M. D. as to his medical education are correct, according to the official records in this school; his M. D. Degree was dated 14 May 1977.
Dated 28 Oct 1976 University of Arkansas
Name of Medical School

S E A L

Haran M. Maxson
Assistant Dean or Registrar

11. AFFIDAVIT OF APPLICANT

State of Ark)
County of Lutacki) SS.

Thomas Harold Twetten M. D. of Little Rock, Ark
being duly sworn says that he is the person referred to in the above application for a License Certificate to practice Medicine and Surgery in the State of Arkansas; and that each of the statements herein contained is true in every respect.

S E A L

Sworn to before me, this 28 day of October 1976

My commission expires July 22 1979

Patricia K. Cottle AT. M. D.
Notary Public

NOV 2 1976
 62766 Arkansas State
 Medical Board FEB 8 1977
 S. X. # 517177

APPLICATION FOR EXAMINATION

No. C-5169

Name Thomas Hestvedten

Residence 209 Dennison L.R., Ark.

Application Filed 11-3-76

Fee Paid \$125.00 - 11-3-76

Healing Arts Certificate No. A-3377

Examination December 7, 8 & 9 19 76

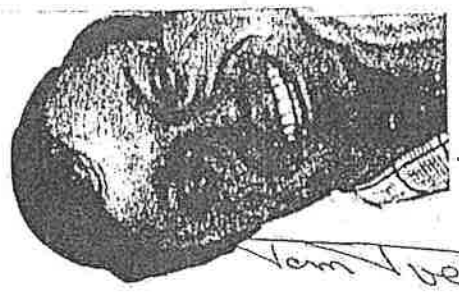
Result _____ 19 _____

Certificate Issued 5-16-77

Certificate Sent by SEP 29 1976
(FOR USE BY SECRETARY ONLY)

Completed application, accompanied by fee of \$125.00 must be in the hands of:

Secretary, _____ not less than ten days prior to date of examination.



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FOR USE OF SECRETARY ONLY

GRADES

Part I	Anatomy	_____
	Physiology	_____
	Biochemistry	_____
	Pathology	_____
	Microbiology	_____
	Pharmacology	_____
	Basic S. Avg.	_____
Part II	Medicine	_____
	Surgery	_____
	Obstetrics	_____
	Public Health	_____
	Pediatrics	_____
	Psychiatry	_____
	Clinical S. Avg.	_____
Part III	Clinical Competence	_____ Avg.
	Flex Weighted Average	_____

RECOMMENDATION

Being personally acquainted with Thomas Hestvedten and recognizing the pictures attached as the applicant's, we, the undersigned, certify that _____ he is not addicted to the use of intoxicants or narcotics and would most cordially and heartily recommend him her to the consideration of the State Board of Medical examiners as a person of high moral character and worthy of professional recognition.

Joseph P. Ellis M. D.
 Address 714 W. Fancham, Little Rock, Ark. 72201

T. J. [Signature] M. D.
 Address 1509 Northwick St. Little Rock, Ark 72207