



BOARD OF MEDICAL EXAMINERS, STATE OF CALIFORNIA
 745 PAVAN AVENUE, BERKELEY, CALIF. 94704
 APPLICATION AND EXAMIN (FORM 111) 12-5-63

APPLICATION FOR A WRITTEN EXAMINATION
 OF
 FOR AN ORAL AND CLINICAL EXAMINATION

For Candidates of Foreign Medical Schools Applying Under Sections 2193 and 2195.1
 of the California Business and Professions Code

ANSWER ALL QUESTIONS

0008

1. Name (Please Print) First Middle Last
 FARADABAZI NONE SALIMI

2. Object system you have used NONE

3. Address [Redacted]

4. Date of Birth [Redacted] City and State [Redacted] Country [Redacted]

5. Have you ever taken the Federal Licensing Examination (Yes/No)? Yes/No

6. Date of Issue of License [Redacted] License No. [Redacted]

7. Precedent Education - College/University, Location, From (mo./yr.), To (mo./yr.)
 TEHRAN UNIVERSITY MEDICAL SCHOOL TEHRAN IRAN Aug 1957 June 1959

8. Precedent Courses (Required)

	Yes	No	College	Location	From (mo./yr.)	To (mo./yr.)
Chemistry	✓		TEHRAN UNIVERSITY MEDICAL SCHOOL	TEHRAN IRAN	Aug 1957	June 1959
Physics	✓		As Above	As Above	As Above	As Above
Biology	✓		As Above	As Above	As Above	As Above

9. Medical Education

Course	Medical College	Location	From (mo./yr.)	To (mo./yr.)
1st PLEASE SEE THE TRANSCRIPT	TEHRAN UNIVERSITY MEDICAL SCHOOL	TEHRAN IRAN		
2nd				
3rd				
4th				
5th				

IRAN

Doctor of Medicine Degree Granted by [Redacted] Location [Redacted]

Date of Issuance [Redacted]

TEHRAN UNIVERSITY MEDICAL SCHOOL

NOTE: Discrepancy between order of degree and Page 1 of transcript. All to [Redacted]

12. Have you been licensed to practice medicine in any state or territory?
 IF YES, where?
 I.R.S. D. Calif. by State of California

Name of Institution	Location	From (month)	To (month)
University of Illinois	Chicago, Ill.	1957	1960
University of Illinois	Chicago, Ill.	1960	1962
University of Illinois	Chicago, Ill.	1962	1964

13. Have you ever been denied a license to practice medicine by any state or territory?
 IF YES, give details.

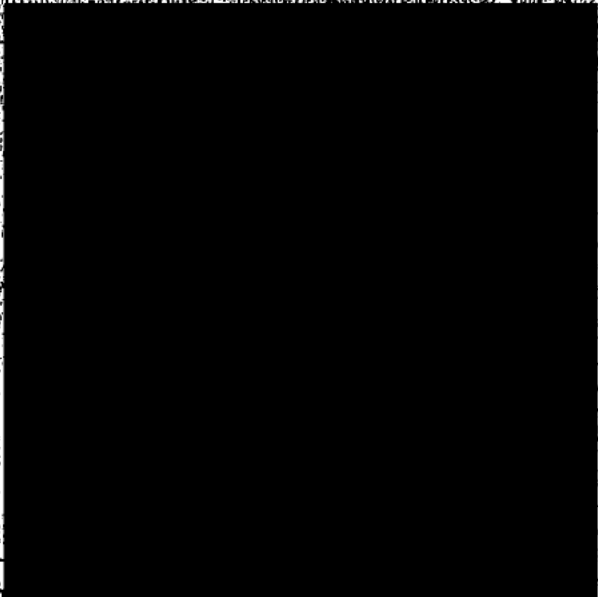
14. Have you ever had a medical license suspended or revoked?
 IF YES, give details.

15. Have you been denied a license to practice medicine by any state or territory?
 IF YES, give details.

16. Are you now, or have you ever been, addicted to narcotic drugs?
 IF YES, explain below.

Name	Date	Disposition

17. Have you ever been convicted of, or pled no contest to, a violation of a federal, state or local law relating to the manufacture, distribution, or dispensing of controlled substances (narcotics)?
 IF YES, explain.



