

IOWA STATE BOARD OF MEDICAL EXAMINERS
State Capital Complex
Executive Hills West
Des Moines, Iowa 50319

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY
OR OSTEOPATHIC MEDICINE AND SURGERY ON THE BASIS OF INTER-STATE ENDORSEMENT OR
BY ACCEPTANCE OF THE CERTIFICATE OF THE NATIONAL BOARD OF MEDICAL EXAMINERS OF
THE UNITED STATES OF AMERICA, INC.

To: The Iowa State Board of Medical Examiners:

I hereby make application for a license to practice medicine and surgery or osteopathic medicine and surgery in the State of Iowa and submit for your consideration the following statement concerning my age, moral character, preliminary and medical education and practice.

(Name must coincide with medical diploma)

THIS APPLICATION MUST BE TYPEWRITTEN.

- Name Susan Carol Abendschein Haskell
- Addresses _____
(Home Address) (County)
- Place of Birth _____ Date of Birth _____ Age _____
(Place) (Month) (Day) (Year)
- Name and address (Father) _____
- Name and address (Mother) _____
- Are you a citizen of the United States? Yes Give particulars _____
- Identification: Height _____ Weight _____ Color of Hair _____
Color of Eyes _____ Identifying marks _____

8. PRELIMINARY EDUCATION (Beginning with High School. Give names of institutions attended and location, with concise statement of periods of study.)

High School Hanover High School, Hanover, Pennsylvania 1956-60
(Name, location, dates of attendance)
College Drew University, Madison, New Jersey Sep. 1960 - June 1964
(Name, location, dates of attendance)
Academic Degree of B.A. from Drew University on June 1964
(Date)

9. MEDICAL EDUCATION

I have spent 3 years in the study of medicine, each year comprising _____ (Months) each, in the following institutions:

College of Osteo. Med. and Surg.
Freshman 3200 Grand Avenue, Des Moines, IA from June 1977 to May 1978
(Name and location of college) (Month) (Year) (Month) (Year)
Sophomore " from June 1978 to May 1979
(Name and location of college) (Month) (Year) (Month) (Year)
Junior " from May 1979 to May 1980
(Name and location of college) (Month) (Year) (Month) (Year)
Senior _____ from 19 to 19
(Name and location of college) (Month) (Year) (Month) (Year)

I was granted the degree of Doctor of Osteopathy by College of Osteopathic Medicine and Surgery
(Name of Institution)

located at 3200 Grand, Des Moines, Iowa, on the 6th day of June, 1980

A photostatic copy of my diploma is submitted herewith. (Photostat must not be larger than 8x10 in. or smaller than 6x8 in.)
I further state that I am the identical person to whom this diploma was granted, that the same was procured in the regular course of instruction without fraud or misrepresentation and that the copy presented herewith is a true copy of the original diploma of said institution.

10. INTERNSHIP

I have serve d an internship in the following hospital: Des Moines General Hospital
(will or have) (Name)
Des Moines, Iowa from July 1 1980 to Aug 14 1981
(Location)

(A photostatic copy of my internship certificate is submitted herewith.)

11. RESIDENCIES (Give places and dates of each service) I have served Residencies in the following hospitals:

None from 19 to 19
(Name) (Location) (Specialty)
None from 19 to 19
(Name) (Location) (Specialty)

I was certified by _____ on _____
(Name of Specialty Board) (Date)

(Enclosed is a photostatic copy of certificate)

12. CERTIFICATION OF MEDICAL EDUCATION: (MUST BE COMPLETED)

It is hereby certified that Susan Haskell
of _____, was granted a diploma with the degree of
Doctor of Osteopathy by the College of Osteopathic Medicine and Surgery
(Name of School)
located at 3200 Grand Avenue, Des Moines, State of Iowa
on the 6th day of June, 1980, and that the attached photograph is a true likeness of applicant.

