

140 8660 Memorial Dr later add 3110 Antelope
Houston Tex 77024 STATE OF TENNESSEE Temple Tex 76501
APPLICATION FOR LICENSE TO THE
STATE BOARD OF OSTEOPATHIC EXAMINATION & REGISTRATION

DO, 20

KCCOM 73

Name Gengelbach James Gordon
Last First Middle
Address 18603 East 14th Terrace Independence Jackson Missouri
Street City County State
Date of Birth September 2, 1944 Color White Sex Male
Place of Birth St. Joseph, Missouri If foreign Born -----
When Naturalized -----
License by: Examination XXX Reciprocity -----

I enclose \$50.00, the fee fixed by law.

James Gordon Gengelbach
(Signature of Applicant)

| Professional School | Years 1-2-3-4 | Dates Attended | | Name and Location | Certificate, Diploma, or Degree and Date Received |
|---|-------------------------|-----------------------|-----------------------|-----------------------|---|
| | | Month Year | to Month Year | | |
| Kansas City College of Osteopathic Medicine | 4 | Aug. 1969 | May 1973 | Kansas City, Missouri | D.O. May '73 |
| Certificate to practice | State | Number | Examination | Reciprocity | |
| Basic Science Certificate | Number | Examination | Reciprocity | | |
| Missouri Board Tennessee | | Part I Fall 1971 | Applied for Dec. 1972 | | |
| Practicing Physician | State | Town | County | Year | |
| Served Internship or Residency | Hospital or Clinic | Location | Dates | | |
| Specialty Certification | Name of Specialty Board | Date of Certification | | | |

State of Missouri

County of Jackson

Dec. 15 1972

JAMES Gordon Bengelbach Being duly sworn, says that he
is the person referred to in this application for certificate to practice Osteopathy in the State of Tennessee: that
he has studied Osteopathy four terms of not less than nine months each, and that the statements herein contained
respecting age, residence, Osteopathic education, State examination and certificates, are each and all strictly true.

James Gordon Bengelbach D. O.
(Applicant)

Sworn 15 day of December 1972

William A. Stee
Notary Public (Seal)

My Commission Expires August 12, 1973

Term Expires

Kansas City College of Osteopathic Medicine

To all persons to whom these presents may come, Greeting:
Be it known that

James C. Gengelbach

Having satisfied the requirements for the degree of

Doctor of Osteopathy

And having been recommended by the faculty is
now admitted to that degree with all the rights and privileges
and immunities thereunto appertaining

In Witness Whereof, we the trustees of this College have caused our
Corporate Seal and the proper signatures to be hereunto affixed.

Given at Kansas City, Missouri, on the thirteenth day of May, in
the year of our Lord one thousand nine hundred seventy-three.



Geo. H. Lee

President of the Board of Trustees

John H. Lee

Secretary of the Board of Trustees

Rudolph S. Bowen

President of the College

Wm. H. Lee

Dean, Medical Affairs



STATE OF TENNESSEE
BOARD OF BASIC SCIENCE EXAMINERS

No. 11646

Name of applicant James Gordon Gengelbach

Address of applicant 18603 E. 14th Terrace - Independence, Missouri 64058

The Tennessee Board of Basic Science Examiners waives the examination of _____

James Gordon Gengelbach

and certifies his comprehensive knowledge of the basic sciences on the basis of his successful examination before the Board of Examiners in the Basic Sciences of the State of Missouri.

This the twenty-eighth day of December, 19 72.

Date 5/22/73

Roland H. Adams
Secretary-Treasurer

Certified to be a true copy.

Hazelle Mays
Hazelle Mays, Notary Public
Bell County, Texas

My commission expires 6/1/73.

