

PERSONAL QUALIFICATIONS STATEMENT

<p>1A. Kind of position (job) you are filing for (or title of announcement) PL-1 INTERNSHIP</p> <p>1B. Announcement No.</p>		<p>DO NOT WRITE IN THIS BLOCK FOR USE OF EXAMINING OFFICE ONLY</p>																															
<p>2. Primary place(s) you wish to be employed GORGAS HOSPITAL</p>		<p>Entered Registrar:</p> <p><input type="checkbox"/> Appor. <input type="checkbox"/> Submitted</p> <p><input type="checkbox"/> Nonappor. <input type="checkbox"/> Returned</p>																															
<p>3. Home phone (including Area Code)</p> <p>3. Office phone (including Area Code)</p>		<p>Notations:</p>																															
<p>4. Name (Last) (First) (Middle) (Maiden, if any) <input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. and Address (Number, Street, City, State and ZIP Code)</p> <p>Schacht, Laurence, Eugene MED. Student Affairs - BLDG. 53 Rm. 103 UCI - Medical CTR 101 CITY DRIVE SOUTH JORANGE, CALIF. 92668</p>		<p>Form Reviewed:</p> <p>Form Approved:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Option</th> <th>Grade</th> <th>Earned Rating</th> <th>Preference</th> <th>Aug. Rating</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 5 points (Test.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> 10 Points Comp. Dis.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other 10 Points</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Disab.</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Being Investigated</td> <td></td> </tr> </tbody> </table>		Option	Grade	Earned Rating	Preference	Aug. Rating				<input type="checkbox"/> 5 points (Test.)					<input type="checkbox"/> 10 Points Comp. Dis.					<input type="checkbox"/> Other 10 Points					<input type="checkbox"/> Disab.					<input type="checkbox"/> Being Investigated	
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<p>5. Legal or voting residence (State) California</p>		<p>Initials and Date</p>																															
<p>6. Height without shoes 5 Feet 9 inches</p>		<p>7. Weight 150 lbs.</p>																															
<p>8. Birthplace (City and State, or foreign country) U.S.A. HOUSTON TEXAS</p>		<p>10. Social Security Account Number 46 01 82 13698</p>																															
<p>9. Birth date (Month, day, year) 10-2-48</p>		<p>THIS SPACE FOR USE OF APPOINTING OFFICER ONLY Preference has been verified through proof that the separation was under honorable conditions, and other proof as required.</p> <p><input type="checkbox"/> 5-Pt. <input type="checkbox"/> 10-Pt. Comp. Disab. <input type="checkbox"/> 10-Pt. Other</p>																															
<p>11. If you have ever been employed by the Federal Government as a civilian, give your last classification series, grade, and job title.</p> <p>NOT applicable (N/A)</p> <p>Dates of service in that grade From _____ To _____</p>																																	
<p>12. If you are currently on a list of eligibles for appointment to a Federal position, give the name of the announcement, the name of the office maintaining the list, the date on your notice of rating, and your rating.</p> <p>N.A.</p>																																	
<p>13. Lowest pay or grade you will accept</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PAY</th> <th>OR</th> <th>GRADE</th> </tr> <tr> <td>\$13,023.15 per year</td> <td></td> <td></td> </tr> </table>		PAY	OR	GRADE	\$13,023.15 per year			<p>14. When will you be available? JUNE 1977</p>																									
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<p>15. Will you accept temporary employment for:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>— 1 month or less?</td> <td></td> <td></td> </tr> <tr> <td>— 1 to 4 months?</td> <td></td> <td></td> </tr> <tr> <td>— 4 to 12 months?</td> <td><input checked="" type="checkbox"/></td> <td></td> </tr> </table>			YES	NO	— 1 month or less?			— 1 to 4 months?			— 4 to 12 months?	<input checked="" type="checkbox"/>		<p>16. Where will you accept a job?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>— Washington, D.C.</td> <td></td> <td></td> </tr> <tr> <td>— Any place in the United States.</td> <td></td> <td></td> </tr> <tr> <td>— Outside of the United States.</td> <td></td> <td></td> </tr> <tr> <td>— Only in (specify): GORGAS HOSP.</td> <td></td> <td></td> </tr> </table>			YES	NO	— Washington, D.C.			— Any place in the United States.			— Outside of the United States.			— Only in (specify): GORGAS HOSP.					
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<p>17. Will you accept less than full time work? (Less than 40 hours per week) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>18. Are you willing to travel? (Check one)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>NO</th> <th>SOME</th> <th>OFTEN</th> </tr> <tr> <td>AS required</td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> </table>			NO	SOME	OFTEN	AS required	<input checked="" type="checkbox"/>																								
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<p>19. VETERAN PREFERENCE. Answer all parts. If a part does not apply to you, answer "No."</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> <tr> <td>A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.)</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>C. Do you claim 5-point preference based on active duty in the armed forces? (If "Yes," you will be required to furnish records to support your claim at the time you are appointed.)</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>D. Do you claim 10-point preference? (If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Claim for 10-point Veteran Preference," together with the proof called for in that form.</td> <td></td> <td><input checked="" type="checkbox"/></td> </tr> </table> <p>TYPE <input type="checkbox"/> Compensable disability <input type="checkbox"/> Disability <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/> Mother</p>					Yes	No	A. Have you ever served on active duty in the United States military service? (Exclude tours of active duty for training as a reservist or Guardsman.)		<input checked="" type="checkbox"/>	B. Have you ever been discharged from the armed services under other than honorable conditions? (You may omit any such discharge changed to honorable by a Discharge Review Board or similar authority.)		<input checked="" type="checkbox"/>	C. Do you claim 5-point preference based on active duty in the armed forces? (If "Yes," you will be required to furnish records to support your claim at the time you are appointed.)		<input checked="" type="checkbox"/>	D. Do you claim 10-point preference? (If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Claim for 10-point Veteran Preference," together with the proof called for in that form.		<input checked="" type="checkbox"/>															
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<p>E. List Dates, Branch, and Serial or Service Number of All Active Service. (Enter "N/A" if not applicable)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>From</th> <th>To</th> <th>Branch of Service</th> <th>Serial or Service Number</th> </tr> <tr> <td></td> <td></td> <td></td> <td>"N/A"</td> </tr> </table>				From	To	Branch of Service	Serial or Service Number				"N/A"																						
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THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

