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CONTENTS

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THE FEDERATION LICENSING EXAMINATION (FLEX)—A SPECIAL REPORT

FREDERICK T. MERCHANT, M.D.*

It has been suggested that a special interim report on the Federation Licensing Examination (FLEX) be made at this time in order to provide information prior to the publication dates of the various papers presented at the Annual Meeting in February 1969, especially for those board members who could not or did not attend the meeting. Since a total reduplication of the material to be published later would be unnecessarily repetitive, it is perhaps best that this review be largely confined to the working details of the program, rather than to the background, the philosophy and the development of the program which were so well covered in the FEDERATION BULLETINS of April, May, and August 1968, or to a summary of the February 1969 reports.

The purposes of the FLEX program should be well known to all by this time but some elements will be stated once again for clarification. These purposes were originally established by the Federation in 1956, and brought to fruition in 1968 following a five-year effort by the Examination Institute Committee to establish a meaningful and progressive solution to state board examinations. It was not the intent of the committee, of course, to administer such examinations, but to construct and provide examinations to be administered by the several states within the meaning of states rights.

These basic objectives established 13 years ago are: (1) To provide state medical boards with high quality, uniform, and valid examinations for purposes of evaluating *clinical competence* and qualification for licensure; (2) to place licensure in a definite relation to

* Chairman, Examination Institute Committee of the Federation.

modern medical education by updating state board examination procedures and providing flexibility; (3) to establish uniform levels of examination between these states; (4) to create a rational basis for interstate endorsement; and (5) to provide a basis for the management of the foreign medical graduate problem.

The FLEX examinations are created by test committee members drawn from the state boards participating or interested in the program, together with the members of the Examination Institute Committee. These committees select questions considered by them to have special clinical and practical application. The test committee for the basic sciences was charged with the responsibility of construction or selection of test items in each of six basic science areas which called for a fundamental knowledge of those elements of the basic sciences which every physician either should know well or know how to use intelligently in carrying out diagnostic procedures or in planning therapy. The test committee on clinical sciences was charged with the responsibility of constructing a practical type of examination in each of the six traditional areas of clinical medicine. Each question is studied for its practical applicability in evaluating medical knowledge and in measuring a physician's ability to apply such information in the solving of clinical problems.

Part I of the examination, one full day, covers the six traditional basic science areas and provides 90 test items in each subject. These items are presented in interdisciplinary or "scrambled" form so that actual identification of the subject material cannot necessarily be identified by the candidate. This procedure is similarly carried out in the Part II examination, one full day also, which covers the six traditional clinical science subjects. Nonetheless, for state board purposes, subscores in each of the 12 major subjects are provided.

A new feature, the testing for clinical competence, was added as a third day of the FLEX examination. The Part III testing technique is drawn from the National Board Part III examinations and covers: (1) Clinical material presented in the form of pictures of patients or specimens, roentgenograms, electrocardiograms, and graphic or tabulated material about which searching questions would be asked; (2) motion picture sequences of carefully selected patients to test the candidates' acuity of observation and the conclusions that they draw from their observations; and (3) the distinctive feature of the National Board Part III described as programmed testing, to assess the candidates' judgement in the sequential management of patients similar to what he would experience in his own instant exposure to patients and their disease processes or injuries.

It was believed that the states could not fulfill their primary responsibility of testing candidates for clinical competence without the inclusion of this new testing technique. It was well realized that this introduced a more sophisticated type of testing, one best suited to the candidate with at least one or two years of postgraduate training. It is the fundamental recommendation of the Examination Institute Committee and its test committees that all states ultimately examine at the level of at least one year postgraduate status. It is believed unrealistic to assume that we can test state board candidates adequately for competence, and for licensure to practice, solely upon the information and experiences of the academic years.

