

APPLICATION FOR RECIPROCAL ENDORSEMENT

BY THE

Texas State Board of Medical Examiners

License Certificate No. 1298 having been issued to me by the Board of Medical Examiners for the State of D.C. on the 20th day of July, 1923. I hereby apply for license to practice Medicine and Surgery in the State of Texas, and submit the following statement of facts concerning my pre-medical and my medical education and training.

1. My name in full is: J. Holmes Akle Patten
(First, middle and last name must be given).
2. My present postoffice address is: Washington Hospital, State of Washington D.C.
3. I was born at: Huntville Tex on the 30th day of December, 1900
4. I intend to locate at: Weslaker, Tex, in Haris County
5. **PRE-MEDICAL EDUCATION.** (Give name and location of the high schools and the colleges or universities attended, and say whether you graduated, or received a degree.)

HIGH SCHOOLS OR ACADEMIES. Received High School education as follows: Houston
High Schools (Colored)

6. **COLLEGE OR UNIVERSITY.** I received credit for college work as follows: June 3, 1917
I graduated from Houston (Colored) High School on June 3, 1917
Howard University Wash
ington D.C. 1917-18 - 1918-19

I received the Degree, — from — on —, 19—

7. MEDICAL EDUCATION AND TRAINING.

Year	From	To	In	College
First Year	Oct	1919	June	Howard M. Medical College
Second Year	"	1920	"	"
Third Year	"	1921	22	"
Fourth Year	"	1922	23	"

8. THE DEGREE. Doctor of Medicine, was conferred on me by the Howard
University

9. INTERNSHIP. I served as Intern in Washington Medical College on the June day of 1923
U.C. From July 1, 1923 To July 1, 1924
Hospital at Washington

10. I have taken Post-graduate Courses as follows:

11. Supplementary Remarks:

NOTICE.—Applications for reciprocal endorsement shall not be considered by the Board in executive session until they are complete in every part, including the Oath and the attachment of a certified, recent, photograph of the applicant, the fee, \$50.00, has been paid (only certified checks, postoffice or express money orders shall be accepted in lieu of cash), and the applicant's medical diploma or a photograph of it has been received, for inspection.

The applicants record must be certified by the State Board that granted the License which the Texas Board is asked to endorse, and his or her identity must be established by the officers of a medical society or by at least two reputable physicians, preferably members of a medical organization, who shall recommend the applicant as being worthy of the confidence of this board. *Diplomas and credentials should be sent by express, prepaid, or by registered mail. Unless otherwise requested and provided for, all returns shall be made by express, charges to be paid by the consignee.

A.P. Please return by registered mail. Stamps enclosed

12. CERTIFIED COPY OF LICENSE ON WHICH APPLICATION IS BASED.
 (A true copy of the page of the State License, the endorsement of which is requested, must be entered in the space below.)
 License No. 1298 541163

THE BOARD OF MEDICAL SUPERVISORS

of the District of Columbia
 To all to whom these Presents shall come, Greeting:
 Whereas THELMA ABBIE PATTEN has submitted to this Board satisfactory evidence of fitness as to age, character, and medical education, and has successfully passed an examination in the various branches of Medicine and Surgery before the

BOARD OF MEDICAL EXAMINERS
 as required by law, she is hereby, in accordance with the provisions of the Act of Congress entitled "An Act to regulate the practice of Medicine and Surgery, to license Physicians and Surgeons, and to punish persons violating the provisions thereof in the District of Columbia," approved June 3, 1896, licensed to Practice Medicine and Surgery in this District.

In Witness Whereof, we have caused the names of the President and Secretary of this Board, and of the President of the Board of Medical Examiners, to be subscribed, and the Seal of the District of Columbia to be affixed hereto,
 at Washington, this 20th day of July A.D. 1923.

G. C. BIRDSALL, M.D., President
 EDGAR P. COPELAND, M.D., Secretary
 (Seal)

EDGAR P. COPELAND, M.D., President,
 Board of Medical Examiners.

Recorded of the 6th day of August, 1923.
 (SEAL and SIGNATURES.)

CERTIFICATE OF STATE BOARD

(To be filled by the Secretary of the State Board that issued the License of which the foregoing is a copy.)

I, Edgar P. Copeland M.D. of Washington State, do hereby certify that the foregoing transcript of License is a true copy of License Certificate No. 1298 issued to Dr. William

Wille Patton of Washington State of DC by the State of District of Columbia on the 20th day of July, 1923 on qualifications as follows: written and oral examination

(If applicant qualified by examination, say whether written, oral or practical.)
 and Diploma from Howard University Medical College

14. I further certify that Dr. William Wille Patton Give name of the college that graduated applicant.)

was examined by the Board of Medical Examiners for the State of District of Columbia and made a general average of 77.6% percent, as shown by the grades given in the following list of subjects of the examination:
 Anatomy 89 Forestry Medical Jurisprudence and Medicine
 Chemistry 77 Gynecology 77 Histology 89
 Bacteriology 77 Jurisprudence and Praxis of the eye and ear Physiology

Thelma Maden Stephens 64, Practitioner of Medicine 715
Subscribed and sworn to Edgar P. Copeland
When we are Secretary
March 1924 State Board of Medical Examiners of DC

15. RECOMMENDATION
 I hereby certify that in so far as this Board has knowledge of the personal conduct or professional reputation, Dr. Thelma Maden Stephens of DC is worthy of endorsement for license by the Texas State Board of Medical Examiners. The Secretary of the State hereby agrees to reciprocate the action of the Texas State Board of Medical Examiners, provided applicants from Texas are eligible for license in the State of DC.

