



Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation

JB Pritzker  
Governor

Mario Treto, Jr.  
Acting Secretary

Cecilia Abundis  
Acting Director  
Division of Professional Regulation

**CERTIFICATION OF LICENSURE**

IN Professional Licensing Agency  
Attn: Medical Licensing Board  
402 W Washington St, W072  
Indianapolis, IN 46204

Licensee: MURRAY PELTA MD  
License Number: 036.051083  
Profession: LICENSED PHYSICIAN AND SURGEON  
Date of Issuance: 06/24/1975  
Expiration Date: 07/31/2023  
License Status: ACTIVE  
License Method: LIC BY EXAM  
Disciplinary History: Has not been disciplined

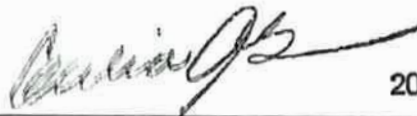
**RECEIVED**

JUN 15 2022

Indiana Professional  
Licensing Agency

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



  
20

Cecilia Abundis  
Acting Director  
Division of Professional Regulation

June 10, 2022  
Date

Refer to the Department's Web Site at <https://idfpr.illinois.gov/> to verify professional licenses via License Look-Up.

# MEDICAL BOARD OF CALIFORNIA

## LICENSING DETAILS FOR: G 40685

**NAME:** PELTA, MURRAY

**LICENSE TYPE:** PHYSICIAN AND SURGEON G

**PRIMARY STATUS:** LICENSE CANCELED

**SCHOOL NAME:** NEW YORK MEDICAL COLLEGE

**GRADUATION YEAR:** 1972

**ADDRESS OF RECORD**

111 N WABASH AVE STE 2013

CHICAGO IL 60602

COOK COUNTY

**ISSUANCE DATE**

AUGUST 24, 1979

**EXPIRATION DATE**

N/A

**CURRENT DATE / TIME**

JUNE 17, 2022

6:36:21 AM

## PUBLIC RECORD ACTIONS

- › ADMINISTRATIVE DISCIPLINARY ACTIONS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › COURT ORDER (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MISDEMEANOR CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › PROBATIONARY LICENSE (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › FELONY CONVICTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE JUDGMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › HOSPITAL DISCIPLINARY ACTION (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › LICENSE ISSUED WITH PUBLIC LETTER OF REPRIMAND (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE CITATION ISSUED (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ADMINISTRATIVE ACTION TAKEN BY OTHER STATE OR FEDERAL GOVERNMENT (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › ARBITRATION AWARD (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)
- › MALPRACTICE SETTLEMENTS (NO INFORMATION TO MEET THE CRITERIA FOR POSTING)

## PUBLIC DOCUMENTS

- › DOCUMENTS (NO RECORDS)

## SURVEY INFORMATION

THE FOLLOWING INFORMATION IS SELF-REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE BOARD.

<b>ARE YOU RETIRED?</b>	NOT IDENTIFIED
<b>ACTIVITIES IN MEDICINE</b>	NO ACTIVITIES IDENTIFIED
<b>PATIENT CARE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>PATIENT CARE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>TELEMEDICINE SECONDARY PRACTICE LOCATION</b>	NOT IDENTIFIED
<b>CURRENT TRAINING STATUS</b>	NOT IDENTIFIED
<b>AREAS OF PRACTICE</b>	NO AREAS OF PRACTICE IDENTIFIED
<b>BOARD CERTIFICATIONS</b>	NO BOARD CERTIFICATIONS IDENTIFIED
<b>POSTGRADUATE TRAINING YEARS</b>	NOT IDENTIFIED
<b>CULTURAL BACKGROUND</b>	DECLINED TO DISCLOSE
<b>FOREIGN LANGUAGE PROFICIENCY</b>	DECLINED TO DISCLOSE
<b>GENDER</b>	DECLINED TO DISCLOSE



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## CERTIFICATION OF LICENSURE

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NORTHBROOK, IL 60062

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Cecilia Abundis  
Director

Division of Professional Regulation

02/28/2022

Date

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**Cowdin, Christine M**

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**From:** Murray Pelta [REDACTED]  
**Sent:** Saturday, February 26, 2022 7:15 AM  
**To:** Group 03  
**Subject:** Proof of 1 years post grad for Indiana medical license

\*\*\*\* This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. \*\*\*\*

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I am in the process of gathering all that is needed for Indiana medical licensure. However, the proof of post graduate training is becoming elusive.

I did my Ob/Gyne residency at Michael Reese Hospital and Medical Center in Chicago, IL from July, 1972-June, 1976. The hospital was sold and subsequently sold to the city of Chicago to be an Olympics venue. Getting records of my training has not been fruitful.