The Examination Institute Committee has been dedicated to the production of reliable, valid, and uniform examinations and has addressed itself untiringly to this end. It has sincerely believed that objective examinations based on the experience, research, and validated test items of the National Board are the examinations of choice. Furthermore, it was believed

essential by the committee that positive steps should be taken to bring state board examinations into the arena of modern medicine and innovations in medical education. The rapidly spiraling advances in science and in medicine challenged us to take initial steps away from the obsolescence of long established procedures and to take definite steps toward modernization and production of reliable and meaningful examinations. It was, of course, acknowledged that much of the past was good but that if it be held in a static atmosphere, then nothing of continuing good or worth could be expected. We knew only too well that the rigidity of the legislative processes and the obsolescence of medical practice acts can by this very rigidity and obsolescence tend to retard rather than to promote progress especially when superimposed upon the rapidly changing concepts of medical curriculum and the rapid advances of medical knowledge and technology. It was not our intent to overwhelm any examination process only with that which is new and sophisticated but rather to establish a blend of the old and the new, and thus offer examination procedures suitable to our state board purposes.

This seemed especially appropriate since the various state boards deal not only with the recent graduate but also with the remote graduate, the foreign graduate, and the physician out of practice for any reason for a number of years. Therefore, in effect, we have begun a process of attempting to identify for our own purposes that which is considered to be "core material." The exact identification of this core material is indeed difficult. It is encouraging to know that the research committee of the National Board is presently embarked upon a program which hopefully will identify this core knowledge and thus give us further information relative to the establishment of practical and meaningful examinations. If this can be accom-

plished it will be one of the greatest contributions imaginable.

This FLEX program which was unanimously accepted in February 1968 by the Federation was administered for the first time on June 18, 19, 20 by seven pioneering states: Illinois, Maine, Nebraska, New Mexico, Ohio, West Virginia, and Wyoming. These states were joined for the December 1968 examination by Oregon. We have every reason to believe that New York, California, and Indiana will join us by June 1969. It should be noted that in this endeavor we have had excellent support from the state medical associations and deans of the medical schools.

We have had active correspondence and/or indications of interest by the following states: Alabama, Alaska, Colorado, Connecticut, Delaware, Georgia, Idaho, Maryland, Massachusetts, Michigan, Montana, Nevada, North Dakota, North Carolina, New Jersey, Vermont, and explorations by Hawaii and Louisiana. Copies of the FLEX examination have been furnished to over ten states for the review by their boards of medical examiners, and also the Part I basic science examination has been furnished through the state medical boards to several basic science boards for their perusal and study.

With this brief review in mind, let us now dwell upon matters of policy which have been agreed upon for the program. These matters have resulted from the joint deliberations and determinations of the Examination Institute Committee, the test committee members, and the National Board staff. It is believed that these should be of interest to all since they deal with matters of practical significance or application rather than with philosophy or development. These are enumerated below.

1. Copies of any portion of the FLEX examination for purposes of review by others will be sent only to a state board of medical examiners upon written request

from that board. The responsibility of maintaining the security of the test material will rest with the state board of medical examiners making such a request.

2. Copies of the basic science portion of the examination can be made available for study by basic science boards in states requiring same. These copies, however, will be provided only upon the request of the medical licensing board of the state which in turn is responsible for the security measures. These examinations would then be provided to the basic science boards by the medical boards for their perusal and determination.

3. Copies of the basic science portion of the examination will be made available for examination of "limited practitioners" provided that the request comes from the medical licensing board, and provided further that the examinations are used for purposes of meeting statutory requirements of that state. This matter would be of particular interest to those states which are required to examine limited practitioners, including chiropractors, under state statute.

4. A candidate for licensure in one participating state may be permitted to take the examination in another if, by so doing, he avoids excessive travel. The same procedure would be utilized as for any candidate except that these candidates would have their booklets identified under the name of the state for whom they were being examined rather than the state administering the examination. The state requesting this service would be billed the cost of the examination.

5. Re-examination of individual candidates in selected subjects, Parts I and II, will be made on the basis of request from participating state boards and these re-examinations will be made available for any subject, using a test comparable to that which the candidate had previously failed to pass. Part III, the clinical competence test, will not be broken down for

re-examination into its component three parts, but will be administered only as the complete examination, a full day of testing.

