

RECEIVED

FEB 25 1987

Health & Business Boards

970348 0045

Me Berthony **MALETTE**
Attorney at Law
Ministry of Public Health & Population

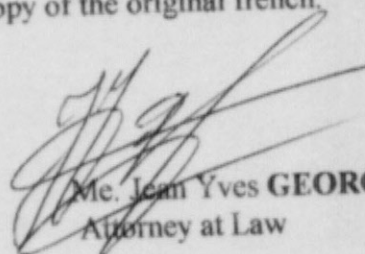
Port-au-Prince, January 30, 1997
For the Legalisation of the signature
Of Dean of Medicine & Pharmacy
(Re: #42628-K)

Lesly **DUCHATELIER**
General Secretary

For Identification of signature
Of Lesly **DUCHATELIER**
General Secretary at Education Offices

Me. Hialire **DOMINIQUE, Av.**
Responsible a.i.
Juridical Services

We certify that the above is true, sincere and correct copy of the original french.


Me. Jean Yves **GEORGES**
Attorney at Law

RECEIVED
FEB 2 3 1997
Health Licensing Boards

April 14, 1997

Veterans Administration Hospital
Medical Service
1111 East End Boulevard
Wilkes Barre, PA 18711



9270348 0049
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

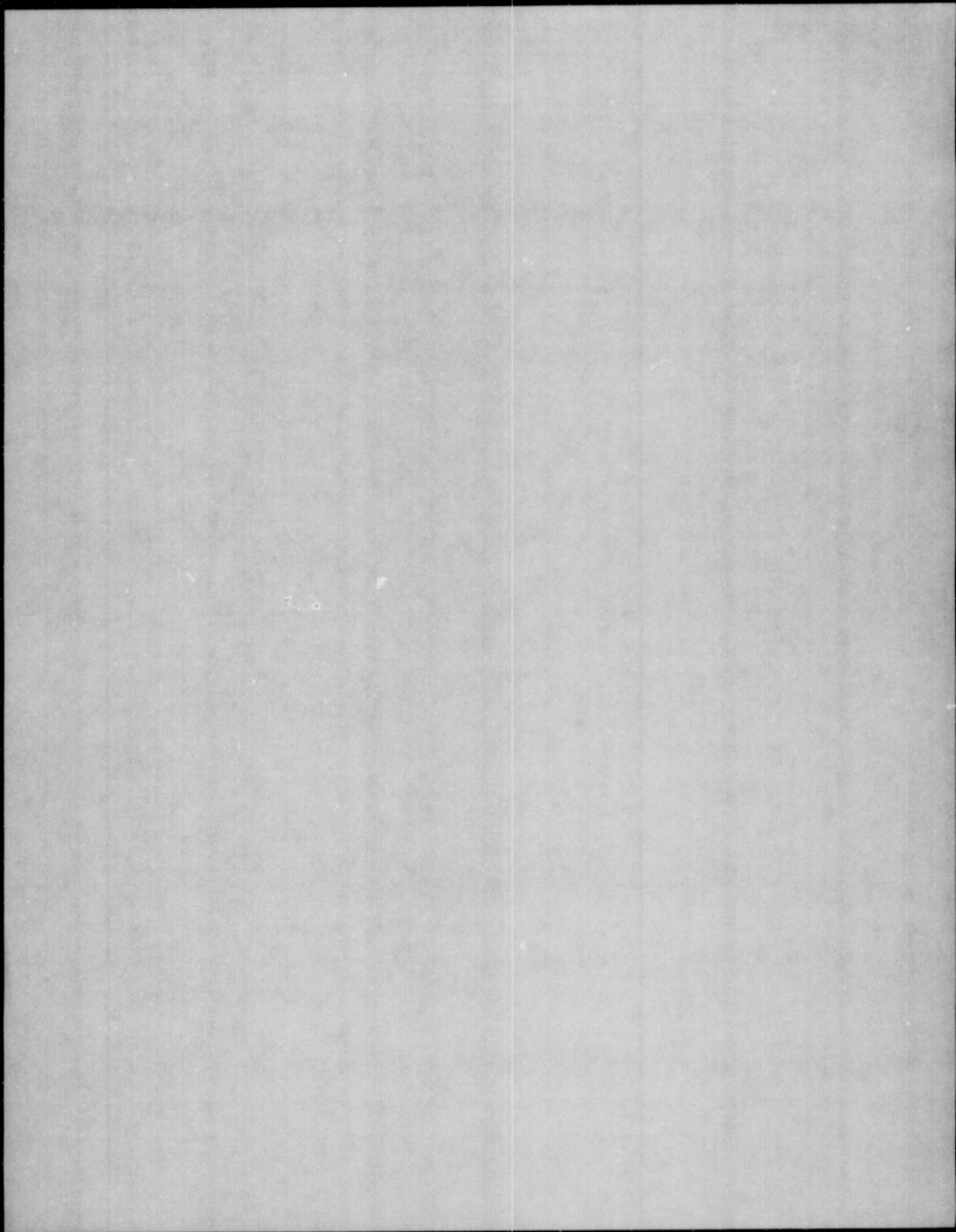
DISCREPANCY NOTICE

RE: PIERRE BERNARD EUGENE

Dear Applicant:

The Board has received your application for a Graduate License. The items checked below are needed to complete your application. A license cannot be issued until all items are received and the application is complete. You may not begin participation in a graduate medical education until you received a Graduate License.

- ___ 1. Fee of \$80.00, made payable to Commonwealth of Pennsylvania. Check or money order must be drawn on a US bank.
- ___ 2. Specialty
- ___ 3. Level in training