Standard Form 171

May 1975 U.S. Civil Service Commission

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE
• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

21 A. Special qualifications and skills (skills with machines, patents or inventions; your most important publications (do not submit copies unless requested); your public speaking and publications experience; membership in professional or scientific societies; etc.)

B. Kind of License or Certificate (For example, pilot, registered nurse, lawyer, radio operator, C.P.A., etc.) C. State or other licensing authority D. Year of first license or certificate E. Year of latest license or certificate F. Approximate number of words per minute: Typing Shorthand

N/A N/A N/A N/A 60 NONE

22. A. Did you graduate from high school, or will you graduate within the next nine months?

YES	MONTH/YEAR	NO	HIGHEST GRADE COMPLETED
<input checked="" type="checkbox"/>	6-67		

B. Name and location (city and State) of last high school attended
LAMAR HIGH SCHOOL, HOUSTON, TEXAS.

C. Name and location (city, State, and ZIP Code if known) of college or university. (If you expect to graduate within 9 months, give MONTH and year you expect degree)

	Dates attended		Years Completed		No. of credits compl.		Type of degree (B.A., etc.)	Year of degree
	From	To	Day	Night	Semester hours	Quarter hours		
SANTA ROSA JR. COLLEGE, SANTA ROSA, CALIFORNIA	'70	'72	2		57		A.A.	1972
UNIV. of CAL. at Berkeley	'72	'73	1			33		

D. Chief undergraduate college subjects E. Chief graduate college subjects

	No. of credits compl.			No. of credits compl.	
	Semester hours	Quarter hours		Semester hours	Quarter hours
FINE ARTS (UNIV. of HOUSTON)	28		MEDICAL SCHOOL -		
PRE-MEDICAL SCIENCES.	57	33	UNIVERSITY of CALIFORNIA AT IRVINE.		

F. Major field of study at highest level of college work
MEDICINE

G. Other schools or training (for example, trade, vocational, armed forces, or business). Give for each the name and location (city, State, and ZIP Code if known) of school, dates attended, subjects studied, number of classroom hours of instruction per week, certificates, and any other pertinent data.
N/A

23. HONORS, AWARDS, AND FELLOWSHIPS RECEIVED

HONOR STUDENT at SANTA ROSA JR. College + at Berkeley.

24. LANGUAGES OTHER THAN ENGLISH

List the languages and indicate your knowledge of each by placing "X" in proper columns

	Reading			Speaking			Understanding			Writing		
	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair	Excl	Good	Fair
SPANISH			X		X			X			X	

25. REFERENCES. List three persons who are NOT related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 20, EXPERIENCE.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS (Number, Street, City, State and ZIP Code)	BUSINESS OR OCCUPATION
DR. Carlton B. Goodlett	1360 TURK ST, SAN FRANCISCO, CA. 94115	DOCTOR
Timothy O. Stroen	P.O. Box 433 SAN FRANCISCO, CALIF.	Attorney at Law
Shavon Cmos	P.O. Box 15247 SAN FRANCISCO CALIF. 94115	Social Worker