[Signature] Registrar
Secretary or Dean of School

13. STATES AND COUNTRIES IN WHICH YOU ARE LICENSED:

State None License No. _____ Date _____ How Obtained _____
(Exam. Recip., Nat'l. Bd.)

State _____ License No. _____ Date _____ How Obtained _____

State _____ License No. _____ Date _____ How Obtained _____

14. Answer all questions. If the answer to any question is YES and not fully answered below, give details in a notarized affidavit attached to the application.

- A. Name states and/or foreign countries in which you have practiced and length of time in each None
- B. Do you intend to practice your profession in this state? Yes Where? Des Moines
- C. List hospital staff positions (Give address and dates of service)
Des Moines General Hospital (pending)
- D. Have you ever been denied Staff Membership in any hospital? No
- E. Have you ever been warned or censured by, or requested to withdraw from any hospital in which you have trained, been a staff member, or held hospital privileges? No
- F. Have you ever been notified, or requested to appear before any Medical Society in regard to charges or complaints filed against you? No Have you ever been rejected by a Medical Society? No
- G. Have you ever failed to pass any State Medical or Osteopathic Board Examination, National Board or FLEX examination? _____ If so, where and how many times? _____
- H. Have you ever been denied a certificate by, or the privilege of taking an examination before any State Medical Board? No Have you ever been notified by, or requested to appear before any State Medical Board in regard to charges or complaints filed against you? No Has any State Medical Board suspended or revoked a license it had granted you? No
- I. Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or habit-forming drugs? No
- J. Are you now or have you ever been emotionally or mentally ill? No Have you ever received psychotherapy? No Have you ever been a patient (voluntarily or otherwise) in any institution for the treatment of mental or emotional illness, drug addiction, or alcohol problems? No Have you ever been treated, but not hospitalized for mental or emotional illness, drug addiction, or alcohol problems? No
- K. Have you ever been convicted of a felony? No A misdemeanor? No Have any judgements ever been entered against you? No Have you ever been sued for malpractice? No
- L. Do you understand that if the license asked for is granted by this Board, it will be on the truth of the statements contained herein, which if false, will subject you to criminal prosecution, and revocation of the said license certificate?
Yes

15. AFFIDAVIT OF APPLICANT:

State of Iowa ss.
 County of Polk

I, Susan Carol Abendschein Haskell, being duly sworn state, under penalty of perjury, that the foregoing information contained in this application and any attachments is true and correct, and that the attached photo and duplicate copy are a true likeness of myself.

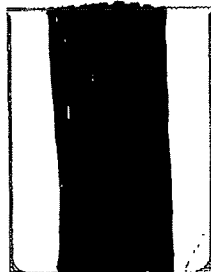
Susan Carol Abendschein Haskell
(Signature of Applicant)

Sworn to before me this 30th day of July,

19 81 Patricia G. Finney
(Notary Public)

My Commission expires Sept. 30, 1982

(SEAL)



(NOTE: This Board cannot require you to attach a recent photograph on this application, however, in the absence of a photograph please furnish this Board with evidence that you are one and the same person referred to in Section 12 and Section 17.)

16. RECOMMENDATION OF SECRETARY OF LOCAL, COUNTY MEDICAL OR OSTEOPATHIC SOCIETY: If you are not a member of a county medical society, this affidavit must be signed by the Chief of Staff of the Hospital in which you are practicing or the head of the Department in which you are receiving hospital training.

I, Milton J. Dakovich, D.O., Director of Medical Education
Des Moines General Hospital, Secretary, Chief of Staff, Department Head
Medical or Osteopathic Society-Hospital-Department & Hospital
certify that Dr. Susan C.A. Haskell, of Des Moines, Iowa

is personally known to me, and that he/she is an ethical practitioner and is of good moral and professional character; I further certify that the said Dr. _____ is engaged in the reputable practice of medicine and surgery in the State of _____. I have carefully examined all the statements made by the applicant and believe them to be true in every respect. I also state the photograph attached to this application is a recent one and the likeness of said Susan C. A. Haskell, D.O.