- ___ 4. Beginning and ending date of training requested
- ___ 5. Signature of Program Director
- ___ 6. Unrestricted license registration card displaying current expiration date.
- ___ 7. Examination scores
- ___ 8. Verification of Medical Education - must be received DIRECTLY from the medical school in an official medical school envelope
-  9. Official document listing subjects with number of weeks and hours from all medical school(s) attended - must be received DIRECTLY from the medical school in an official medical school envelope. If official document is not in English, a translation by a qualified translator is required
None received.
-  10. Report of Clinical Rotations - must be received DIRECTLY from the medical school in an official medical school envelope
The medical school has only verified an additional 6 weeks of rotations from 8/16/86 through 9/30/86. Therefore, 5 additional weeks of full-time clinical rotations are required. Rotations completed from 10/01/88 - 9/30/91 cannot be counted. Post-graduate training is not accepted by the Board.
- ___ 11. Verification of ECFMG Certification from - must be received DIRECTLY from ECFMG
- ___ 12. Notarized copy of Fifth Pathway Certificate
- ___ 13. Curriculum Vitae
- ___ 14. Letter from Hospital requesting a graduate license by waiver
- ___ 15. Criteria for waiver
- ___ 16. Other:



February 26, 1997

Veterans Administration Hospital
Medical Service
1111 East End Boulevard
Wilkes Barre, PA 18711