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 20

EXPERIENCE (Start with your PRESENT position and work back. Account for periods of unemployment in separate blocks in order.)						
May inquiry be made of your present employer regarding your character, qualifications, and record of employment?.....						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(A "No" will not affect your consideration for employment opportunities except for HEARING EXAMINER positions.)						
Dates of employment (month, year) From Summer 1971 To PRESENT TIME			Exact title of position N/A		If Federal service, civilian or military grade Civilian	
Salary or earnings Starting \$ per week		Avg. hrs. per week 60	Place of employment City: Ukiah State: California	Number and kind of employees supervised N/A	Kind of business or organization (manufacturing, accounting, insurance, etc.) MASONITE CORP.	
Present \$ 2.30 ⁰⁰ per week						
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)			
Area Code and phone No. if known						
Reason for leaving Returned to Fall classes.						
Description of duties, responsibilities, and accomplishments AT MASONITE - Worked with lumber in a factory. Manual labor. Summer 1970 worked in KROZDS SMOKEHOUSE, RESTAURANT ON STATE STREET, OWNER MR. HOBBY. 1.75/hour wage						
						For agency use (skill codes, etc.)
2						
Dates of employment (month, year) From Summer '72 To Summer '73			Exact title of position occasional garden work		If Federal service, civilian or military grade N/A	
Salary or earnings Starting \$ per week		Avg. hrs. per week 1 or 2	Place of employment City: Berkeley State: Calif.	Number and kind of employees supervised N/A	Kind of business or organization (manufacturing, accounting, insurance, etc.) PRIVATE HOME	
Final \$ per week						
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)			
Area Code and phone No. if known						
Reason for leaving Went to medical school.						
Description of duties, responsibilities, and accomplishments took care of the grounds on a part time basis. also while in college worked as a tutor in chemistry & mathematics. & on the SANTA ROSA JUNIOR college Ground maintenance team in 1971 & 1972.						
						For agency use (skill codes, etc.)
3						
Dates of employment (month, year) From To			Exact title of position		If Federal service, civilian or military grade	
Salary or earnings Starting \$ per week		Avg. hrs. per week	Place of employment City:	Number and kind of employees supervised	Kind of business or organization (manufacturing, accounting, insurance, etc.)	
Final \$ per week						
Name of immediate supervisor			Name of employer (firm, organization, etc.) and address (including ZIP Code, if known)			
Area Code and phone No. if known						
Reason for leaving						
Description of duties, responsibilities, and accomplishments HAVE NOT WORKED IN THE LAST FOUR YEARS SINCE BEING IN MEDICAL SCHOOL & PRIOR TO THAT WAS PART TIME AS DESCRIBED ABOVE. NEVER WAS FIRED OR HAD TO QUIT ANY JOB. EXCEPT WHEN I HAD TO RETURN TO SCHOOL TO CONTINUE MY EDUCATION.						
						For agency use (skill codes, etc.)

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 171-A OR BLANK SHEETS SEE INSTRUCTION SHEET

ATTACH RECENT PHOTOGRAPH
(REQUIREMENT)

Mount Zion Hospital and Medical Center
Post Office Box 7921, San Francisco, California 94120
Telephone (415) 567-6600 Ext. 2401



GRADUATE TRAINING PROGRAM - FIRST YEAR 1977/1978

(This application may be used to apply to more than one program; indicate preference by numerical rating, i.e., 1st choice, 2nd choice, 3rd choice.)

2nd Categorical Medicine Categorical* Obstetrics/Gynecology
 1st Categorical* Medicine 3rd Categorical* Surgery
 Categorical* Psychiatry Categorical Pathology
 Categorical Pediatrics Categorical* Radiation Oncology
 Categorical* Diagnostic Radiology

PERSONAL DATA

Name SCHACHT LAURENCE EUGENE
(last name) (first name) (middle name)

Address for Correspondence MED. STUDENT AFFAIRS BLDG 53 RM. 103 UCI-MED. CENTER 101 CITY DR. SOUTH
ORANGE CALIFORNIA 92668 Current Telephone (714) 634-5176
(City) (State) (Zip) (Area Code)

Permanent Address 318 E. PINE ST.
SANTA ANA CALIFORNIA 92701 Permanent Telephone (714) 836-9489
(City) (State) (Zip)

Place of Birth HOUSTON, TEXAS Date of Birth 10-2-48 Citizenship/Visa Status U.S. CITIZEN

Marital Status SINGLE Name of Spouse _____ Ages of Children _____

Next of Kin: Name E. L. SCHACHT Relationship FATHER

Address 155 E. 38th NEW YORK, N. Y. 10016 Telephone ()

SCHOOLING

Premedical School SANTA ROSA JR. COLLEGE AND UC BERKELEY Years of Attendance 2 and 1 respectively

Medical School UCI CALIFORNIA COLLEGE OF MEDICINE Years of Attendance 2

Name of Dean STANLEY VAN DEN NOORT M.D. Year of Graduation 1977

Clerkships Served at Mount Zion: Dates NONE Department _____

MISCELLANEOUS

Previous Graduate Training (i.e., Internship, Residency - indicate type of training, dates of service, and institution.)
NONE

Special Training or Research Experience WORK DONE TO HELP COORDINATE AND PLAN A LARGE AGRICULTURAL AND MEDICAL PROJECT IN SOUTH AMERICA.