I am requesting a waive for this item.

Thanking you in advance for your consideration,

Murray Pelta, MD



<https://www.fsmb.org>

## **How To Authenticate This Official Program Verification from the Federation of State Medical Boards**

This official program verification has been digitally signed and therefore contains special characteristics. If this document has been issued by the Federation of State Medical Boards, and this document is viewed using Adobe® Acrobat or Adobe® Reader, it will reveal a digital certification that has been applied to the program verification. This digital certification will appear in a pop-up or status bar on the document, display a blue ribbon, and declare that the document was certified by the Federation of State Medical Boards with a valid certificate issued by GlobalSign. This document certification can be validated by clicking on the Signature Properties of the document.



The blue ribbon symbol is your assurance that the digital certification is valid, the document is authentic, and the contents of the document have not been altered



If the document does not display a valid certification and signature message, reject this document immediately. An invalid digital certification display means either the digital signature is not authentic, or the document has been altered. A document with an invalid digital signature display should be rejected.



If the document displays an “Author Unknown” message, then this can have two possible meanings: The certificate is a self-signed certificate or has been issued by an unknown or untrusted certificate authority, or the revocation check could not be completed. If you receive this message, make sure you are properly connected to the internet. If you have an internet connection and you cannot validate the digital certificate, reject the document.

The current version of Adobe® Reader is free of charge and available for immediate download at <https://www.adobe.com>

If you require further information regarding the authenticity of this program verification, you can visit our website at <https://certs.fsmb.org>

Updated August 2017

**VERIFICATION OF GRADUATE MEDICAL EDUCATION & TRAINING****Section I: Verification of training and performance during training***(To be completed for EACH trainee)**\*\*The information in this document is deemed source equivalent per FSMB's agreement with the institution listed.*

Trainee's Full Name:

DOB:

NPI:

**Murray Pelta****08/22/1947****1720180342**Program Specialty or Subspecialty: **Obstetrics & Gynecology****Residency Program**Date From/To: **07/01/1972****06/30/1976**Training Program Accreditation: **ACGME**Program ID #: **2201611087****Michael Reese Hospital and Medical Center Program**

Did the above-named trainee successfully complete the training program which she/he entered?

**Yes**

In addition to completion of full specialty training, completion of a transitional year or a planned preliminary year(s) would constitute completion of a program.

*(If NO, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)*

Was the trainee subject to any of the following during training?

- |       |  |           |
|-------|--|-----------|
| (i)   | Conditions or restrictions beyond those generally associated with the training regimen at your facility; | <b>No</b> |
| (ii)  | Involuntary leave of absence;  | <b>No</b> |
| (iii) | Suspension;  | <b>No</b> |
| (iv)  | Non-promotion/non-renewal;   | <b>No</b> |
| (v)   | Dismissal; or  | <b>No</b> |
| (vi)  | Resignation.   | <b>No</b> |

*(If YES to any of the above, please provide an explanation in the "Additional Comments" section below or enclose a separate document.)*



Updated August 2017

Upon completion of the training program, the individual was deemed to have demonstrated sufficient competence in the specialty/subspecialty to enter practice without direct supervision.

**Yes**

*(If NO, please provide an explanation in the section below or enclose a separate document.)*

Did the program endorse this trainee as meeting the qualifications necessary for admission to the specialty's board certification examination?

**Yes**

If NO, indicate the reason(s):

- ☐ This trainee was a preliminary resident.
- ☐ Trainee was not eligible for certification.
- ☐ Trainee involuntarily or voluntarily left this program before completion. \*
  
- ☐ No certification is available for this subspecialty.
- ☐ Other. \*

Updated August 2017

## Section II: Additional Comments (Part A)

Please utilize this comment area to provide additional information in response to the questions noted above on this form. *(If additional space is needed, please enclose a separate document.)*

Explanation for:

Conditions or restrictions beyond those generally associated with the training regimen at your facility

Explanation for: Involuntary leave of absence

Explanation for: Suspension

Updated August 2017

## Section II: Additional Comments (Part B)

Please utilize this comment area to provide additional information in response to the questions noted above on this form. *(If additional space is needed, please enclose a separate document.)*

Explanation for: Non-promotion / Non-renewal

Explanation for: Dismissal

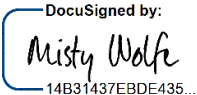
Explanation for: Resignation

Would you like to upload an additional attachment? **No**

Updated August 2017

### Section III: Attestation

The information provided on this form is based on review of available training records and evaluations.

Signature: 14B31437EBDE435...