970348 0045
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

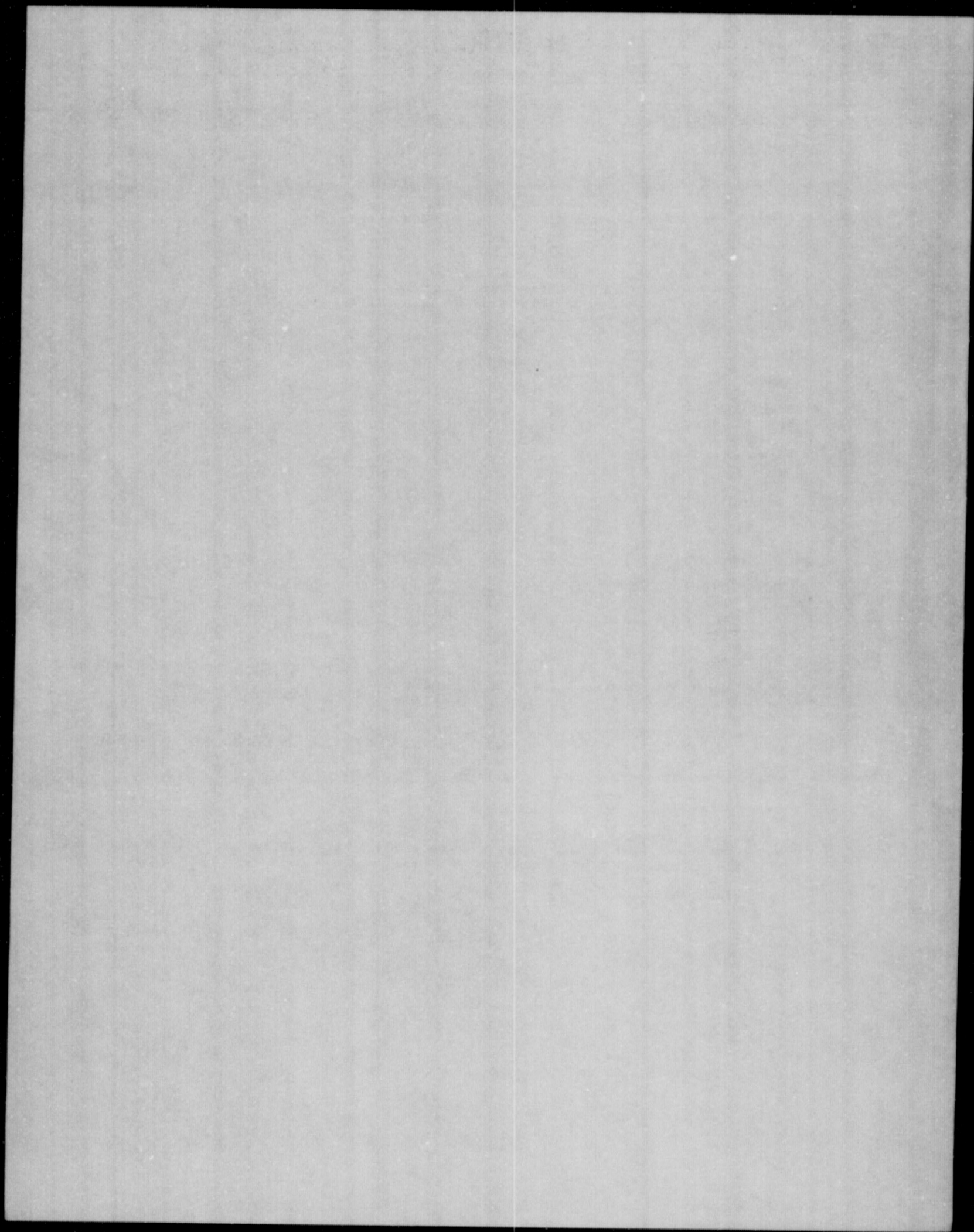
DISCREPANCY NOTICE

RE: PIERRE BERNARD EUGENE

Dear Applicant:

The Board has received your application for a Graduate License. The items checked below are needed to complete your application. A license cannot be issued until all items are received and the application is complete. You may not begin participation in a graduate medical education until you received a Graduate License.

1. Fee of \$80.00, made payable to Commonwealth of Pennsylvania. Check or money order must be drawn on a US bank.
2. Specialty
3. Level in training
4. Beginning and ending date of training requested
5. Signature of Program Director
6. Unrestricted license registration card displaying current expiration date.
7. Examination scores
8. Verification of Medical Education - must be received DIRECTLY from the medical school in an official medical school envelope
9. Official document listing subjects with number of weeks and hours from all medical school(s) attended - must be received DIRECTLY from the medical school in an official medical school envelope. If official document is not in English, a translation by a qualified translator is required
None received.
10. Report of Clinical Rotations - must be received DIRECTLY from the medical school in an official medical school envelope
See Attachment.
11. Verification of ECFMG Certification from - must be received DIRECTLY from ECFMG
12. Notarized copy of Fifth Pathway Certificate
13. Curriculum Vitae
14. Letter from Hospital requesting a graduate license by waiver
15. Criteria for waiver
16. Other