Future Specialty or Sub-specialty Goal INTERNAL MEDICINE (TROPICAL INFECTIOUS DISEASE)

DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY		1st choice
Application Received _____	Interviewed on _____	2nd choice
Application Acknowledged _____	Interviewer _____	3rd choice
Acknowledged Complete _____	Evaluation Received _____	Dean's Letter
<input type="checkbox"/> Dean's Letter	Externship _____	Ref. Letter
<input type="checkbox"/> Reference Letter		Dept./Interview
		Chief

B13-30-e-1

DEPARTMENT OF GRADUATE MEDICAL EDUCATION
1411 East 31st Street
Oakland, California 94602

HOUSE STAFF APPLICATION

NAME: LAURENCE EUGENE SCHACHT PRESENT PHONE NO. (714) 634-5176

PRESENT ADDRESS: _____

PERMANENT ADDRESS: MED. STUDENT AFFAIRS, BLDG 53 RM. 103 UCI-MED. CTR. 101 CITY DR. SOUTH
ORANGE, CALIFORNIA 92668 NO.

BIRTH DATE: 10-2-48 CITIZEN OF: U.S.A. MARITAL STATUS SINGLE CHILD.: 0

MEDICAL SCHOOL: UC IRVINE, CALIFORNIA COLLEGE OF MEDICINE 1975 TO: JUNE 1977
(name) (Dates Attended)

FIRST YEAR (INTERNSHIP) PROGRAMS

- | | |
|---|--|
| <input type="checkbox"/> Categorical Medicine | <input type="checkbox"/> Categorical Surgery |
| <input checked="" type="checkbox"/> Categorical*Medicine | <input type="checkbox"/> Categorical*Surgery |
| <input checked="" type="checkbox"/> Flexible-A (Med/ ^{Peds} Psych) | <input checked="" type="checkbox"/> Flexible-B (Surg/G.P.) |
| <input type="checkbox"/> Categorical*Psychiatry | |

If more than one program is selected, please indicate order of preference, 1, 2, 3, etc.

DO YOU PLAN RESIDENCY TRAINING? NO YES INTERNAL MEDICINE
(Specialty)

Internship applicants should request that a Dean's letter be sent directly to us from their Medical School as well as 1 or 2 letters from faculty members. A personal interview is not required but is desirable both for applicants and the hospital.

ADVANCED (RESIDENCY) PROGRAMS

SPECIALTY DESIRED: _____ YEAR OF TRAINING: _____

DATE AVAILABLE TO START: _____

INTERNSHIP: _____ DATES: _____ TO _____
(type) (Name of hospital)

PREVIOUS RESIDENCY TRAINING: _____

CALIF. LIC. NUMBER: _____ OTHER: _____
(State) (Number)

NAME AND ADDRESSES OF THREE REFERENCES:

- J.G. TILLES MD. CHAIRMAN DEPT OF MEDICINE UCI, BLDG 53, UCI-MED. CTR. 101 CITY DR. SOUTH
ORANGE, CALIFORNIA 92668
- DR. CARLTON B. GOODLET MD 1360 TURK ST., SAN FRANCISCO 94115
- TIMOTHY O. SPOEN ATTORNEY AT LAW, P.O. BOX 933 SAN FRAN CISCO CALIFORNIA

DATE: 11-3-76 SIGNATURE: Laurence E. Schacht

the reverse side you may include information on awards, scholarships, fellowships, society memberships, etc. which may be helpful in evaluation of applicants.

e-2

completed application may be returned in the enclosed self-addressed envelope.

UNIVERSITY OF CALIFORNIA SAN FRANCISCO
SCHOOL OF MEDICINE
SAN FRANCISCO, CALIFORNIA 94143

Application for Clinical Training Programs

Please Type

Name SCHACHT, LAURENCE EUGENE Department MEDICINE
Birthplace HOUSTON Birthdate Oct. 2, 1948 Position: First year Post M.D. Primary care
Resident _____
Starting Date JUNE 20th 1977

Present Mailing Address MEDICAL STUDENT AFFAIRS BLDG 53, rm. 103 UCI MED. CTR 101 CITY DRIVE SO. ORANGE CA. 92668

Permanent Mailing Address _____

Telephone Numbers: Home (714) 836-9489
Hospital _____ Social Security No. 460-92-3698

Military Status PENDING CHANGE FOR HEALED DISABILITY Licensed to practice Medicine in State of _____ License No. _____

EDUCATION:

High School LAMAR HIGH SCHOOL, HOUSTON Dates 9-64 to 6-67

University SANTA ROSA J. C. (2 years), UC BERKELEY (1 year) 71 to 73 Degree AA

Other _____ Dates _____ Degree _____

Medical School UCI- CALIFORNIA COLLEGE OF MEDICINE Dates AUG. 75 to JUN. 77 Degree M.D.

