

**FORM 1F**  
PRINT PROFESSION

THE UNIVERSITY OF THE STATE OF NEW YORK  
THE STATE EDUCATION DEPARTMENT  
BUREAU OF PROFESSIONAL LICENSING SERVICES

Department Use Only

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8/29/79

11070 ER

2/22/80

License Number 142037

MAY 9 1980

**APPLICATION FOR PROFESSIONAL LICENSE BASED ON FOREIGN STUDY**  
Completed application and all documents must be received NO LESS THAN 60 DAYS prior to the examination—see circular for further information.

1. PRINT FULL NAME  
Last: ERUINEBAUM  
First: AMOS  
Middle: MATTHIAS

2. ADDRESS  
Street: [REDACTED]  
City: [REDACTED]  
County: [REDACTED]  
State: NEW YORK

3. BIRTH DATE  
no. day yr. [REDACTED] Telephone: [REDACTED]

5. Maiden name Last First Middle

6. Citizen of Germany  
If you are a U.S. citizen, is it by  BIRTH; or  NATURALIZATION

7. Present employer Kings County Hospital Center 451 Clarksons Avenue  
Brooklyn City New York State

8. Have you ever been convicted of a crime (felony or misdemeanor)? Yes No
9. Are charges now pending against you for a crime (felony or misdemeanor)? Yes No
10. Have you ever been found guilty of unprofessional conduct, professional misconduct or negligence? Yes No
11. Are charges now pending against you for unprofessional misconduct or negligence? Yes No
- If the answer to any of the above questions is "Yes," submit a letter giving a complete explanation, include copies of court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certification of Good Conduct."

12. I WISH TO BE LICENSED IN NEW YORK STATE BY: (Please check one item of the following.)

Admission to the licensing examination  
Date of examination requested: (Month and Year) \_\_\_\_\_  
Location of examination requested: (City) \_\_\_\_\_

Endorsement of license from another state or country. Connecticut Ct 9178  
Name state or country: \_\_\_\_\_

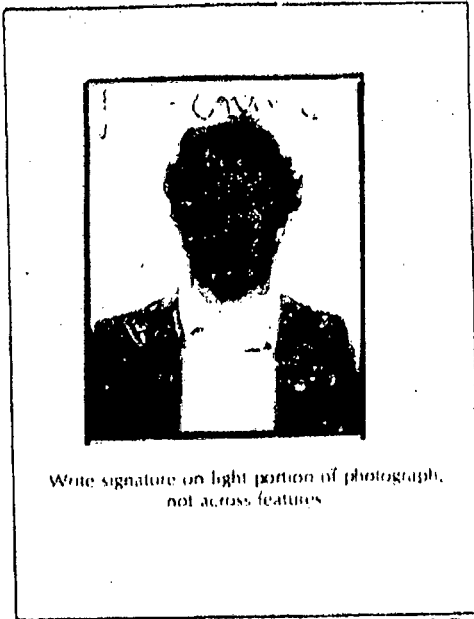
Other \_\_\_\_\_

MEDICAL APPLICANTS ONLY

Acceptance of Federation Licensing Examination (FLEX) taken outside of New York State.  
Give dates and locations of all FLEX examinations taken Hartford Conn June 1978

Department use only  
New address

**AFFIDAVIT**



Write signature on light portion of photograph, not across features

Under penalties of perjury, I declare and affirm that the statements made in the foregoing application, including accompanying statements and transcripts are true, complete and correct. I understand that any false or misleading information in, or in connection with my application may be cause for denial or loss of licensure.

*[Handwritten Signature]*  
Signature of applicant

7-10-79  
Date

Date of photograph July 1979

**PERSONAL SIGNATURES OF PERSONS RECOMMENDING APPLICANT**

- NOTE: (1) Signatures are required by five citizens unrelated to applicant, of whom at least three must be licensed in the profession for which applicant wishes to be licensed. Preferably those should be persons with whom the applicant has been professionally associated.
- (2) Applicants for professional engineering and/or land surveying must obtain signatures from five citizens, three of whom are licensed in respective profession in New York State.
- (3) If it is impossible to obtain signatures from professional persons in the United States who are licensed in the applicant's profession, he should attempt to obtain signatures from professional persons licensed in another profession.
- (4) If it is impossible to obtain signatures from professional persons in the United States, the applicant may submit letters of recommendation from five persons in his own country.

THIS CERTIFIES THAT I HAVE BEEN PERSONALLY ACQUAINTED WITH THE APPLICANT SINCE THE YEAR INDICATED OPPOSITE MY NAME; THAT I BELIEVE HIM OR HER TO BE OF GOOD MORAL CHARACTER AND WORTHY OF LICENSURE IN NEW YORK STATE; AND THAT ANY RESERVATIONS THAT I MAY HAVE ABOUT THE APPLICANT I AGREE TO SEND BY CERTIFIED MAIL IN A CONFIDENTIAL LETTER TO THE DIVISION OF PROFESSIONAL LICENSING SERVICES.