ATTACHMENT

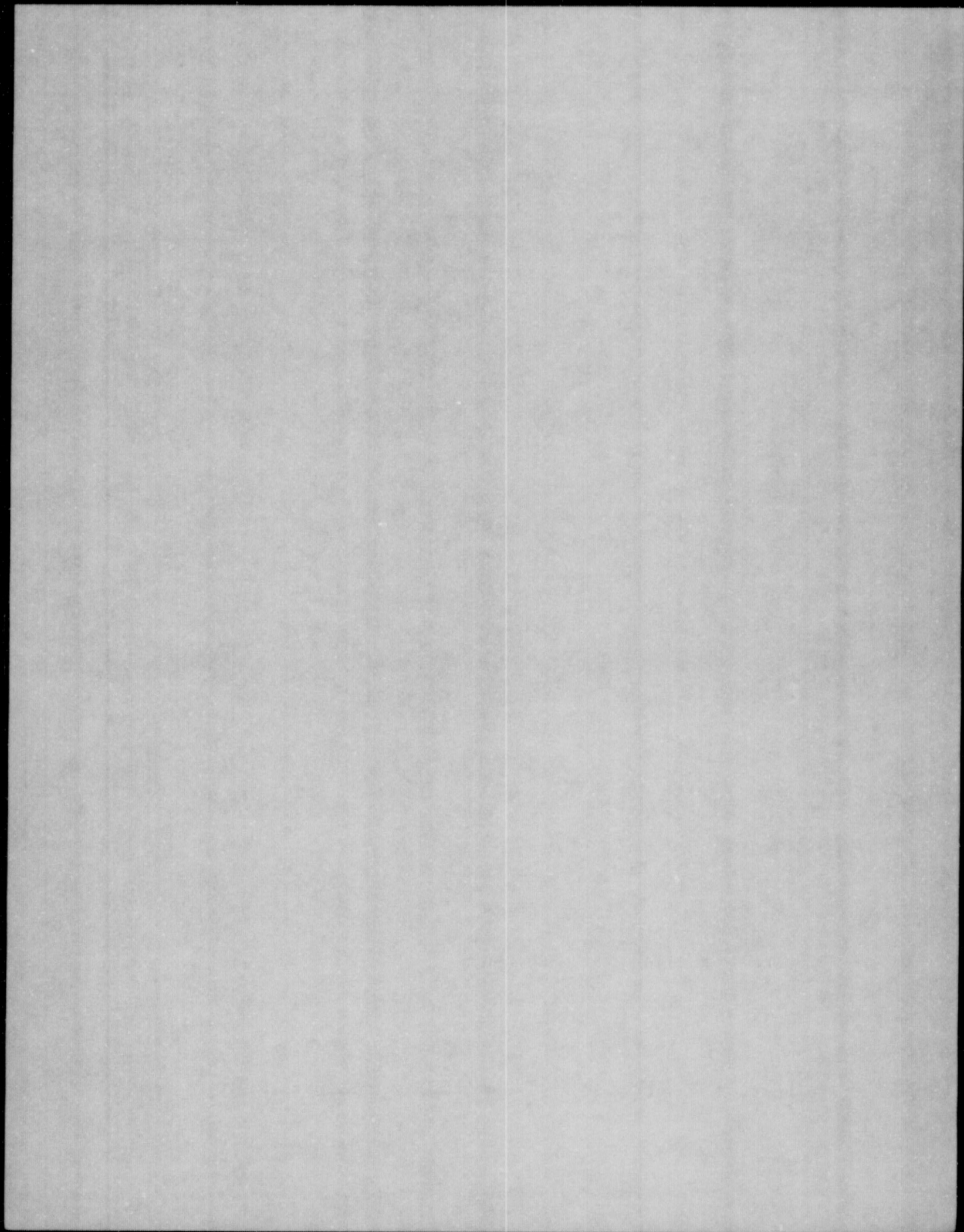
RE: PIERRE BERNARD EUGENE

According to the clinical rotation forms received from the medical school, the Board can only count 2454 hours which equals 135 weeks of approved rotations completed half-time. The Board will only count full-time (40 hours per week) rotations, therefore, you will need to submit an additional 11 weeks completed full-time. If additional rotations have been completed other than what has been submitted, have the enclosed forms completed.