Internship _____ Dates _____ Specialty _____

Residencies (if any) Hospital _____ Chief of Service _____

Hospital _____ Chief of Service _____ Dates _____ Specialty _____

Hospital _____ Chief of Service _____ Dates _____ Specialty _____

PREVIOUS EMPLOYMENT (Professional or Scientifically related)

Place _____ Dates _____ Duties _____

Place _____ Dates _____ Duties _____

Scholastic Societies _____

Honors and Awards _____

Previous Research and Scientific Investigations _____

Publications:

Describe career goals or professional plans for the future (continue on other side of page if necessary).

MY ULTIMATE GOAL IS TO SERVE AS A MISSIONARY DOCTOR. THE PEOPLE'S TEMPLE CHRISTIAN CHURCH HAS A RAPIDLY DEVELOPING AGRICULTURAL AND MEDICAL MISSIONARY PROJECT IN SOUTH AMERICA AND I WILL BE WORKING THERE WHEN I COMPLETE MY TRAINING. I AM GOING TO DO A RESIDENCY IN PRIMARY CARE (FIRST CHOICE) OR INTERNAL MEDICINE (SECOND CHOICE) AND WILL SPECIALIZE IN INFECTIOUS DISEASES AND WILL BECOME COMPETENT ALSO WITH OCCUPATIONAL AND PROTEIN-CALORIC DEFICIENCY ASSOCIATED DISORDERS.

List names and addresses of three to five faculty in clinical and preclinical department, preceptors, including the Chairman of your department for the specialty to which you are applying. These physicians should be familiar with you and your work. You are required and expected to solicit these letters yourself. Letters should be addressed to the Chairman of the Department.

- | | | |
|----|--|----------------|
| 1. | <u>J.G. TILLES M.D. CHAIRMAN DEPT. OF MEDICINE , BLDG 53 UCI-MED.CTR. 101 CITY DR. SO. 92668</u> | ORANGE CA |
| | Name | Address |
| 2. | <u>B. FELSHER M.D. DEPT. OF MEDICINE , HEPATOLOGY, LONG BEACH VETERANS ADMINISTRATION HOSP.</u> | LONG BEACH CA. |
| | Name | Address |
| 3. | <u>T. CESARRO M.D. DEPT OF MEDICINE , BLDG 53 UCI-MED. CTR 101 CITY DR. SO. ORANGE CA 92668</u> | |
| | Name | Address |
| 4. | _____ | _____ |
| | Name | Address |
| 5. | _____ | _____ |
| | Name | Address |

BEFORE YOUR APPLICATION CAN BE CONSIDERED YOU WILL NEED TO REQUEST A LETTER FROM THE DEAN OF YOUR MEDICAL SCHOOL, INCLUDING YOUR CLASS STANDING, IF KNOWN.

Applicants are invited, if they desire, to indicate membership in their minority group _____

10-20-76

Date

Lawrence E. Schacht

Signature of Applicant

ATTACH RECENT PHOTOGRAPH

HERE

Return completed application to:

Chairman of Department to which you are applying
University of California San Francisco
San Francisco, California 94143

NOTE: If you are applying to more than one department you will need to complete a separate application for each department.

e-t

Publications:

Describe career goals or professional plans for the future (continue on other side of page if necessary).

MY ULTIMATE GOAL IS TO SERVE AS A MISSIONARY DOCTOR. THE PEOPLE'S TEMPLE CHRISTIAN CHURCH HAS A RAPIDLY DEVELOPING AGRICULTURAL AND MEDICAL MISSIONARY PROJECT IN SOUTH AMERICA AND I WILL BE WORKING THERE WHEN I COMPLETE MY TRAINING. I AM GOING TO DO A RESIDENCY IN PRIMARY CARE (FIRST CHOICE) OR INTERNAL MEDICINE (SECOND CHOICE) AND WILL SPECIALIZE IN INFECTIOUS DISEASES AND WILL BECOME COMPETENT ALSO WITH OCCUPATIONAL AND PROTEIN-CALORIC DEFICIENCY ASSOCIATED DISORDERS.