CERTIFICATE OF ATTENDANCE

THIS IS TO CERTIFY THAT

JAMES GENGELBACH

WAS A REGISTERED PARTICIPANT IN THE

*MATERNAL FETAL MEDICINE UPDATE
MARCH 1 - MARCH 4, 1989
PARK CITY, UTAH*

SPONSORED BY

*THE UNIVERSITY OF UTAH SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY*

THIS COURSE HAS BEEN APPROVED FOR

16 credit hours of Category One in the Physician's Recognition Award of the AMA

14 cognates by the American College of Obstetricians and Gynecologists

15 prescribed hours by the American Academy of Family Physicians

16.5 contact hours or 1.6 CEU by the American College of Nurse-Midwives

CERTIFICATE OF ATTENDANCE

THIS IS TO CERTIFY THAT

JAMES GENGELBACH

WAS A REGISTERED PARTICIPANT IN THE

*THIRTIETH ANNUAL OB/GYN UPDATE
FEBRUARY 25 - MARCH 1, 1989
PARK CITY, UTAH*

SPONSORED BY

*THE UNIVERSITY OF UTAH SCHOOL OF MEDICINE
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY*

THIS COURSE HAS BEEN APPROVED FOR

16 credit hours of Category One in the Physician's Recognition Award of the AMA

14 cognates by the American College of Obstetricians and Gynecologists

15 prescribed hours by the American Academy of Family Physicians

13 contact hours or 1.3 CEU by the American College of Nurse-Midwives

OSTEOPATHIC PHYSICIAN
RENEWAL APPLICATION

NOV 1 1996

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM

~~MANUAL HOLD~~

Lic./Cert. No: D00000000120 Lic./Cert. Status: LICENSED

Expiration Date: 09/30/96

File ID: 00000100

Activity Status: AS NOT REPORTED

JAMES G GENGELBACH DO

~~8041 WALDEN ROAD~~

~~BATON ROUGE LA 70808-5944~~

|||||

Social Sec. No

Birth Date: 09/02/44

9/26/96
RW

Home Phone: (504) 769-1147

Work Phone: () 295-2304

Name and/or Address Change

8008 Bluebonnet Blvd. #13-1

Baton Rouge, LA 70810

Work Address:

Work Address Change

BATON ROUGE LA 70808

STATE REGULATORY FEE \$ 10.00

RENEWAL 160.00

TOTAL \$ 170.00

In making this application, I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education requirements set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession in Tennessee

JAMES G GENGELBACH
SIGNATURE

10-28-96
DATE

OSTEOPATHIC PHYSICIAN
RENEWAL APPLICATION

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM

ANNUAL HOLD

Lic./Cert. No: **D00000000120** Lic./Cert. Status: **LICENSED**

Expiration Date: **09/30/96**

File ID: **00000100** Activity Status: **AS NOT REPORTED**

JAMES G GENGELBACH DO
8041 WALDEN ROAD
BATON ROUGE LA 70808-5944

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Home Phone: **(504) 769-1147**

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STATE REGULATORY FEE \$ 10.00

RENEWAL 160.00

TOTAL \$ 170.00

Work Address Change

Renewed 10-17 JC

In making this application, I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education requirements set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession in Tennessee

SIGNATURE

DATE

Circle YES if the following applies to you:

| | |
|--|-----|
| I have been convicted of a crime and I have not previously notified the Board in writing of that action. | YES |
| My license has been disciplined in another state and I have not previously notified the Board in writing of that action. | YES |
| I am currently in poor physical and / or mental health. | YES |

IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.

If you have been licensed in other states in the past two years, list those states. _____

INSTRUCTIONS

Read all instructions before completing this renewal application.

1. Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided.
2. Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
3. Sign and Date the application and return it in the enclosed self-addressed envelope. DO NOT SEPARATE any part of this form.

If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate.

4. Make your check or money order payable to the Department Of Health. DO NOT SEND CASH.
5. To insure processing by the expiration date, complete the application and submit with check or money order upon receipt of this application.

already
fail to renew
9/30/2000



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010

RECEIVED

JUL 11 2001

Medical Board

AFFIDAVIT OF RETIREMENT
FROM PRACTICE IN TENNESSEE

PLEASE TYPE OR PRINT ALL INFORMATION IN INK.

I, Gengelbach James G.
(LAST NAME) (FIRST NAME) (MIDDLE NAME)
OF 11141 N. OAK Hills Pkwy Baton Rouge, LA 70810
(STREET ADDRESS) (APT. #) (CITY) (STATE) (ZIP)

SOCIAL SECURITY #

HOME PHONE # 225 763-9056

WHO IS LICENSED TO PRACTICE AS A

Osteopathic Physician
(GIVE THE TITLE OF YOUR LICENSE)

IN TENNESSEE UNDER THE LICENSE NUMBER DO 0000000120 ISSUED ON
06 27 1973 DO SOLEMNLY SWEAR THAT
(MONTH) (DAY) (YEAR)

I HAVE RETIRED FROM PRACTICE AS THE PROFESSIONAL LISTED ABOVE IN THE
STATE OF TENNESSEE ON THIS DATE

08 30 2003
(MONTH) (DAY) (YEAR)