12/01/82 - 02/27/83	13 weeks	4 hours
03/01/83 - 05/31/83	13 weeks	4 hours
10/01/83 - 10/15/83	2 weeks	10 hours
10/16/83 - 10/31/83	2 weeks	10 hours
11/01/83 - 11/31/83	4 weeks	10 hours
12/01/83 - 12/31/83	4 weeks	10 hours
01/01/84 - 01/31/84	4 weeks	10 hours
02/01/84 - 02/28/84	4 weeks	10 hours
03/01/84 - 03/15/84	2 weeks	10 hours
03/16/84 - 03/31/84	2 weeks	10 hours
04/01/84 - 05/31/84	9 weeks	10 hours
10/01/84 - 10/31/84	4 weeks	10 hours
11/01/84 - 11/31/84	4 weeks	10 hours
12/01/84 - 01/31/85	9 weeks	10 hours
02/01/85 - 03/31/85	8 weeks	10 hours
04/01/85 - 05/31/85	9 weeks	10 hours
10/01/85 - 10/31/85	4 weeks	40 hours
11/01/85 - 11/30/85	4 weeks	40 hours
12/01/85 - 12/31/85	4 weeks	40 hours
01/01/86 - 01/31/86	4 weeks	40 hours
02/01/86 - 02/28/86	4 weeks	40 hours
03/01/86 - 03/31/86	4 weeks	40 hours
04/01/86 - 04/30/86	4 weeks	40 hours
05/01/86 - 05/30/86	4 weeks	40 hours
06/01/86 - 06/30/86	4 weeks	40 hours
07/01/86 - 07/30/86	4 weeks	40 hours
08/01/86 - 08/16/86	<u>2 weeks</u>	<u>40 hours</u>
	135 weeks	2454 hours

72 weeks x 40 hours =	2880 hours
	<u>- 2454 hours</u>
	426 hours

426 hours divided by 40 = 11 weeks additional needed.



February 12, 1997

Veterans Administration Hospital
Medical Service
1111 East End Boulevard
Wilkes Barre, PA 18711