Hereby declare that the photo of myself at
 [redacted] was taken [redacted] by [redacted]
 [redacted] my age then [redacted] [redacted] who
 [redacted] color of eyes [redacted]
 [redacted] [redacted] [redacted]

STATE OF CALIFORNIA
 COUNTY OF [redacted]
 I, [redacted] Notary Public
 in and for the State of California

being duly sworn, have read the petition referred
 to in the foregoing application for admission to examination for a physician and surgeon's certificate in
 California and that he has carefully read and thoroughly understood all the requirements therein and that
 the statements made herein are true in every respect.

[Signature]
 Notary Public

Signed and sworn to before me this 12 day of MAY 1955 at [redacted] in [redacted]

[Signature]
 ROBERT K. NELSON
 Notary Public

[SEAL]

My commission expires 7/1/56



BOARD OF MEDICAL QUALITY ASSURANCE

1430 HOWE AVENUE, SACRAMENTO, CALIFORNIA 95828
 ALLIED HEALTH PROFESSIONS (916) 322-5043
 Applications and Examinations (916) 322-5040
 Complaints (916) 322-5030
 Disciplinary Information (916) 322-2341
 Fictitious Names and Corporations (916) 322-5040
 Verifications of Licenses (916) 322-2831



PLEASE FORWARD TO YOUR MEDICAL SCHOOL

CERTIFICATE OF MEDICAL EDUCATION

THIS CERTIFIES That Faraharz Salimi, M.D.
Full name of applicant
 of [Redacted]
Address when enrolled enrolled in the Faculty of Medicine,
Name of medical school (college)
University of Tehran on the 23rd day of September 1957
Location Month

and was granted the following credits on enrollment:
Freshman
Specify whether entered freshman or with advanced credits
 based upon the following credentials: High School Diploma
Give a transcript of premedical education or advanced credit either above or on an attached paper
 The undersigned further certifies * that the records of this institution show that he attended in this institution 1
36 courses of lectures of 36 weeks each, completing the following schedule totaling at least
Specify number Specify number of weeks
 4,000 hours in the subjects required by Article 5, Section 2102 of the Business and Professions Code, relating to the
 practice of medicine, as set forth hereunder, and that he was granted the degree BACHELOR of Medicine &
DOCTOR
 by the above-mentioned Medical (College) on the 3rd day of December 1964
Month Year

Please list clock hours completed in each subject

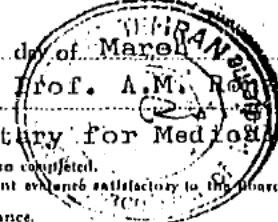
- | | |
|--|---------------------------------------|
| Anatomy | Medicine |
| Embryology | Pediatrics |
| Histology | Psychiatry |
| Neuroanatomy | Neurology |
| Physiology | Dermatology |
| Psychobiology | Physical medicine |
| Biochemistry | Therapeutics |
| Pathology, bacteriology and immunology | Tropical medicine |
| Pharmacology | Surgery, including orthopedic surgery |
| Preventive medicine | Urology |
| Hygiene and sanitation | Ophthalmology |
| Radiology, including roentgenologic technique and radiation safety | Anesthesia |
| | Otolaryngology |
| | Obstetrics and gynecology |

Has spent altogether a total of 6840 hours studying the above subjects

Signed and the Collogo seal affixed this 6th day of March 1978

[AFFIX SEAL HERE]

By Prof. A.M. Roshanzamir
President, Secretary, Dean
 Coordinator and General Secretary for Medical Studies



* If premedical work has been completed state the time devoted thereto and institutions where completed.
 † An applicant rearticulating in a medical school before January 1, 1954, need only present evidence satisfactory to the Board of having completed a TWO-year resident course of college grade including the subjects of physics, chemistry and biology.
 ‡ Each medical school attended must complete one of these forms covering period of attendance.
 § Strike out the degree NOT CONFERRIED.
 The law requires 4 terms of 36 weeks each, totalling 4,000 hours medical education completed in a school approved by the Board.