Signed: Edgar P. Copeland Secretary
Smelton H. Copeland Secretary

16. CERTIFICATE OF PROFESSIONAL ABILITY, MORAL CHARACTER AND ETHICAL PRACTICE.

(This to be given by the officers of a medical society, when possible, or by at least two reputable physicians, preferably members of a medical organization.)

We do certify that we have known Dr. William A. Patten of his for five years; that he is a member in good standing of the _____

Medical Society; that he is a capable physician, and an ethical practitioner whose moral character is above reproach. He is not addicted to intoxicants or narcotics.

We further certify that Dr. William A. Patten has been a reputable practitioner of medicine for over years; that he has never been engaged in an itinerant or advertising practice, and that the following is a correct description of him.

17. IDENTIFICATION.

Age 75 Height 5'5" Weight 148 Complexion Brown Color of _____
 Hair Black Color of Eyes Brown Other identification marks or peculiarities _____

We further certify that to the best of our knowledge and belief Dr. _____ is a fit and proper person for endorsement for License by the Texas State Board of Medical Examiners.

Signed Edmond W. McAllister Medical Society
Thomas W. E.
 Signed Calvin M. Mankin Member of M.S.
Dr. P. H. P. P. Medical Society
 Subscribed and sworn to before me this 2d day of April 1924
 (SEAL) A. D. Kennedy Notary Public.

The applicant must answer the following questions:

18. 1. Has your application for examination or for license been rejected by any State Board? No If yes, by what board and for what reason? _____

2. Have you failed in examination before any State Board? No If you have, name the Board and give date of the examination. _____

3. Has any State Board suspended or revoked a License it had granted to you? No If yes, name the Board, and say why such action was taken. _____

4. Do you intend to become a resident of Texas? Yes 5. Are you now or have you ever been directly or indirectly associated with an advertising physician or an advertising medical office? No If you have, state when and where. _____

8. Have you ever been charged with or convicted of a crime of the grade of felony or of a State or Federal medical law? No If you have, give particulars. _____

19. APPLICANT'S OATH.

STATE OF Mississippi of Columbia
 County of Waltham
William A. Patten hereby certify under oath that I am the person named in this

application for license to practice medicine and surgery in the State of Texas; that all statements I have made therein are true; that I am the person named in the medical Diploma—~~photographic reproduction of a medical Diploma~~ (Scratch one or the other clause, in order to make affidavit, in that which is to be sent) submitted herewith, as a credential, and that I am the original and the lawful possessor of said diploma; that the photograph attached to this application is a true resemblance of me and that it was made within the last sixty days; that, in consideration of the issuance to me of a license to practice medicine and surgery in the State of Texas, I hereby pledge that I shall abstain from deceptive, or fraudulent methods of practice and from immoral, unprofessional and unethical conduct, and I hereby agree that violation of this pledge shall constitute cause sufficient for the revocation of the said license and the withdrawal of the rights and the privileges that accrued to me thereunder.

Signed William A. Patten
 day of April 1924

Notary Public in and for Mississippi of Columbia
William A. Patten
 (Notary's Seal)

Faded

TEXAS STATE BOARD OF MEDICAL EXAMINERS

SECRETARY'S FILING RECORD

(Do not write in spaces below)

Patten Helma Adele
(Full Name of Applicant)

Freedmen's Hospital
(Present Address of Applicant)

Washington D.C.
Huntsville, Texas
(Texas Address of Applicant.)

APPLICATION FOR ENDORSEMENT OF

License No. *1298*, Issued By _____

The State of *District Columbia*

On the *20* day of *July*, 19*23*

On Diploma From *Howard University*

Dated *June*, 19*23*

Application Rec'd *April 5, 1924*

Diploma Received *April 5, 1924*

Fee Paid *PO Enclosed 10/24*

Texas License No. *A 01651*

Issued on *May 24*, 19*24*

Forwarded by _____ on _____ 19____

Diploma Ret'd by _____ on _____ 19____

Recorded on _____ 19____

By _____ Secretary

O.K. Morgan 5/12/24

O.K. Morgan 5/19/24

O.K. Bailey 5/20/24

An unmounted, certified, recent photograph of the applicant must be pasted on this face of the folded application.

If License is granted to me, send it to _____
 by express, in care of _____

REGULATIONS GOVERNING RECIPROCITY.

Section VI of the Law governing the practice of medicine and surgery in Texas provides that "This board may at its discretion arrange for reciprocity in licensure with the authorities of other States and Territories having requirements equal to those established by this State."

Reciprocal endorsement is granted by this Board under the provisions of what are known as Rules No. 1 and No. 2, Rule No. 1 provides for the issuance of License through reciprocity, in the intervals between executive sessions of the Board, on unanimous approval by the members of the Reciprocity Committee of the application of an applicant who was examined and licensed by a State Board with which this Board has arranged for reciprocal endorsement. Under this rule, license may be issued any time, on the presentation of acceptable credentials. Rule No. 2 provides for worthy, elderly physicians, graduates of acceptable medical colleges, who have been engaged for a number of years in successful and reputable practice, but who are not examinees of a State Board. This is a discretionary provision and the acceptance or rejection of such applicants shall depend upon their personal and their professional merits. Applications subject to the provisions of Rule 2 shall be acted upon only in executive sessions of the Board, and license shall be granted only on approval of such applications by a majority of the members of the Board.

Applications for reciprocal endorsement, together with the fee, \$50.00, and the applicants medical diploma or a photograph thereof properly certified, should be sent to the office of the secretary of the Board, to whom all communications concerning licensure should be addressed.

Return postage should be sent with letters of inquiry.

Sessions of the Board for the examination of applicants for license are held twice each year—in the third or the fourth week of June and of November. Executive sessions may be called for by the President as often as the business in hand necessitates such action.