320348 0045
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

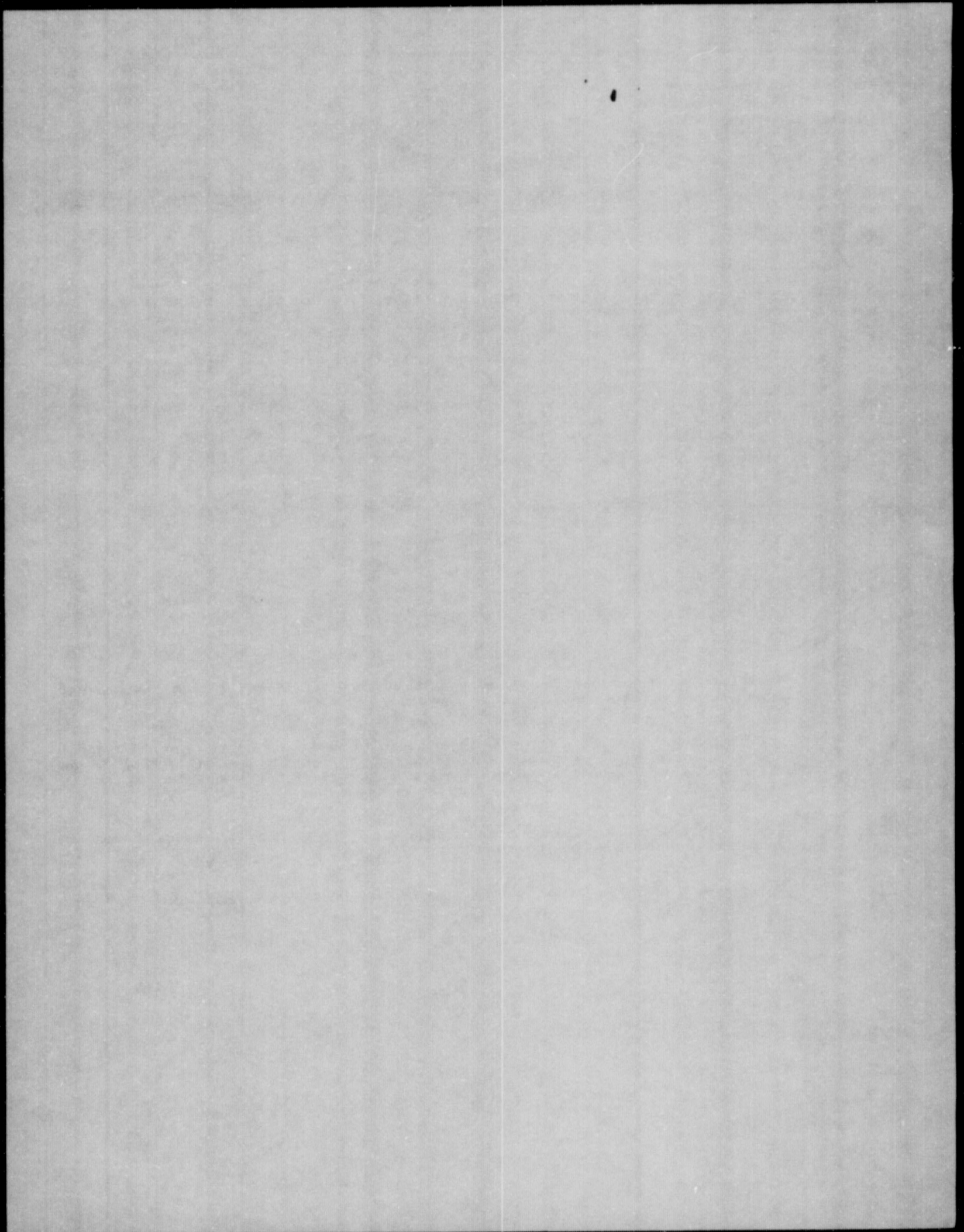
DISCREPANCY NOTICE

RE: PIERRE BERNARD EUGENE

Dear Applicant:

The Board has received your application for a Graduate License. The items checked below are needed to complete your application. A license cannot be issued until all items are received and the application is complete. You may not begin participation in a graduate medical education until you received a Graduate License.

- 1. Fee of \$80.00, made payable to Commonwealth of Pennsylvania. Check or money order must be drawn on a US bank.
- 2. Specialty
- 3. Level in training
- 4. Beginning and ending date of training requested
- 5. Signature of Program Director
- 6. Unrestricted license registration card displaying current expiration date.
- 7. Examination scores
- 8. Verification of Medical Education - **must be received DIRECTLY from the medical school in an official medical school envelope**
- 9. Official document listing subjects with number of weeks and hours from all medical school(s) attended - **must be received DIRECTLY from the medical school in an official medical school envelope.** If official document is not in English, a translation by a qualified translator is required
- 10. Report of Clinical Rotations - **must be received DIRECTLY from the medical school in an official medical school envelope**
- 11. Verification of ECFMG Certification from - **must be received DIRECTLY from ECFMG**
- 12. Notarized copy of Fifth Pathway Certificate
- 13. Curriculum Vitae
- 14. Letter from Hospital requesting a graduate license by waiver
- 15. Criteria for waiver
- 16. Other



January 21, 1997

Veterans Administration Hospital
Medical Service
1111 East End Boulevard
Wilkes Barre, PA 18711