6. A "3-2-1" formula has been devised to be used to determine the scale scores of examinees for both individual subjects and scores from the total examination. This 3-2-1 formula is the basis of the FLEX weighted average and gives maximum emphasis to clinical competence (3), usual weight to clinical sciences (2), and lesser emphasis to the basic sciences (1). This was believed to be a most fair formula and one which would be especially applicable to the remote graduate, the foreign graduate, and the physician out of practice for any cause for an appreciable time, such time factor to be determined by the individual state.

7. The states using National Board examinations or test items as Part I of their examination in the past, and who have given divided examinations at the end of the second and fourth years at the student level, need not subject candidates to repeating Part I when said state joins the FLEX program. A FLEX-weighted average, however, cannot be derived therefrom. This would apply only to those states which had such candidates carried over from previous examination for completion of the state requirement, and would cover no future candidates.

8. It was established that there should be one standard and one standard only in the reporting of scores derived from the FLEX examination so that a grade of 70, 75, or 80, for example, of candidates from one state would be exactly the same as that reported for another. Any individual state, of course, may decide for its own reasons what its passing level would be from these standard scores although with the full recognition that in so doing its passing level could not actually be equated with that of another state. It was held that each state board according to its statutory provisions and the principles of state's rights should determine for itself the level whereby it passes or fails its own candidate.

9. Determination of the passing level and the formula for converting raw scores to scale scores will be made by the Federation Examination Committee after the examination has been scored and reported to said committee. It has been agreed, however, that the scale score will be reported uniformily to the Federation Examination Committee with no variations from state to state. It is recognized that individual states may wish to interpret the scale scores in accordance with their own rules and regulations and within the meaning of state's rights. All grades resulting from this examination, however, will be held on record by the Federation and available for report to any state for purposes of endorsement.

10. Eligibility for the examination should ultimately and properly be limited to those who have completed or nearly completed at least one year of internship or other graduate training as approved by the state board with the provision that the requirement of one year of internship for graduate training may be waived temporarily in any state where circumstances require.

11. All contractural agreements with individual states will be made between the Federation and the individual states. The National Board will submit its bill to the Federation in accordance with the number of examinees taking the examination and the states using the examination.

12. In order to provide compliance with statutory regulations of the various states, it was agreed that test committee members for FLEX will be drawn from those states which participate in the program. The number of such members, the duration of their terms, and other factors, will be determined by the Examination Institute Committee in order to provide proper balance and functional size.

13. In general it was agreed that "lead time" of information from participating states to the National Board would be as follows: Name of states participating and probable number of candidates eight weeks

prior to examination time; list of names of candidates and state board identifying numbers for candidates four weeks prior to examination time. This is essential for the matter of planning, publication, and distribution of test booklets. The National Board has agreed to furnish monitoring information, examination schedules, and other pertinent information relative to the examination process.

14. Cost of examination:

FLEX: Complete examination—Parts I, II, and III	$65.00
FLEX: Re-examination by parts	
Part I	12.50
Part II	15.00
Part III	37.50
FLEX: Re-examination by individual subjects, required for candidates failing one or more subjects (each)	6.00
FLEX: Part I basic science examination for basic science boards or limited practitioners testing	12.50

15. Bills for all fees will be presented by the Federation to each participating state for payment to the Federation. The Federation is responsible for paying the National Board for the preparation of the examination.

16. The Examination Institute Committee will report annually to the Federation as to the results of the examination, its reliability and validity, and to changes in format or testing techniques.

Certain projections can also be included in this report in condensed form:

1. It is the intent of the Examination Institute Committee to continue preparation of two examinations per year, June and December. For those states administering three or more examinations per year, the Examination Committee will make every effort in the future to satisfy the requirements. At present it is believed that at least two more years will be required, however, before a sufficient pool of material will be available for the construction of more than two examinations per year. In the meantime, it is the definite recommendation of the Examination Committee that all states consider converting to a two examination per year schedule, since the majority of states (38) utilize such a schedule at this time. The cost of producing extra examinations for a few states (Connecticut, New Jersey, and Wyoming—three times a year; California, Illinois, Nevada, Rhode Island—four times a year) is currently prohibitive. Use of National Board examination material for the extra examinations per year is recommended until the FLEX pool is sufficiently large to allow construction of more than two examinations per year if such is to be the case.