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| | Name | Address |
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| | Name | Address |
| 4. | _____ | _____ |
| | Name | Address |
| 5. | _____ | _____ |
| | Name | Address |

BEFORE YOUR APPLICATION CAN BE CONSIDERED YOU WILL NEED TO REQUEST A LETTER FROM THE DEAN OF YOUR MEDICAL SCHOOL, INCLUDING YOUR CLASS STANDING, IF KNOWN.

Applicants are invited, if they desire, to indicate membership in their minority group _____

10-20-76

Date

Lawrence E. Schacht

Signature of Applicant

ATTACH RECENT PHOTOGRAPH

HERE

Return completed application to:
Chairman of Department to which you are applying
University of California San Francisco
San Francisco, California 94143

NOTE: If you are applying to more than one department you will need to complete a separate application for each department.

ANSWER ITEMS 26 THROUGH 36 BY PLACING AN "X" IN THE PROPER COLUMN		Yes	No
26. Are you a citizen of the United States?..... If "No," give country of which you are a citizen:		X	
<i>Before answering these questions read items 27 and 28 in the attached instructions.</i>			
27. Are you now a member of the Communist Party, U. S. A., or any subdivision of the Communist Party, U. S. A.?			X
28. (a) Are you now, or within the last ten years have you been, a member of any organization or group of persons, including but not limited to the Communist Party, U. S. A., or any subdivision of the Communist Party, U. S. A., which during the period of your membership you knew was advocating or teaching that the government of the United States or any political subdivision thereof should be overthrown or overturned by force, violence, or any unlawful means?		X	
28. (b) If your answer to (a) is in the affirmative, did you, during the period of such membership, have the specific intent to further the aims of such organization or group of persons to overthrow or overturn the government of the United States or any state or any political subdivision thereof by force, violence, or any unlawful means?			X
29. If your answer to 27 or 28 (a) above is in the affirmative state the names of such organizations and the dates of your membership in each in item 37.			
30. Within the last five years have you been fired from any job for any reason?.....			X
31. Within the last five years have you quit a job after being notified that you would be fired?..... <i>If your answer to 30 or 31 above is "Yes," give details in Item 37. Show the name and address (including ZIP Code) of employer, approximate date, and reasons in each case. This information should agree with your answers in Item 30, EXPERIENCE.</i>			X
32. Have you ever been convicted of an offense against the law or forfeited collateral, or are you now under charges for any offense against the law? (You may omit: (1) traffic violations for which you paid a fine of \$50.00 or less; and (2) any offense committed before your 21st birthday which was finally adjudicated in a juvenile court or under a Youth Offender law.).....		X	
33. While in the military service were you ever convicted by general court-martial?..... <i>If your answer to 32 or 33 is "Yes," give details in Item 37. Show for each offense: (1) date; (2) charge; (3) place; (4) court; and (5) action taken.</i>		N/A	
34. Does the United States Government employ in a civilian capacity or as a member of the Armed Forces any relative of yours (by blood or marriage)? (See Items 34 and 35 in the attached instruction sheet.).....			X
35. Do you live with, or within the past 12 months have you lived with, any of these relatives who are employed in a civilian capacity?..... <i>If your answer to 34 is "Yes," give in Item 37 for such relative: (1) full name; (2) present address (including ZIP Code); (3) relationship; (4) department, agency, or branch of the Armed Forces. If your answer to 35 is "Yes," also give the kind of appointment held by the relative (1) you live with or have lived with within the past 12 months.</i>			X
36. Do you receive or do you have a pending application for retirement or retainer pay, pension, or other compensation based upon military, Federal, civilian, or District of Columbia Government service?..... <i>If your answer is "Yes," give details in Item 37.</i>			X

Your Statement cannot be processed until you have answered all questions, including Items 26 through 36 above. Be sure you have placed an "X" in the left of EVERY marker (☐) above, either in the "Yes" or the "No" column.

37. Space for detailed answers. Indicate item number to which answers apply.

Item No.	Answers
	N/A

If more space is required, use full sheets of paper approximately the same size as this page. Write on EACH sheet your name, birth date, and announcement or position title. Attach all sheets to this Statement at the top of Page 3.

ATTENTION — THIS STATEMENT MUST BE SIGNED		
Read the following paragraph carefully before signing this Statement		
<p>A false answer to any question in this Statement may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your Statement and is subject to investigation. A false answer to Items 27 or 28 could deprive you of your right to re-employment when you reach retirement age in addition to the penalties described above.</p>		
<p>CERTIFICATION</p> <p>I CERTIFY that all of the statements made in this Statement are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.</p>	<p>SIGNATURE (Sign in ink)</p> <p style="font-size: 1.2em;">Lawrence E. Schacht</p>	<p>DATE SIGNED</p> <p style="font-size: 1.2em;">Sept 17, 1976</p>