970348 0046
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

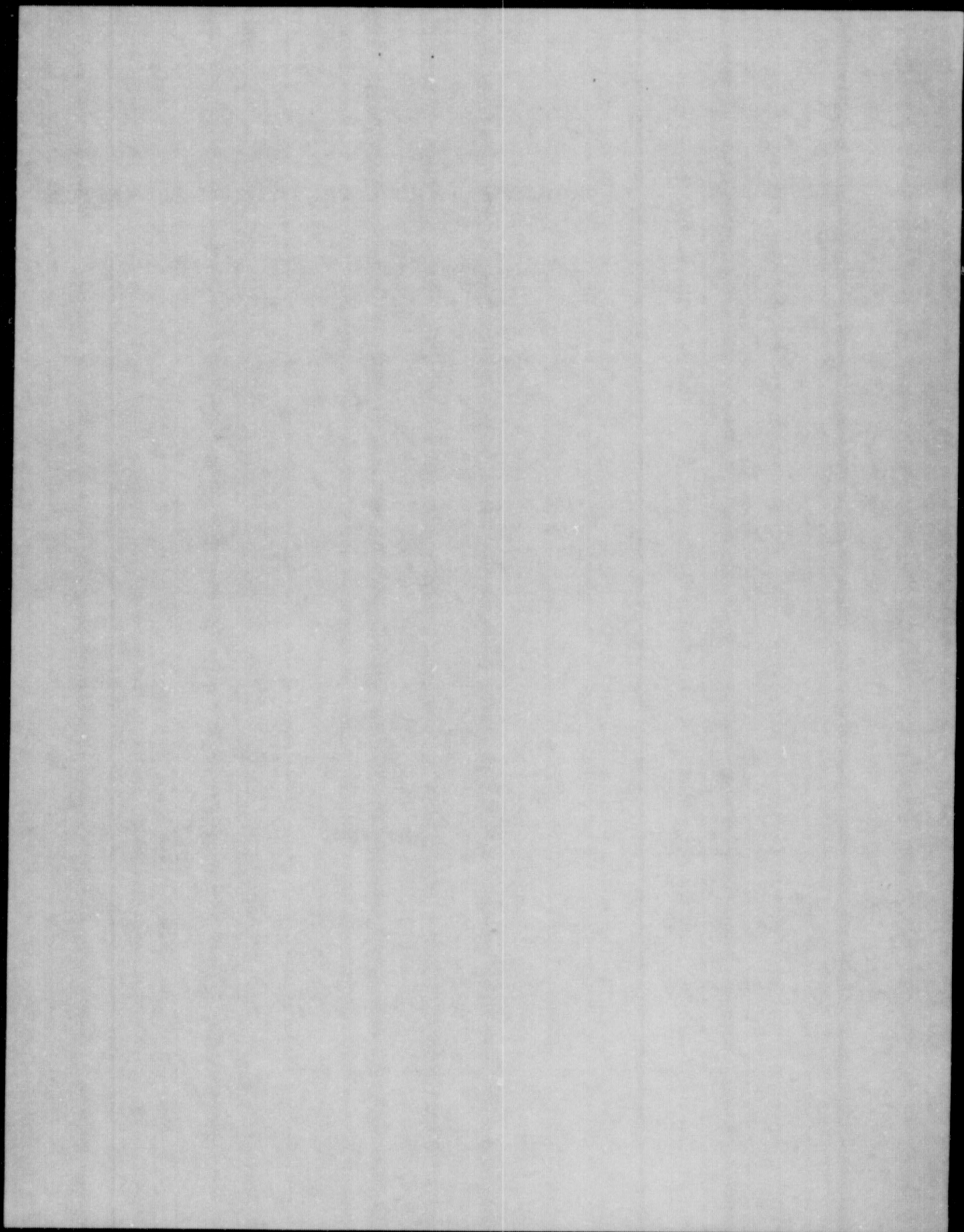
DISCREPANCY NOTICE

RE: PIERRE BERNARD EUGENE

Dear Applicant:

The Board has received your application for a Graduate License. The items checked below are needed to complete your application. A license cannot be issued until all items are received and the application is complete. You may not begin participation in a graduate medical education until you received a Graduate License.