2. The format of FLEX will remain unchanged in 1969 and probably in 1970. It is the full intent, however, of the committee to maintain flexibility in this program and to allow for changes in format as time and advances may dictate.

3. The committee will continue to search for and inquire after "core material" so that the FLEX program may remain as fundamental and practical as possible. The committee has every intent of maintaining the examination on a progressive basis so that it may adapt to changing medical knowledge, technique, and education.

4. The committee will be constantly alert to changes in computer programming and its adaptability to state medical examination procedures. Such programming should have an ever increasing significance to state board examination procedures.

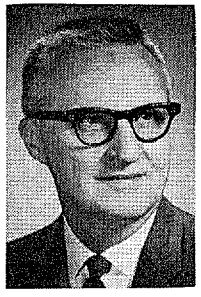
5. We anticipate that the establishment of a permanent central office and secretariat will become an acknowledged necessity. Even now serious thought should be devoted to it. The volume of work which has and will develop will certainly be greater than can be managed on a part-time basis. The need to work closely and continuously with this program and other Federation matters must not be overlooked.

6. The increased demand upon the National Board facilities and staff for the development and provision of examinations to medical schools for curriculum analysis and final testing, for the postgraduate training evaluation, for speciality boards, for the American Colleges, for research, and for the paramedical assistant areas, may cause the Board to withdraw eventually from the furnishing of test items or examinations to states for construction of state board examinations. Should this develop, the importance of the FLEX program to produce these examinations cannot be denied.

7. FLEX will be viewed as a most progressive and important work of the Federation. It offers infinite opportunity for the future, and for the protection of states from federal encroachment by the institution of federally inspired examination procedures.

Although we have anticipated areas of resistance based on reluctance to accept change, nevertheless, we sincerely believe that this program must receive acceptance due to the more or less universal realization that the state board examinations have indeed become obsolescent, and that an individual state would find it far too costly and difficult to construct an equivalent examination program unilaterally. It is predicted that in five years time or less the vast majority of states, if not all, will have acknowledged the importance of this project and will have joined with us and the pioneer states which have looked to and planned for the future.

It is to be hoped that this brief review of FLEX will prove helpful in furthering the knowledge and interest of the several state boards and their board members.



PRESIDENT'S MESSAGE

What of Tomorrow?

This has been a busy year and I believe a productive one. Perhaps 1968 could be considered a definitive year for the Federation in that there has been created a course of action which offers consolidation of interest and responsibility. Temporary, provisional, and debatable effort has been avoided.

I was invited to represent the Federation at various forums, workshops, and conferences where important actions pertinent to this movement were initiated. The foreign graduate, quality of health care, graduate education, and continuing education in the prevention of obsolescence were a few of the topics considered. Solutions were being sought in a different and more compelling manner than ever before. There was always present broad representation from many levels of society. The consumer, the provider, the third party, and anyone even remotely interested in the social aspect of medical care were seeking consensus for problems where physicians have failed to demonstrate positive leadership. The simple fact that your representative was asked to participate indicates a need for continued interest and a demand for the momentum necessary to propel us into a smooth tomorrow.

We must, however, in considering tomorrow acknowledge with pride some of today's fundamental accomplishments. First, we must recognize that this marked the year of the beginning of the Federation Licensing Examination. Nearly a thousand candidates were examined by a small number of states. It is an inspiration to witness the cooperative spirit that exists between members of the National Board and the FLEX committees as they go about the tasks of test construction and evaluation. High test acceptance by

participating states and candidates alike can be considered to be the reward for such responsible effort. By preparing a modern examination of high reliability in evaluation of clinical competence, we also demonstrated conscience and a high sense of duty to those we are pledged to protect from the inadequately prepared professional.

While we bask in the rosy glow of some success in this area, we must not forget that leadership tomorrow depends upon positive action today. More states must be called upon to participate just as soon as possible. Ways must be found to assist states in the difficult task of making statutory changes consistent with our examination policies.

Then too, we must prepare ourselves for organizational change which will permit us to accommodate to new trends in educational evaluation. Innovations in medical education which allow the student more freedom in how he prepares himself may make it more difficult to identify a common core of knowledge at any educational level. Examinations of the type we now employ may prove to be unnecessary for some candidates, and we may need to seek other solutions for the purposes of state licensure.