SIGNATURE OF LICENSEE

SUBSCRIBED AND SWORN TO BEFORE ME THIS 22 DAY OF June

AT Baton Rouge LA
(CITY) (STATE)

NOTARY SEAL

NOTARY PUBLIC

MY COMMISSION EXPIRES at death



1907 / 120

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
www.state.tn.us/health/links.html

November 14, 2001

Ms. Elizabeth Cress
Florida Board of Osteopathic Examination
4052 Bald Cypress Way
Bin C-06
Tallahassee, FL 32399-3256

Dear Ms. Cress:

This letter is in response to a request made by your office concerning the Osteopathic examination given to Dr. James G. Gengelbach in February, 1973. Previously we provided scores to you for the February 14-15, 1973 exam. The only thing we have to reference is the board meeting minutes for that time period. It looks as though the exam was created and administered by the Tennessee Board of Osteopathic Examination at that time. The listing does not indicate how many questions were on the exam but the topics included surgery, medicine, obstetrics-gynecology, jurisprudence and osteopathic principles and that a passing score was 75. Dr. Gengelbach's file did have documentation that we waived part of an exam because the State of Missouri provided he passed his comprehensive knowledge of the basic sciences in December, 1972. I have enclosed a copy of the document.

Please give me a call toll free at (888) 310-4650, ext. 25145 if there is anything else we can do to help Dr. Gengelbach's licensure application move forward.

Sincerely,

Marsha Arnold

Marsha Arnold, Unit Manager
Board of Medical Examiners



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
www.tennesseeanytme.com

Tennessee Board of Osteopathic Examination
1-888-310-4650 or (615) 532-3202

November 14, 2001

JAMES G GENGLBACH
11141 N. OAK HILLS PKWY
BATON ROUGE LA 70810

TO WHOM IT MAY CONCERN:

The Tennessee Board of Osteopathic is pleased to furnish the following information from our files:

PROFESSION: OSTEOPATH
NAME: JAMES G GENGLBACH
LICENSE NUMBER: 120
ISSUE DATE: 06/27/1973
EXPIRATION DATE: 09/30/2000
STATUS: Failed to Renew
STATUS DATE: 11/08/2000

COMMENTS: There is no derogatory information in our files concerning this Osteopathic Physician. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Vickie Pentecost
Board Administrator
LV1



7000 0600 0022 8146 2891

| | |
|---|----|
| U.S. Postal Service | |
| CERTIFIED MAIL RECEIPT | |
| <i>(Domestic Mail Only. No Insurance Coverage Provided)</i> | |
| To: _____ | |
| Postmark Here | |
| Postage | \$ |
| Return Receipt Fee | |
| Registration Fee | |
| Postage & Fees | \$ |
| Name (Please Print Clearly) (To be completed by mailer) | |
| Street Address No. or P.O. Box No. | |
| City State ZIP+4 | |

| | | | | | | | | | | | |
|--|---|---------------------------------------|---------------------|---|---------------------------------------|---|---|--|---------------------------------|--|--|
| SEND IT | | | | | | | | | | | |
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. | | | | | | | | | | | |
| 1. Article Addressed to: | <table border="1"> <tr> <td>A. Received by (Please Print Clearly)</td> <td>B. Date of Delivery</td> </tr> <tr> <td colspan="2">C. Signature</td> </tr> <tr> <td colspan="2"> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee </td> </tr> <tr> <td colspan="2"> D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No </td> </tr> </table> | A. Received by (Please Print Clearly) | B. Date of Delivery | C. Signature | | <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No | | | |
| A. Received by (Please Print Clearly) | B. Date of Delivery | | | | | | | | | | |
| C. Signature | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee | | | | | | | | | | | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below <input type="checkbox"/> No | | | | | | | | | | | |
| 2. Article Number (Copy from service label) | <table border="1"> <tr> <td colspan="2">3. Service Type</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> <tr> <td colspan="2">4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</td> </tr> </table> | 3. Service Type | | <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail | <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |
| 3. Service Type | | | | | | | | | | | |
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail | | | | | | | | | | |
| <input type="checkbox"/> Registered | <input type="checkbox"/> Return Receipt for Merchandise | | | | | | | | | | |
| <input type="checkbox"/> Insured Mail | <input type="checkbox"/> C.O.D. | | | | | | | | | | |
| 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | | | | | | | | | | | |
| PS Form 3811, July 1999 Domestic Return Receipt 102595-00 M-0852 | | | | | | | | | | | |

