

RETURN THIS APPLICATION TO RENO, NEVADA

This application with certified check for \$25.00 and diploma, must be filed in the office of the Board, Reno, Nevada, two weeks preceding the date of meeting of the Board.

The filing of this application does not grant any special privilege to open an office or to conduct any method of treating the sick or afflicted in the State of Nevada.

Application mailed Aug 1-25
Application filed
Fee paid \$25.00
Diploma filed
Diploma verified
By
Diploma returned
Via

Board of Osteopathic Examiners
of the State of Nevada

Application for a Written Examination and Certificate

I, Ralph H. Burdick herewith apply for reciprocity, or for written examination,
Full name, no initials

for a certificate to practice in Nevada, and submit the following statements regarding my preliminary and Osteopathic educational qualifications in conformity with the requirements of the Osteopathic Act of the State of Nevada, and the rules adopted by the Board of Osteopathic Examiners.

Name in full Ralph H. Burdick P. O. Address Toupsah, Nevada

Place and date of birth Kelunath, Wisconsin Age this date 31 yrs

Send Certificate, if issued, to Toupsah, Nev. via
Applicant will give full directions and notify the Board of every change of address.

I have received a diploma, evidencing Preliminary Education, from American School of Osteopathy
School Location

K. W. S. M. S. on the June day of 1907
Principal

and this diploma was procured in the regular course of instruction, comprising a full four-year high school course, or its equivalent as prescribed by law.

OSTEOPATHIC EDUCATION—Applicant will give the name and location of each institution attended, specifying each such course of lectures, giving the date of beginning and ending of each.

I entered the _____ in the _____ class on the _____ 19____
Osteopathic college Date

1st course in _____
Name of osteopathic college Location of college (city, address, state)

From the _____ day of _____ 19____ to the _____ day of _____ 19____

2nd course in _____
Name of osteopathic college Location of college (city, address, state)

From the _____ day of _____ 19____ to the _____ day of _____ 19____

3rd course in _____
Name of osteopathic college Location of college (city, address, state)

From the _____ day of _____ 19____ to the _____ day of _____ 19____

4th course in _____
Name of osteopathic college Location of college (city, address, state)

From the _____ day of _____ 19____ to the _____ day of _____ 19____

5th course in _____
Name of osteopathic college Location of college (city, address, state)

From the _____ day of _____ 19____ to the _____ day of _____ 19____

6th course in _____
Name of osteopathic college Location of college (city, address, state)

From the _____ day of _____ 19____ to the _____ day of _____ 19____

I was granted the degree of _____ by _____
Doctor of Osteopathy Name of institution granting D. O. degree

located at _____, State of _____ on the _____ day of _____ 19____

I further state that I am the identical person to whom the diploma presented herewith was originally granted, that the same was procured in the regular course of instruction without fraud or misrepresentation and that the diploma presented is the genuine diploma of the said institution.

Upon what license or certificate do you base this application for reciprocity? California O. B. Board
Give name of board issuing certificate

_____ upon written or oral examination or registration of diploma
Date of issue Specify which

What is the type of your certificate or license? Regular Cal. Form

Have you ever filed an application in Nevada? No
Yes or no

How long since you have ceased active practice? I am in active practice

In what other states have you applied for license or registration? California Successful
Give name, date, and results

Have you ever been denied a certificate or the right to take an examination? No
Yes or no

Has any license entitling you to practice in any state or territory been suspended or revoked? No
Yes or no If so, specify

State Date Specify charge

Have you ever been called before a Federal, State or local enforcement officer? No
Answer giving particulars

Have you ever been charged with a violation of a U. S. Statute or State Statute? No
Yes or no If so, give full particulars:

Offense Place

Disposition Date of disposition

My physical description is as follows: Height 5 feet 8 inches; weight 140 pounds; color of eyes Gray
of hair Gray; identification marks None

Are you suffering from any ailment communicable to others? No Have you ever practiced as an itinerant physician? Yes
Yes or no Yes or no

Have you ever been connected, directly or indirectly, with any medicinal concern, company, institution, advertising specialty or advertising specialist? No If so, when and where? No
Yes or no Give all details

Do you hereby agree, should a certificate be granted entitling you to practice in the State of Nevada, not to become connected directly or indirectly with any medical concern, company, institute, advertising specialty or advertising specialist? No
Yes or no

STATE OF _____ }
County of _____ } ss.

being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Reciprocity Certificate to practice in the State of Nevada; that he has read the foregoing application.

Stephen Hester Burdick
Signature of applicant in full—no initials

Subscribed and sworn to before me this _____ day of _____, 19 _____

Signature of notary

STATE OF _____ }
County of _____ } ss.

Address

being duly sworn, deposes and says that he is the applicant named in the foregoing application for a Reciprocity Certificate to practice in the State of Nevada; that he has read the foregoing application.

Signature of applicant in full—no initials

Subscribed and sworn to before me this _____ day of _____, 19 _____

Signature of notary

Address

CERTIFICATION OF SECRETARY OF STATE BOARD WHICH ISSUED LICENSE USED AS BASIS OF THIS APPLICATION

I, _____, Secretary of the _____
Name of board or department

certify that the foregoing Certificate No. _____ to practice was issued to _____
_____ on the _____ day of _____, 19 _____, based on

_____; said applicant then presented to this Board a diploma issued
State whether after written or oral examination or on credentials

by _____ on the _____ day of _____, 19 _____;
Name of Osteopathic School

that no charge against Dr. _____ has ever been filed with this Board nor has his certificate been revoked; that the above certificate bears the original date of issue and is not a re-registration certificate.