Secondly, the format for the annual meeting as it is being prepared this year offers many advantages over previous arrangements. We have overcome the irritation of overlapping council meetings. In addition, we have arranged ample time for problem presentation and discussion, standing and special committee meetings, and an unfragmented business meeting. Greater participation by our members should result from this comprehensive programming.

Upon the background of present demands and achievements we must ask—What of tomorrow? What about the future of the Federation? We have gone to Chicago each February and complacently dealt with problems as they presented themselves. Except for

FLEX, we have conducted no "in-depth" studies of anything. We increase dues without thought of increasing responsibility to the states. We blandly go about perpetuating political cliques in the election and re-election of officers without once considering the effect of these actions upon the esprit de corps of the membership. The president appoints a new set of members to committees each year, assigns a token job and since there is no provision for interim sessions, their business is conducted by mail, telephone, or in a hurried fashion just before the annual business meeting.

Not once have we come together to critically examine the goals of this organization—the needs of the member states. Not once have we heard an outward expression of concern about our future, whether or not we have a future, and if we do, how we can preserve it.

Much constructive criticism has come my way this year, initiated by the dues increase of last year, and the confusion created by the dismissal of our editor. Whether these expressions came to me because of reason or excuse is unimportant. What is important is that this is a demonstration of a sense of common interest and responsibility by members who do not wish to see a good thing come to a bad end.

Since I feel as acutely about our problems as do many others, and since these things have plagued my sleep and troubled my days, I have this year parted from some traditions and am making an attempt to place the Federation in the hands of its membership. The change in the format for the annual meeting has come to be (as it always should) a handy vehicle for this purpose.

I am confident that genuine interest copiously exists among our members, and that there are many who feel a genuine need for the Federation. In letters and conversations, so many have expressed an eagerness to

become involved. We must more realistically enroll these members into positions of leadership even at the expense of the "status quo." New energies must be utilized to promote and solidify the Federation. This is the medium, the catalyst, which can propel us from this definitive year to a meaningful and productive tomorrow.

What of tomorrow for me? While I have not been in the position of being a strong president, I hope that I have contributed a small bit of something to the evolutionary process which must inevitably take place. I cannot measure what has come to me by virtue of the honor of this office. I have had the privilege of working with leaders in all phases of the national medical community. The year has passed all too quickly and I view with envy the personal enrichment which must surely come to those who follow. I shall be carefully watching the conduct of our leadership from this day forward, and shall probably not be a disinterested "has-been." I pledge my continued support to a Federation for the Federation members, and I shall oppose complacency, pragmatism, and provincialism.

There are so many of you to thank and so many acknowledgements to be made. Lest I miss someone, will you please forgive me and allow me to lump it all into one big "thank you."

LEO T. HEYWOOD, M.D.

EDITORIAL

Something New Is Being Added

It may come as no surprise to many readers of the BULLETIN to learn that there is under construction in Pontiac, Michigan, a new medical school. This is the first new osteopathic school to be constructed for many years.

Leaders of osteopathic medicine had sought the building of an osteopathic medical college in Michigan two years ago. At that time legislation was introduced in the Michigan State Legislature to build, finance and support an osteopathic medical college under state sponsorship in the state of Michigan. After due consideration, some acrimonious hearings and a legal opinion that such a school could not be established without the approval and consent of the State Board of Education the proposal failed.

Michigan's osteopathic physicians however were not so easily thwarted. They have pledged themselves to provide the annual sum of 200 dollars each over the next ten years to support this project. Since there are 1,800 osteopathic physicians licensed to practice medicine in Michigan these pledges should produce a total of 3.6 million dollars over a ten-year span.

Medical educators are all too familiar with the facts of life as they exist in the economic market today and are well aware of the fact that a first class medical school could not be financed for 3.6 million dollars. The new osteopathic medical school intends to start out small. An initial class of 16 students is tentatively to be enrolled in the fall of 1969. No public statements have as yet been made regarding the exact timetable for future expansion of the facility.