Printed Name: **Misty Wolfe**

GME Title: **Director, FCVS**

Professional Credentials: -

Phone Number: **(817) 868-5104**

Email: **ClosedPrograms@fsmb.org**

In an effort to improve and streamline the credentialing process, the Accreditation Council for Graduate Medical Education (ACGME), American Hospital Association (AHA), National Association Medical Staff Services (NAMSS), and Organization of Program Directors Associations (OPDA) have collaborated to create a standardized "Verification of Graduate Medical Education Training (VGMET)" form designed to be completed once at the completion of training (or at the first opportunity thereafter when the program is asked to complete a verification/credentialing form). This VGMET is then time-stamped and inserted in the trainee's file. This time-stamped form, along with a cover letter from the current program director or institutional official, serves as the program's verification of training. The form will not include detailed lists of current procedural or technical competencies.

**FCVS****FEDERATION CREDENTIALS  
VERIFICATION SERVICE****fsmb****Federation Credentials Verification Service Addendum****Accreditation Code:** 2201611087**Institution Name:** Michael Reese Hospital and Medical Center Program**Affiliated University:** Michael Reese Hospital and Medical Center**City:** Chicago**State:** Illinois**Verification For:** Murray Pelta**Date of Birth:** 08/22/1947**Program Participation:**

PGY: 1-4

Program Type: Residency

**Unusual Circumstances**

1. Did this individual ever take a leave of absence from his/her training?

No

2. Was this individual ever placed on probation?

No

3. Was this individual ever disciplined or placed under investigation? NO

4. Were any negative reports for behavioral reasons ever filed by instructors? NO

5. Were any limitations or special requirements placed upon this individual because of academic incompetence, disciplinary problems, or any other reason? NO

Would you like to upload an additional attachment (e.g. Rotation Schedule)? NO

Attestation of Person completing Verification of Postgraduate Training document (Program Director): I hereby attest that the information contained herein accurately reflects the training records of the above - named physician.

DocuSigned by:

Name: Misty wolfe

Signature:

Misty Wolfe

14B31437EBDE435...

Title: Director, FCVS

Date of Signature: 5/10/2022

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
**Deborah J. Frye**  
*IPLA Executive Director*

## INCOMPLETE APPLICATION NOTIFICATION

February 25, 2022

Murray Pelta  
Applicant # 3683960

Upon review of your Physician application, the following documentation is required before the application can be completed.

- Official verification(s) from any State (except Indiana) where you hold or have held licenses/certificates/registrations/permits of a regulated profession (we do not accept web verifications; it must come directly from the state in which you are licensed).
- National Practitioner Databank Report/Healthcare Integrity and Protection Databank (800-767-6732), [www.npdb-hipdb.hrsa.gov](http://www.npdb-hipdb.hrsa.gov)
- Criminal history background check; please register at <https://www.in.gov/pla/3240.htm>
- Notarized medical degree
- Official examination scores from testing service
- Notarized copy of 1 year post grad. We need the exact beginning and ending dates for the program such as mm/dd/yyyy to mm/dd/yyyy.
- Official transcripts confirming medical degree

Verifications Required. If blank, no verifications are required. If you have requested verifications to be sent through a national database, please disregard this section.

State	License Type	License Number

It is your responsibility to see that proper documentation is received. Your immediate attention to this matter is greatly appreciated. If documentation is not received, your application will abandon after one year. If you have made arrangements for the documentation noted above to be sent to this office, please disregard this notice.

Additionally, you can submit documentation through the Indiana Licensing Enterprise portal. Go to [MyLicense.IN.gov](http://MyLicense.IN.gov) and log in using your Access Indiana, single sign-on account. If you do not have an Access Indiana account, you can create one using the **Register for an Access Indiana Account** link.

Once logged in, documentation can be submitted using the **License Update** item on the left menu.

**We do not confirm receipt of items as they are received.** Please allow 4-6 weeks for review of documentation. Upon review of application and additional documentation, you will be notified by email of any missing items.

You may also log onto your [MyLicense](http://MyLicense) account to view updates as they are processed. Allow 4-6 weeks for processing of submitted items. Items are processed in the order they are received.

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402 West Washington Street  
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Indianapolis, Indiana 46204



**Eric J. Holcomb**  
*Governor of Indiana*  
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*IPLA Executive Director*

Applicants are responsible for reviewing the application information for their license type for a full list of requirements. Application information for all licenses can be found at [www.pla.in.gov](http://www.pla.in.gov) under the Professions section. Status updates for new applications will not be provided over the phone.

If you have any questions, please contact the Medical Licensing Board of Indiana by e-mail at [pla3@pla.in.gov](mailto:pla3@pla.in.gov).