(NOTE: If by written examination, the secretary will complete the following certification, otherwise write ACROSS the page below this line the words: ISSUED ON CREDENTIALS.)

I further certify that the aforesaid Dr. passed the regular written examination given by this Board in 1. and obtained a general average of per cent in the following subjects:

SUBJECT	Per Cent	SUBJECT	Per Cent

I hereby certify that the above license is in good standing; that from the records now on file in this office I believe the above applicant to be a fit and proper person to receive a Reciprocity Certificate.

In testimony whereof witness my hand and seal. D. O.
 [SEAL] Secretary of the State Board of Examiners
 Dated at Address
 this day of, 19.....

CERTIFICATE OF OSTEOPATHIC EDUCATION

The following certificate must be filled out, signed and sealed by the President, Dean or Secretary of each Osteopathic School wherein the applicant pursued his professional course.

THIS CERTIFIES that of
 Name Address
 matriculated in
 Name of institution Location
 on the day of 19....., and was granted the following credits on matriculation:
 based upon the following credentials:

The undersigned further certifies that the records of this institution show that the applicant herein referred to has attended in the institution courses of lectures of months each, completing the following hours in the subjects required by the Osteopathic Practice Act of Nevada as set forth hereunder:

	Enter Hours Completed		Enter Hours Completed
Anatomy.....		Pediatrics.....	
Embryology.....		Diagnosis.....	
Histology.....		Laryngology, otology.....	
Elementary chemistry and toxicology.....		Rhinology.....	
Advanced chemistry.....		Ophthalmology.....	
Physiology.....		Surgery and surgical diagnosis.....	
Elementary bacteriology.....		Anaesthesiology.....	
Advanced bacteriology.....		Orthopedic surgery.....	
Hygiene.....		Physical therapy, electrotherapy, X-ray, radio-therapy, hydrotherapy.....	
Pathology.....		Gynecology.....	
Materia medica.....		Obstetrics.....	
Pharmacology.....		Ethics, jurisprudence.....	
Therapeutics.....		Additional subjects not listed herewith—	
Manipulative and mechanical therapy.....			
Dermatology and syphilis.....			
General medicine and diagnosis.....			
Genito-urinary diseases.....			
Nervous and mental diseases.....			
		Total.....	

Signed and the college seal affixed this day of 192.....
 [SEAL] By President, Secretary, Dean

INFORMATION

Forward all applications, diplomas, fees, communications etc., to the Board of Osteopathic Examiners, 451-4 Gazette Building, Reno, Nevada.

Meetings: The Board is required by statute to hold at least two annual meetings, on the second Tuesday in January and July, and such other meeting as the Board may deem necessary.

Application fee for written examination \$25.00; reciprocity \$25.00.

Fees, as well as application, must be deposited in the office of the Board two weeks before the date of examination, and must be in form of express or postoffice money order, bank draft or certified check, payable to the Board of Osteopathic Examiners. Telegraph money orders or personal checks not accepted.

REQUIREMENTS FOR OSTEOPATHIC PHYSICIAN AND SURGEON CERTIFICATE

A. PRELIMINARY EDUCATION

A diploma from a high school, four years' course, or its equivalent.

B. PROFESSIONAL EDUCATION.

An applicant for an Osteopathic Physician and Surgeon Certificate must show that he has attended four courses of study, each such course to have been not less than thirty-two weeks' duration, totaling not less than four thousand (4000) hours and covering and including the subjects listed in the number of hours set opposite each subject. Colleges that are recognized by the American Osteopathic Association are recognized by the Nevada State Board of Examiners.

C. FOR A PHYSICIAN AND SURGEON CERTIFICATE

	Hours Required		Hours Required
Osteopathic technique.....	550	Electrical diagnosis.....	
Anatomy	550	Genito-urinary disease.....	45
Embryology	75	Nervous and mental diseases.....	110
Histology	150	Pediatrics	140
Elementary chemistry and toxicology.....	140	Ophthalmology	60
Physiology	300	Surgery and surgical diagnosis.....	500
Elementary bacteriology	60	Physical therapy, including electrotherapy, X-ray, radiography, hydrotherapy.....	30
Hygiene	60	Gynecology	100
Pathology	250	Obstetrics	165
Osteopathic therapeutics	55	Ethics, jurisprudence, etc.....	30
Dermatology and syphilis.....	45	Orthopedic surgery.....	30
Hydrotherapy			
Principal of osteopathy.....			
		Total.....	

**CERTIFICATE OF MORAL CHARACTER
PREFERABLY REGISTERED PHYSICIANS OF NEVADA**

THIS CERTIFIES that I have been personally acquainted with.....D. O.,
for.....years and that I know h..... to be of good moral character and hereby recommend h..... to the Board of Osteo-
pathic Examiners of the State of Nevada as most worthy to be licensed to practice in the State of Nevada.

Name..... Address.....

Graduated from....., date.....,l..... Licensed in.....No.....
State

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Name..... Address.....

Graduated from....., date.....,l..... Licensed in.....No.....
State

(No practitioner is expected to sign this recommendation who is not personally acquainted with the applicant and who is not willing to furnish additional information concerning his or her character, education and standing, on request of the Board.)