Please print name	Personal signature	Profession	P. O. address (Including street, city and ZIP code)	Known since
1 Susan Z. Pkha	<i>[Signature]</i>	M.D.	<del>██████████</del> 11203	1 yr.
2 Gopi Shaha	<i>[Signature]</i>	Physician	<del>██████████</del>	1 year
3 H.A. Carrasquillo	<i>[Signature]</i>	M.D.	<del>██████████</del> Bklyn	4 yr.
4 P. CONTRERAS	<i>[Signature]</i>	M.D.	<del>██████████</del>	2 yr.
5 K TANNON	<i>[Signature]</i>	M.D.	<del>██████████</del> 51	2 yr.

Important: Please mail Form 1F and fee to Division of Professional Licensing Services, State Education Department, 99 Washington Avenue, Albany, New York 12230.

**STATEMENT OF FOREIGN EDUCATION AND EXPERIENCE**

Name: Amos N. Grunebaum Profession: Physician Date of birth: Jan 27, 1950

General Instructions: Before consideration can be given to foreign credentials, the following must be submitted:

- a. Original credentials from foreign schools. These must include:
  1. Proof of graduation from secondary school.
  2. University student books, official transcripts, mark sheets and examination certificates, or other documents showing exact dates of attendance, and subjects pursued year by year in higher and professional study.
  3. Diplomas or degree certificate.

b. Translations of credentials. Any document that is not in the English language must be accompanied by an acceptable translation. It is acceptable, if the translator has read the entire translation after it has been translated, and that the translation is true and correct. An Affidavit of Accuracy must accompany the translation. The translator must affirm that she has read the entire translation after it has been translated, and that the translation is true and correct.

The translation must be done by a properly qualified translator and submitted in the original. Examples of such translators are listed below, with limitations and requirements.

1. An officer or employee of an official translation bureau or agency which is satisfactory to the Department Translation Bureaus are usually listed in the classified telephone directories. (The Affidavit of Accuracy must be notarized.)
2. A professor or instructor who is actually teaching the language to be translated in an accredited college or university in the United States. (The type of course being taught must be included in the Affidavit of Accuracy, the Affidavit must be on official school stationery, and it must be notarized.)
3. An American Consul in the country where the document being translated was issued. (If the translation has been completed by a private translator, the American official must actually verify the contents of the translation, and not just the identity of the translator.)
4. A consul general or diplomatic representative duly accredited in the United States. (The consul general or diplomatic representative must actually verify the contents of the translation.)
5. A representative of a foreign government agency such as a Ministry of Foreign Affairs. (The representative must actually verify the contents of the translation.)

Translations and qualifications of translators are reviewed on an individual basis. Translations that do not meet the requirements of the Department will be returned to the applicant. The Department will not accept translations by the applicant unless they have been checked by a qualified translator and the translator has attached an Affidavit of Accuracy.

THE ORIGINAL TRANSLATION WILL BE RETURNED TO THE APPLICANT ONLY IF A PHOTOCOPIY OF THE ENTIRE TRANSLATION (INCLUDING THE AFFIDAVIT OF ACCURACY) IS SUBMITTED.

c. License is required for admission to examination. Original credentials will be returned by certified mail after consideration. Affidavits, letters and translations will be retained.

Special Instructions: In the spaces below, give an accurate record of your educational preparation.

SCHOOLS ATTENDED (Name, location or initials in original language and translate)	LOCATION	NUMBER OF YEARS ATTENDED	ATTENDANCE				Diploma or degree obtained (Quote titles in original language and translate)
			Entrance		Leaving		
			Class	Date	Class Completed	Date	
Elementary or Primary School Volksschule K6lh-Hansoldt	K6lh	4	1	1956	4	1960	
Elementary School (Cologne-Hansoldt) (Cologne)	(Cologne)	4	1	1956	4	1960	

(Foot of completion of elementary school need not be submitted.)

Secondary or High School	Friedrich-Wilhelm Gymnasium	Köln (Cologne)	8	1	1960	9	1968		1968
Higher and Professional Study	Universität Köln - Medizinische Fakultät -	Köln (Cologne)	6	1	1968	1974			1974
Postgraduate Study in the U.S.	Hammonds Medical Center Kings County Hosp (edw)	Brooklyn NY Brooklyn NY			1977	1978			1978

Special Professional Qualifications (List any certificates or attainments with specific dates, for example: ECFMG, Diplomate, Specialty Board certificate. Submit all original certificates.)