Signed [Signature]
Date July 30, 1981 Title Medical Director/Director of Medical Education

*AFFIDAVIT OF SECRETARY OF COUNTY MEDICAL OR OSTEOPATHIC SOCIETY,
CHIEF OF STAFF OR HEAD OF DEPARTMENT IN WHICH YOU ARE TRAINING.

County of Polk
State of Iowa ss.

In Des Moines, Iowa, on the 30th
City County State
day of July, 1981, before me personally appeared Milton Dakovich, D.O.
to me known to be the party executing the foregoing instrument, and he/she acknowledged said instrument, by him/her executed, to be his/her voluntary act and deed.

NOTARY
SEAL

[Signature]
(Notary Public)
671-37th St, Des Moines, Ia
(Address)

17. CERTIFICATION OF SECRETARY OF THE STATE BOARD OF MEDICAL EXAMINERS
(This endorsement should not be executed unless the applicant has signed the affidavit on Page 2)

I, _____, Secretary of the _____ Board of
Medical Examiners, certify that _____
was granted Certificate No. _____ on the _____ day of _____, 19____,
based on _____, and that said certificate has never been revoked.
(Written Examination)
School of Graduation _____ (Degree B. M., - M. D.) (Date)

I further certify that the aforesaid _____
in his written examination before this Board obtained a general or flex average of _____ per cent in the following subjects:

Subject	Per Cent	Subject	Per Cent
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Acting on behalf of the _____ Board of Medical Examiners, I hereby certify to the reputability of
Dr. _____, based on the records of this Board, and recommend him to the
Iowa State Board of Medical Examiners as a fit and proper person to receive a license to practice Medicine and Surgery.

(Seal of the State Board) _____ (Secretary)

(Date) _____ (Name of Board)

(Date) _____ (Address)

FBES: The license fee is \$100.00. Fee must accompany the completed application form and the required supporting documents. No fee remitted with an application will be refunded. Fee may be remitted in any form other than a personal check.

FOREIGN GRADUATES: For information concerning the standard certificate issued by the Educational Council for Foreign Medical Graduates, write to Educational Council for Foreign Medical Graduates, 3624 Market Street, Philadelphia, Pa. 19104.

DO NOT FILL THE BLANKS BELOW

Certificate No. 1898
Book No. A Page 96
Certificate Issued October 21, 19 81

IOWA STATE BOARD OF
MEDICAL EXAMINERS

National Board or
Interstate Indorsement Application
in
Medicine and Surgery
and
Osteopathic Medicine and Surgery

Name Susan Carol A. Haskell, D.O.

Residence [REDACTED]
County of [REDACTED]
State of [REDACTED]
Filed July 31, 19 81
Fee Paid July 31, 19 81

STATE BOARD OF MEDICAL EXAMINERS
(Disposition of Application)

Rejected _____ Date _____
Approved _____ Date _____
Alvin E. Swanson, M.D. Chairman
[Signature] Vice-Chairman
Secretary

APPLICANT MUST FILL FOLLOWING BLANKS

Name Susan Carol Abendschein Haskell
Present Address 4013 Lincoln Place Drive
Des Moines, Iowa 50312

Age _____
Date and Place of Birth _____

Applicant's Social Security or Tax No. _____

Name of College Issuing Diploma M College of
Osteopathic Medicine and Surgery
Located at 3400 Grand Avenue
Des Moines, Iowa

Date of Graduation June 6, 19 80
School of Practice Osteopathic
Medicine and Surgery

P. O. Address to which you desire license and future
renewal notices sent: _____

Street _____ State _____
City _____
County _____

[Signature] Board Member
[Signature] Board Member

[Signature] Board Member
[Signature] Board Member

Board Member

Instructions

Application must be accompanied by:

1. Fee of \$100.00 (personal checks not accepted). APPLICATION FEES ARE NOT REFUNDABLE
 2. Photostatic copies, notarized, of the following:
 - a. Diploma from Medical College or Osteopathic College.
 - b. Certificate of one year of post-graduate training in a hospital approved by this Board. FOREIGN MEDICAL GRADUATES must present evidence of two years of such training.
 - c. State license by examination or National Board certificate on which application is based.
 - d. A National Board Diplomat must file a certification of examination results signed by an authorized officer of the National Board.
 3. Three letters of recommendation, regarding character and professional standing from persons other than members of your profession.
 4. FOREIGN MEDICAL GRADUATES must present a photostatic copy of a standard certificate issued by the Educational Council for Foreign Medical Graduates.
 5. Foreign credentials must be translated into English.
- The filing of this application does not grant any special privileges.

(Photostatic copies must be certified and exact copies of the original and must not be larger than 8x10 inches no smaller than 6x8 inches.) This application will not be accepted unless properly completed in every detail, signed and sworn to by the applicant, and properly notarized.

PAGES ONE, TWO AND FOUR MUST
BE TYPEWRITTEN

Address all correspondence to:

IOWA STATE BOARD OF MEDICAL EXAMINERS
State Capitol Complex
Executive Hills West
Des Moines, Iowa 50319

\$ 150.00

ORIGINAL

IOWA
STATE BOARD OF MEDICAL EXAMINERS No. 10093


Des Moines, Iowa 50319 July 31, 1981

Received of the person named below the sum of One Hundred Fifty and no/100—Dollars

being account of Susan C. Abendtschrein Haskell, D.O.

Endorsement	<input checked="" type="checkbox"/>	P.A. Application	<input type="checkbox"/>	Temporary License	<input type="checkbox"/>
Examination	<input type="checkbox"/>	P.A. Certification	<input type="checkbox"/>	Temporary Renewal	<input type="checkbox"/>
Certification	<input type="checkbox"/>	P.A. Renewal	<input type="checkbox"/>	Duplicate License	<input type="checkbox"/>
Resident License	<input type="checkbox"/>	P.A. Dup. Cert.	<input type="checkbox"/>	Special License	<input type="checkbox"/>
Resident Renewal	<input type="checkbox"/>				

#1684 7-31-81
Brenton Nat'l Bank
Des Moines, Iowa

By  _____
slkc

UNIVERSITY OF CALIFORNIA MEDICINE AND SURGERY

upon presentation of the identity
and by authority of the ^{State of Iowa} ~~State of Iowa~~

herely confers upon

Samuel Carl Albrechtheim M.D.