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INTERNSHIP (PG1) (Please indicate 1st and 2nd choices) 1st <u>FLEXIBLE (R-9)</u> CATEGORICAL: 2nd <u>Medicine</u> <u>Surgery</u>	RESIDENCY Residency applying for PG2 <u> </u> PG3 <u> </u> PG4 <u> </u> PG5 <u> </u>
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TO BE COMPLETED BY ALL APPLICANTS (Please print or type):

Personal	Name <u>SCHACHT, LAURENCE EUGENE</u> Birth Date <u>10-2-48</u> (Last, First, Middle)
	Social Security Number <u>460-82-3698</u>
	Address: Present <u>318 E. PINE ST. SANTA ANA, CALIFORNIA 92701</u> Phone <u>(714) 836-9489</u> Number Street City State/Zip Code
	Permanent <u>101 CITY DR. SOUTH, ORANGE CA 9266</u> <u>MED. STUDENT AFFAIRS, RM. 103 BLDG 53, UCI MED CTR.</u> Phone <u>(714) 634-5176</u> Number Street City State, Zip Code
Military Status	If not a U.S. citizen, do you have legal right to remain and work in the U.S.? <u> </u> permanent temporary
	List health problems which might interfere with your performing assigned duties <u>NONE</u>
	If you have active, reserve or National Guard status, when do you expect to be called? <u>NOT APPLICABLE - DO NOT EXPECT TO BE CALLED.</u>
Education	Do you receive V. A. benefits? <u>NO</u>
	Premedical Education <u>SANTA ROSA JR. COLLEGE</u> Graduation Date <u>1972</u> Degree <u>B. A.A.</u> <u>UC BERKELEY</u> Degree <u> </u>
	Advanced Work <u> </u> Degree <u> </u> Year <u> </u>
	Medical School <u>UCI-CALIFORNIA COLLEGE OF MEDICINE</u> Degree <u>M.D.</u> Year <u>1977</u> Name Address
	Name of Dean <u>STANLEY VAN DEN NOORT M.D.</u>
	Hospital, Research and Practical Experience <u>ASSISTED COORDINATION OF LARGE SCALE AGRICULTURAL AND MEDICAL MISSIONARY PROJECT IN SOUTH AMERICA.</u>
Other	Memberships in Scientific or Professional Organizations <u> </u>
	Papers Written <u>NOT APPLICABLE</u>
	Do you plan to specialize? <u>YES</u> What specialty? <u>INTERNAL MEDICINE (TROPICAL I.D.)</u>
	Reason for applying at SMH & MC <u>YOUR FLEXIBLE TRAINING PROGRAM IS MOST APPROPRIATE TO MY GOALS.</u> Are you applying through NIRMP? <u>YES</u>

BB-30-f-1

REFERENCES (Names and addresses of three: one medical school instructor, director of interns if applicable, and one of your choice):

J. G. TILLES MD, CHAIRMAN DEPT OF MEDICINE UCI, BLDG 53, UCI-MED. CTR. 101 CITY DRIVE SO.
ORANGE, CALIF. 92668

DR. CARLTON B. GOODLETT MD, 1360 TURK STREET, SAN FRANCISCO 94115

TIMOTHY O. STOEN ATTORNEY AT LAW, P.O. BOX 933 SAN FRANCISCO CALIFORNIA

TO BE COMPLETED BY RESIDENT APPLICANTS:

Internship

Name of Hospital _____ Address _____

Type _____ From _____ To _____

Chief of Service _____

States in which licensed and date _____ California _____ License No. _____

License No. _____

License No. _____

National Board Exam _____ Narcotics License No. _____

Date and Results _____

TO BE COMPLETED BY FOREIGN GRADUATES, INTERN AND RESIDENT APPLICANTS
(Supply supporting documents):

Do you possess a valid license in the country from which you graduated? _____

E.C.F.M.G. Certificate No. _____ Year Issued _____

Are you eligible to undertake an Internship or Residency in the State of California? _____

California State Board Exam-FLEX (Intern and Resident Applicants) _____

Date and Results _____

California License No. (Resident applicants) _____

ADDITIONAL COMMENTS:

10-20-76

Date

Signed

Lawrence E. Schaecht

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Examinations (i.e., ECFMG, National Boards, FLEX, State Boards — list dates passed, and if applicable, list State; submit copy of ECFMG certification with application.)

NATIONAL BOARDS PART I PASSED OVERALL SCORE 600.

Academic Honors _____

Past Military Experience (indicate dates of service, branch and rank) _____

Current Military Status _____

HEALTH STATEMENT

Current State of Health VERY GOOD

List any major illnesses, past or present:

Illness APPENDICITIS Dates 1965
INFECTIOUS HEPATITIS 1968

REFERENCES

No applicant will be considered for Graduate Training at Mount Zion Hospital and Medical Center without a completed application on file. This consists of:

- 1) Dean's Letter;
- 2) ONE letter of recommendation from an Instructor or a Clerkship Supervisor;

A transcript, from your Medical School, will be accepted, but it is not required. As we require only one informative reference letter, please restrict the number of letters sent to Mount Zion.

