FORM 1
MEDICINE

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

APPLICATION FOR LICENSE AND FIRST REGISTRATION

(For Graduates of American or Canadian Medical Schools Only)

Department Use Only

71 03 969 6
FOR DEPOSIT ONLY NYSE 60
CASH RCD. FEE

[redacted] 21

☐ 140 LX
☐ 100 ER
☐ 170 LX PR
☐

QUALS. 3/24/78
APPROVED

1. PRINT FULL NAME
Last OLANDER
First ROGER
Middle MARTIN

2. ADDRESS
Street [redacted]
City [redacted]
County [redacted]
State [redacted]
ZIP Code [redacted] 07

3. BIRTH DATE [redacted]
mo day yr

4. TELEPHONE
At home [redacted] area code number
At work [redacted] area code number

5. CITIZEN OF UNITED STATES

If you were not born in the United States, your own original certificate of citizenship or of declaration of intention or of derivative citizenship must be submitted by registered or certified mail. Document will be returned by certified mail.

6. Professional school(s):

INSTITUTION	LOCATION	COMPLETION DATE	DEGREE RECEIVED
UNIVERSITY OF ILLINOIS	CHICAGO, ILL	MAY 31, 1974	M.D.

7. Present employer C.W. ELLISON M.D. 500 E PARKER RD MORGANTON N.C. 28655
Name Address

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 in any profession?	☐ Yes	☒ No
11. Are charges now pending against you for unprofessional conduct, professional misconduct or negligence?	☐ Yes	☒ No

- If the answer to any of the above questions is "Yes," submit a letter giving a complete explanation.

12. APPLICATION FOR LICENSURE BY: (Please check the appropriate item.)

☒ Acceptance of Examination of National Board of Medical Examiners.
☐ Acceptance of Examination of National Board of Examiners for Osteopathic Physicians and Surgeons.
☐ Acceptance of Federation Licensing Examination (FLEX) taken outside of New York State.
Endorsement of out-of-state medical license. ☐ Admission to New York State Licensing Examination (FLEX).

If applying for admission to New York State examination please indicate:

Time of examination requested: ☐ June ☐ December
Place of examination requested ☐ New York ☐ Albany Area ☐ Syracuse ☐ Buffalo

NOTE: ALL APPLICANTS SHOULD READ CAREFULLY THE ATTACHED CIRCULAR OF INSTRUCTION BEFORE CONTINUING TO COMPLETE APPLICATION.

GRADUATE HOSPITAL TRAINING AND PRACTICE
(LIST CHRONOLOGICALLY TO THE PRESENT)

DESCRIPTION	NAME OF INSTITUTION	DATES		LOCATION
		From	To	
RESIDENT, OB-GYN	UNIVERSITY OF ILLINOIS HOSPITAL	7-74	7-77	CHICAGO, ILL (ILL LIC 51461)
STAFF OB-GYN SPECIALIST	GRACE HOSPITAL	7-77	PRESENT	MORGANTOWN NC (NC LIC # 21697 6-14-77)

I hold diplomas or certificates from the following specialty boards:

BOARD ELIGIBLE AMERICAN COLLEGE OB-GYN

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.

[signature] MD

3-11-78

PERSONAL SIGNATURES OF THREE LICENSED PHYSICIANS RECOMMENDING APPLICANT

This certifies that I have been PERSONALLY acquainted with the applicant since the year indicated opposite my name, that I BELIEVE OF MY OWN KNOWLEDGE THAT HE/SHE IS OF GOOD MORAL CHARACTER AND I KNOW OF NOTHING WHICH WOULD MILITATE AGAINST HIS/HER LICENSURE IN NEW YORK STATE, that the use of my signature signifies my willingness to submit a letter of recommendation if requested and that ANY RESERVATIONS I might have about the applicant I agree to send by registered mail in a confidential letter to the Department.

Personal Signature	*Post Office Address (including street, city, ZIP code)*	*State in Which Licensed*	*Have Known Applicant Since*
[redacted]	[redacted]	Indiana	1973
[redacted]	[redacted]	N.Y.	1977
[redacted]	[redacted]	N.Y.	1977

FEE INFORMATION: Do not send cash. Please make check or money order payable to the New York State Education Department. Mail Form 1 and fee to: Fee Section, Divison of Professional Licensing Services, State Education Department, 99 Washington Avenue, Albany, New York 12230.

1. Applicants for licensure on the basis of taking any part of the New York State licensing examination must submit $140 ($100 for initial examination and licensure and $40 for the initial biennial registration).
2. Applicants for licensure on the basis of examinations taken outside New York State or by endorsement of an out-of-state medical license must submit $100 ($60 for initial licensure and $40 for the initial biennial registration).

CERTIFICATION BY MEDICAL SCHOOL

(Items (1) and (2) must be completed)

It is hereby certified that the applicant named herein:

(1) Satisfactorily completed, prior to matriculation in professional school, all of the required preprofessional education.

Knox College, Galesburg, Ill. A.B. 1967
(Preprofessional schooling)

Knox College(141) U. of Rochester (104)

(2) Was graduated from this professional school after the completion of not less than 32 months with the degree of M.D. on MAY 31, 1974

Name [redacted]
(Please print)
Gerald L. Schmidt Ed.D.

Official position Associate Director of Records.

Medical school Univ. of Illinois Medical Center. (COLLEGE SEAL)

Date May 18, 1977

Certification is not acceptable unless dated after graduation.
Please return this form to the applicant for further processing.