1. Fee of \$80.00, made payable to Commonwealth of Pennsylvania. Check or money order must be drawn on a US bank.
2. Specialty
3. Level in training
4. Beginning and ending date of training requested
5. Signature of Program Director
6. Unrestricted license registration card displaying current expiration date.
7. Examination scores
8. Verification of Medical Education - must be received DIRECTLY from the medical school in an official medical school envelope
9. Official document listing subjects with number of weeks and hours from all medical school(s) attended - must be received DIRECTLY from the medical school in an official medical school envelope. If official document is not in English, a translation by a qualified translator is required
10. Report of Clinical Rotations - must be received DIRECTLY from the medical school in an official medical school envelope
11. Verification of ECFMG Certification from - must be received DIRECTLY from ECFMG
See enclosed discrepancy received from ECFMG. Please correct discrepancy and have ECFMG Certification sent directly from ECFMG.
12. Notarized copy of Fifth Pathway Certificate
13. Curriculum Vitae
14. Letter from Hospital requesting a graduate license by waiver
15. Criteria for waiver
16. Other:

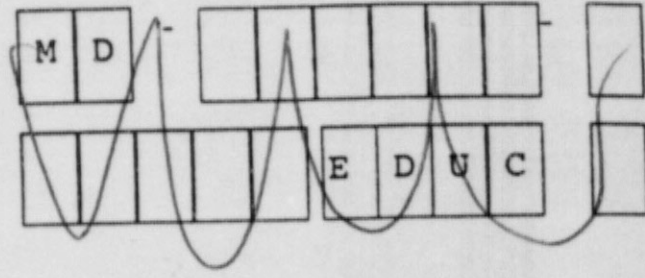


State Board of Medicine
717-783-1400
717-787-2381

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Unaccredited Medical Schools.

970348 0045

OFFICIAL USE ONLY



- 1 Submit this Verification of Medical Education form and Report of Clinical Rotations Forms to your medical school(s).
- 2 School must attach an official document or transcript listing each subject with the number of weeks and hours of study.
- 3 This form must be completed by ALL medical schools you attended.
- 4 Upon completion, school must return this form, Report of Clinical Rotations and Official Document listing subjects, weeks and hours of study, directly to the Board in an official school envelope.

RECEIVED DIRECT

SECTION 1: To be completed by applicant:

Name: Eugene Pierre Bernard
Last First Middle

Name of medical school: Faculte de Medecine et de Pharmacie

Location: Rue Oswald Durand, Port au Prince, Haiti

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Pierre Bernard, Eugene

Date student began to attend this medical school: Novembrer 1980
Month Day Year

Total number of academic years completed in this medical school: 6 années

Total number of weeks of instruction completed in this medical school: 208

Total number of hours of medical instruction: 6352

Date of graduation: (August) ACUT 18 1986
Month Day Year

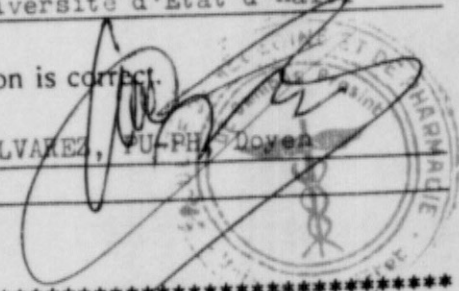
Name of Medical School: Faculté de Médecine et de Pharmacie, Université d'Etat d'Haiti

[Seal of School]

I certify that all of the above information is correct.
Signature of

Dean or Registrar: Professeur Mario ALVAREZ, PU-PH

Date: 15 Janvier 1997



DO NOT RETURN TO APPLICANT.

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649 U.S.A.

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st Floor
Harrisburg, PA 17101 U.S.A.

RECEIVED DIRECT

RECEIVED
FEB 2 3 1997
Health Licensing Boards