the degree

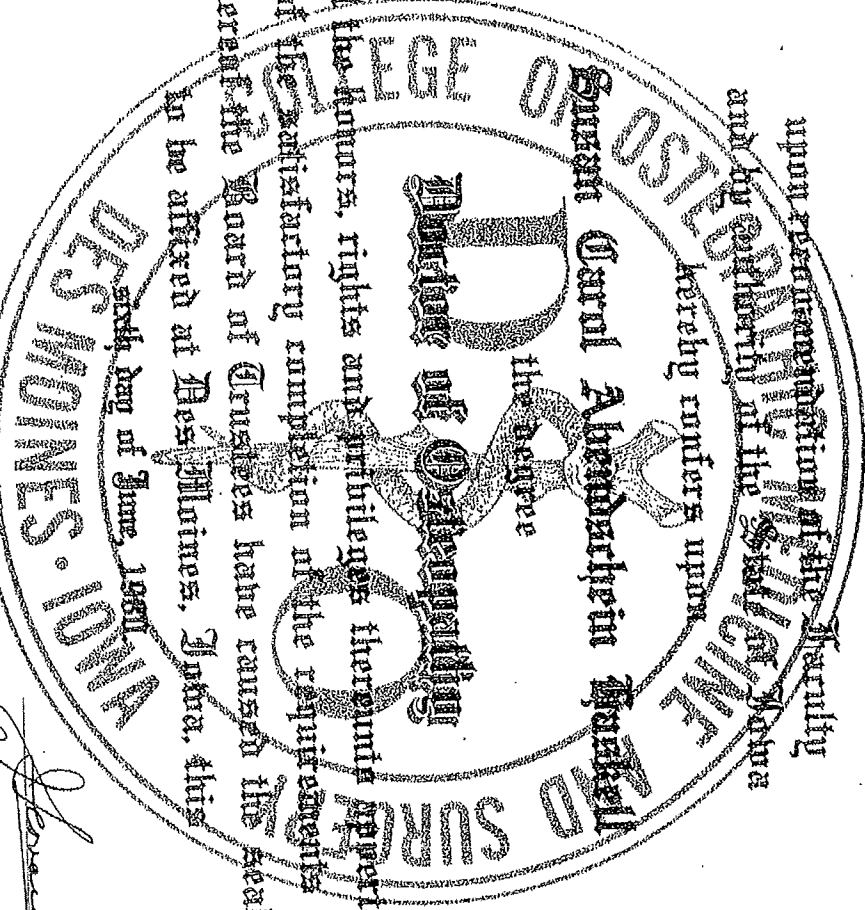
Doctor of Osteopathy

with all the honors, rights and privileges therein pertaining,

in recognition of the satisfactory completion of the requirements for this degree.

In witness whereof the Board of Trustees have caused the seal of the College to be affixed at Des Moines, Iowa, this

sixth day of June, 1920

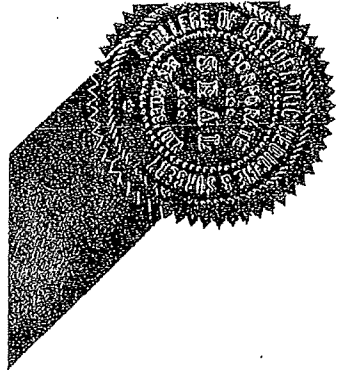


Samuel D. ...
President of the College

Joseph ...
Secretary of the College

James ...
Chairman of the Board

James ...
Secretary of the Board

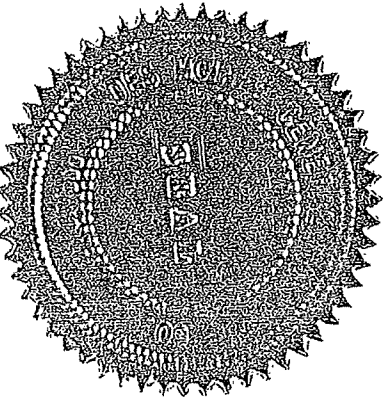


Des Moines **General Hospital** **Iowa**
 Des Moines, Iowa
 Osteopathic

This Certifies That
Suzan D. Haskell, M.D.
 has served in the capacity of
Intern

July 1, 1980 through August 24, 1980
 and October 1, 1980 through August 6, 1981

In Witness Whereof the said Hospital has caused this Certificate to be signed by its duly authorized officers and its Official Seal to be hereunto affixed.



[Signature]
 PRES
[Signature]
 SECY.
[Signature]
 ADM.

EXECUTIVE BOARD

The National Board of Examiners

FOR

Osteopathic Physicians and Surgeons, Inc.

22 South Washington Street
Park Ridge, Illinois 60068

TO: State Board of Medical Examiners

FROM: Carl W. Cohoon, Executive Director of The National Board of Examiners for Osteopathic Physicians and Surgeons, Inc.

SUBJECT: Diplomate Certificates To Be Issued Upon Completion of Internship

This is to certify that Dr. Sue Haskell has successfully passed Parts I, II and III of The National Board of Examiners for Osteopathic Physicians and Surgeons, Inc.

The requirements for The National Board certificate cannot be met until the prospective diplomate has completed his internship. At that time, the candidate will be sent his certificate and a copy will be forwarded to you by the candidate.

I hereby declare the above to be a true statement of the record of Sue Haskell, D.O. Diplomate # 7366.

SEAL



Carl W. Cohoon
Executive Director

Dated: June 8, 1981