The Michigan State Medical Society which has placed itself four-square on record in favor of amalgamation of osteopathic and regular physicians in the state of Michigan has viewed the establishment of

this separate facility with considerable alarm. M.S.M.S. has therefore presented some rather serious and interesting proposals as an alternative to the establishment of a new osteopathic medical school within its state boundaries.

To summarize the position of the Michigan State Medical Society briefly, and somewhat incompletely, their proposals are as follows:

1. The curriculum offerings in the existing medical schools in the state of Michigan, specifically those at Michigan State University, the University of Michigan, and Wayne State University be altered in such a manner as to render possible the granting of either the M.D. or D.O. degree by each of these institutions. The degree received by the student would then be governed entirely by his wishes. Students wishing the M.D. degree would, upon successful completion of the program, receive that degree. Conversely students wishing the D.O. degree on completion of the program would receive that degree. 2. The enrollment in Wayne State University College of Medicine be brought up to approximately the capacity of the University of Michigan which now enrolls 200 students per class. 3. That Michigan State University College of Human Medicine, currently a two-year school, be increased to a four-year school and also rapidly be enlarged to maximum capacity. 4. That no medical schools be established in the state of Michigan in the future which are not in collaboration with an established University providing facilities in the basic sciences.

These proposals present an interesting problem for licensure bodies. Should they be implemented it would be difficult indeed to make a judgement regarding the eligibility for licensure of the medical graduate merely on the basis of the type of degree he held. It would render the existence of separate medical and osteopathic boards in the state of Michigan

somewhat of an anachronism. It would be, in the belief of the Michigan State Medical Society, an honest step in the direction of amalgamation of the two schools of medicine. Lastly it would be, in the belief of many leaders of osteopathy, the death knell to osteopathy in Michigan as a separate school of medicine since all graduates would probably accept the M.D. degree. The reason for this is found not in philosophy but in the wider acceptance and greater reciprocity between licensing jurisdictions applicable to the M.D. degree. Osteopathic physicians are no longer granted licenses in California, for instance. Thus the new graduate will exclude this jurisdiction from his possible location to practice should he accept the D.O. degree.

On the other hand it would seem to be a problem for the California board to exclude a University of Michigan D.O. graduate and accept his classmate with an M.D. degree, should this scheme ever be implemented.

The actual results of such moves are certainly debatable and would depend on the wishes of the students enrolled in the schools. It would seem unlikely that this program will be implemented in the exact form it is now avocated by M.C.M.S. but it is indeed an interesting and somewhat novel approach to a problem which has been much discussed in these pages in the past.

Previous efforts to secure legal amalgamation of M.D.'s and D.O.'s have revolved around the exchange of the D.O. degree for the M.D. degree as in the case of the California program and the creation of "paper colleges" to grant "quickie" M.D. degrees to licensed osteopaths as was attempted in the state of Washington. Neither of these attempts in any way influenced the education already received by the holder of the D.O. degree. Nor did either of these attempts do anything to insure the improvement of the education to be received by the recipient of the D.O. degree in

the future. These new proposals however would insure that future holders of the D.O. degree be graduated from well financed, well staffed schools which would provide not just the equivalent training received by the holder of the M.D. degree but the actual identical training received by the holder of the M.D. degree.

It is with great interest that we sit back and await the next chapter in the Michigan story.

Board Actions, Arrests, Convictions, Fines, Revocations, etc.

Arizona. On October 11, 1968 the license of Sotero Antillion, M.S., was reinstated. Respondent's license had been revoked November 10, 1967 due to nonpayment of the annual fees.

On October 11, 1968 the probation of Frank Gary Bivings, M.D., of Yuma, was terminated and at the request of the respondent his license to practice medicine in the state of Arizona was cancelled.

Georgia. On November 13, 1968 the license of Robert Edmund Rice, M.D., of Eatonton, was voluntarily surrendered for the misuse of drugs.

Louisiana. On December 12, 1968 the license of Upton Wright Giles, Jr., M.D., of Covington, was suspended for violation of Louisiana Revised Statutes. Respondent was found guilty of violation of 37:1285 (5)—prescribing cocaine, morphine or other habit-forming drugs in other than a legal or legitimate manner.