100 1907
 JAMES G GENGELBACH DO
 2512 GATES CIRCLE APT 16
 BATON ROUGE LA 70809

8146 2891



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
www.state.tn.us/health/links.html

CERTIFIED MAIL

January 31, 2001

JAMES G. GENGBACH, DO
2512 GATES CIRCLE APT. 16
BATON ROUGE, LA 70809

Subject: Revocation for Failure to Renew

Dear Licensee:

As you were informed by previous correspondence forwarded to you by certified mail, your Board issued authorization* to practice your profession was subject to revocation because of your failure to renew it in accordance with the provisions of Tennessee law and your profession's practice act. You were given until the last day of the month following the month of this year in which your birthday fell to exercise one of the three options outlined therein.

The Board has received no correspondence or communication from you concerning this matter. Our records reflect that you have not timely exercised one of the available options. Consequently, this letter is to inform you that the Board at its last meeting took formal action to revoke your authorization to practice your profession in the State of Tennessee.

Please be informed that you may no longer consider yourself licensed to practice your profession until such time as you take steps to either have your authorization reinstated or you have applied for and been issued a new authorization. Continued practice without the necessary authorization subjects you to potential civil and criminal prosecution. If you are interested in having your authorization reinstated or applying for a new authorization, please contact me immediately.

Sincerely,

Administrator
Tennessee Board of Osteopathic Examination

VP/G4081024/BOE

BDS-56A

*The term "authorization" in this letter refers to either the license, certificate, registration, or permit which you were issued by your professions' licensing board to practice your profession.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1 Article Addressed to:

JAMES G GENGELBACH DO
1112 SALES CIRCLE APT 10
BATON ROUGE LA 70803

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

X

D. Is delivery address different from item 1? If YES enter delivery address below.

3 Service Type

- ☐ Certified Mail
- ☐ Registered
- ☐ Insured Mail
- ☐ Express Mail
- ☐ Return Receipt for Merchandise
- ☐ C O D

4 Restricted Delivery? (Extra Fee)

☐ Yes

2 Article Number (Copy from service label)

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

RECEIVED
NOV 1 2000
Medical Board

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010

UNCLAS
JAMES G GENGLBACH DO
2512 GATES CIRCLE APT 16
BATON ROUGE, LA 70809

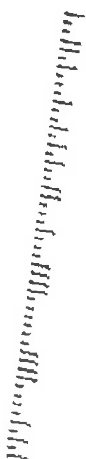
Registration Renewal



CERTIFIED MAIL

2010-10-27
2010-11-14

3308054PA0



212

7099 3400 0000 7172 0715

U.S. Postal Service
CERTIFIED MAIL RECEIPT
Domestic Mail Only: No Insurance Coverage Proven

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee

Endorsement Required

Registered Delivery Fee

Endorsement Required

Total Postage & Fees \$

Postmark
Date

Name of Person From Whom Certified Mail is Received

Street Apt. No. or P.O. Box No.

City State Zip + 4



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
FIRST FLOOR, CORDELL HULL BUILDING
425 FIFTH AVENUE NORTH
NASHVILLE, TENNESSEE 37247-1010
www.state.tn.us/health/links.html

CERTIFIED MAIL

BOARD OF OSTEOPATHIC EXAMINATION

October 9, 2000

JAMES G GENGBACH DO
2512 GATES CIRCLE APT 16
BATON ROUGE, LA 70809

SUBJECT: Registration Renewal

Dear Licensee:

Our records indicate that your authorization to practice your profession was due for renewal on the last day of your birth month this year. Our records also indicate that you have not submitted all necessary items to accomplish the renewal of your registration. By law your license expires this year on the last day of the month in which you were born.

This is your *FINAL* notification of the requirement of renewal of your registration. You have until the last day of the month following the month of this year in which your birthdate falls to do one of the following:

1. Submit your renewal application (if you have lost your renewal application you may telephone 615-532-5080 and another will be mailed to you), fees, and any other documentation required by your profession's renewal statutes and rules, or
2. Retire your license, certification or permit and your registration if you do not intend to actively practice your profession in Tennessee. An affidavit of retirement is enclosed.

If you fail to exercise one of the above options within the time previously stated, your license, certificate or permit and your registration will be processed for revocation without further notice to you.