ADDITIONAL INFORMATION

Please use a separate sheet to provide us with any information you would like to add to your application.

Signature of Applicant _____ Date Submitted 10-20-76

INSTRUCTIONS

- I. Deadlines
- Completed Application Deadline **DECEMBER 16, 1976**
Interview Deadline **DECEMBER 16, 1976**
- Early deadline dates enable us to adequately evaluate all applicants. Neither applicants nor reference letters will be accepted after the deadline date of December 17th; nor will interviews be scheduled.
- II. Application Form
- Complete the application form in duplicate, and forward one copy to your Dean's Office.
 - Please type or print clearly.
 - Be sure to indicate the Graduate Training Program to which you are applying. If you are applying to more than one program, be sure to indicate 1st choice, 2nd choice, etc.
 - Mail the application to:
Medical Staff and Education Office
Department "M"
Mount Zion Hospital and Medical Center,
P.O. Box 7921
San Francisco, California 94120
- III. Interviews
- Interviews will not be scheduled until the completed application form has been received by the Medical Staff and Education Office. In addition to this, some Departments may require that a reference letter be on file prior to the interview. Interviews are scheduled in the mornings, and are conducted on most week days. For more specific information, please communicate with the Medical Staff and Education Office. We would appreciate a few days advance notice of your arrival in San Francisco, as interviews are difficult to arrange at the last minute.
- IV. Beginning Date
- The beginning date for all first year Graduate Training Programs is **JUNE 24, 1977.**

HOSPITAL SELECTION FORM

NAMES AND ADDRESSES OF HOSPITALS WHERE COPIES OF DEAN'S LETTER ARE TO BE SENT. INDICATE DEPARTMENT OR PERSON (PLEASE PRINT LEGIBLY)	DATA TO BE SENT TO HOSPITALS				
	Transcripts		Class Ranking		
	Yes	No	Check data desired for each hospital.		
NADINE FOREMAN, MD. DIRECTOR OF CLINICAL SERVICES + MEDICAL EDUCATION HIGHLAND GENERAL HOSPITAL, RM 4213 1411 E. 31 ST . ST. OAKLAND, CALIFORNIA 94602	X		Cumulative Yearly	19/64	1 2 3
HARRY WEINSTEIN, MD, DIRECTOR of MEDICAL EDUCATION. MEDICAL STAFF + EDUCATION OFFICE. DEPT. "M". 11. Zion HOSPITAL + MEDICAL CENTER P.O. Box 7921 SAN FRANCISCO, Calif. 94120	X		Cumulative Yearly	19/64	1 2 3
CHAIRMAN HOUSESTAFF COMMITTEE SAN FRANCISCO GENERAL HOSPITAL 1001 POTRERO AVENUE ROOM 2A21 SAN FRANCISCO, Calif. 94110	X		Cumulative Yearly	19/64	1 2 3
DEPARTMENT of MEDICAL EDUCATION SAINT MARY'S HOSPITAL + TRAINING CENTER 450 STANYAN STREET SAN FRANCISCO, California 94117	X		Cumulative Yearly	19/64	1 2 3
Harold I. Griffeath, M.D. chairman, Dept. of MEDICINE. CHILDREN'S HOSPITAL of San Francisco P.O. Box 3805 San Francisco, California 94119	X		Cumulative Yearly	19/64	1 2 3
TRACY E. STREVEY, JR. M.D., ASSISTANT DIRECTOR of MEDICAL EDUCATION GORGAS HOSPITAL Box #0, BALBOA HEIGHTS CANAL ZONE CENTRAL AMERICA	X		Cumulative Yearly	19/64	1 2 3
CHAIRMAN of THE DEPT. of MEDICAL EDUCATION POSTGRADUATE TRAINING UNIVERSITY of THE WEST INDIES MONA 7 KINGSTON, JAMAICA	X		Cumulative Yearly	19/64	1 2 3

HOSPITAL SELECTION FORM

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NAMES AND ADDRESSES OF HOSPITALS WHERE COPIES OF DEAN'S LETTER ARE TO BE SENT. INDICATE DEPARTMENT OR PERSON (PLEASE PRINT LEGIBLY)	DATA TO BE SENT TO HOSPITALS				
	Transcripts		Class Ranking		
	Yes	No	Check data desired for each hospital.		
NADINE FOREMAN			Cumulative Yearly		1 2 3
DIRECTOR of MEDICAL EDUCATION CORNWALL HOSPITAL MONTEGO BAY, JAMAICA	X	6/4	Cumulative Yearly	19/64	1 2 3