Mississippi. On December 5, 1968 a duplicate license was issued to Mary Elizabeth Hogan, M.D., as her original license had been misplaced in moving.

On December 18, 1968 the license of Luther Wade McCaskill, M.D., of Clarksdale, was revoked. Respondent was convicted of murder by abortion and sentenced to life imprisonment by Circuit Court of Coahoma County, Mississippi. Respondent is now serving his sentence in the Mississippi State Penitentiary at Parchman, Mississippi.

Texas. On December 2, 1968 the application of C. J. Carpenter, M.D., of Wayne, Michigan, for licensure by reciprocity was denied due to previous difficulties in the state of Michigan and falsification of his application.

On December 3, 1968 Thomas Henry Gemoets,

M.D., of Houston was denied permission to re-apply for his Narcotic Tax Stamp.

On December 3, 1968 Jeretta Irene Kennedy, M.D., of Nome, was denied permission to re-apply for her Narcotic Tax Stamp.

On December 3, 1968 the request for licensure by reciprocity of Paul Andrew LaPorte, M.D., of Dallas, was denied due to history of drug addiction.

On December 3, 1968 the request of Lawrence W. Reese, M.D., of Portland, Oregon, for licensure by reciprocity was denied.

On December 3, 1968 the license of Richard Reynolds, M.D., of Oxnard, California, was reinstated.

On December 3, 1968 the request of Billy Gail Schoch, D.O., of Sedalia, Missouri, for reinstatement of his license was denied.

On December 3, 1968 the request of Donald Hugh Veatch, M.D., of Corpus Christi, for removal of his probation was denied.

On December 3, 1968 the application of Gunda Zymantiene, M.D., of New York, New York, for licensure by reciprocity was rejected.

On December 3, 1968 duplicate licenses were issued to the following physicians for various satisfactory reasons: Auten, John M., D.O.; Frey, Fenella, M.D.; Goldberg, Ronald Howard, M.D.; Hanna, Edward A., M.D.; Harrington, Paul Randall, M.D.; Koos, John Raymond, M.D.; Posey, Randal Earl, M.D.; Smith, Linda Jane, M.D.; Reynolds, Richard, M.D.; and Stewart, Robt. Hampton, Jr., M.D.

On December 4, 1968 the license of William Butler Dawkins Cooper, M.D., of Midland, was cancelled and revoked. This action followed conviction of a felony, second conviction, for driving while intoxicated upon a public highway. The case is currently under appeal.

On December 4, 1968 the license of Joshua Clarence Hines, M.D., of Houston, was cancelled, the order of cancellation stayed and respondent placed on probation for ten years. Respondent found guilty of writing prescriptions to persons for the purpose of satisfying their drug addiction when the drugs were of no therapeutic value to them.

On December 4, 1968 the license of Bruce Edward Petermeyer, D.O., of Huntsville, was revoked for the violation of his probation. Respondent was found guilty of a felony.

On December 5, 1968 the license of Charles Sanford Alexander, M.D., of Houston, was cancelled; order of cancellation stayed and respondent placed on probation for five years. The aforementioned action was taken due to conviction of a felony involving moral turpitude.

On December 5, 1968 the license of James Granberry Hamer, M.D., of Austin, was subject to reprimand for prescribing and writing prescriptions for amphetamine or other dangerous drugs for certain individuals without giving a physical examination.

On December 5, 1968 the license of Julius Fred Kamer, Jr., M.D., of Austin, was cancelled; order of cancellation was stayed and respondent placed on probation for ten years. This action was taken for intemperate use of narcotic drugs and for obtaining narcotics by fraud and deceit.

On December 6, 1968 the license of Roscoe Gene Adolphus Schulze, M.D., of Flatonia, was cancelled. The order of cancellation stayed and the respondent placed on probation for ten years. Respondent was found guilty of prescribing and dispensing narcotics to a patient when he knew or should have known the patient was addicted to such drugs and that there was no therapeutic value.

On December 6, 1968 the license of Harry Zimmerman, M.D., of New York, New York, was cancelled and revoked for conviction of the crime of abortion.

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