COMMISSION OF INQUIRY NO. 1 OF 2005
MEDICAL BOARD OF QUEENSLAND

This is the annexure marked **"MDG-14"** mentioned and referred to in the Statement of **MICHAEL STEVEN DEMY-GEROE** dated this 17th day of May 2005.

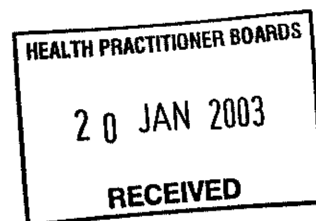
"MDG-14"

Form No. M1

APPLICATION FOR REGISTRATION AS A MEDICAL PRACTITIONER IN QUEENSLAND (GENERAL AND SPECIAL PURPOSE REGISTRATION)

Sections 42 and 139 Medical Practitioners Registration Act 2001

Medical Board of Queensland



Please read the Accompanying Guidelines before completing this form.

Complete Form and Return with Accompanying Documents to address below.

Mailing Address:
Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001

Enquiries:
Telephone: (07) 3234 0176
Facsimile: (07) 3225 2527
Monday to Friday 9.00 am – 4.00 pm
E-mail medical@healthregboards.qld.gov.au
Website www.medicalboard.qld.gov.au

Location:
19th Floor, Forestry House
160 Mary Street
BRISBANE QLD 4000

ABN: 35 789 351 327

NOTE:

YOUR APPLICATION CANNOT BE PROCESSED UNLESS YOU PROVIDE ALL THE REQUIRED DOCUMENTATION THE APPLICATION FEE AND THE REGISTRATION FEE.

APPLICATION DETAILS - Please Y Appropriate Box and Print Complete Information Requested as per Accompanying Guidelines. ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

TITLE: (circle preferred title) MR MRS MS MISS **(DR)** OTHER ________ (please specify)

FAMILY NAME PATEL **GIVEN NAMES** (in full) JAYANT

PREVIOUS NAME(S) (if applicable) ________

LANGUAGES SPOKEN (other than English) HINDI ; GUJARATI

Degree Of Fluency FUNCTIONAL ☐ NATIVE SPEAKING ☒

Date of Birth 10 APRIL 1950 **Place of Birth** JAMNAGAR **Country of Birth** INDIA **Gender** Male ☒ Female ☐

REGISTRATION/POSTAL ADDRESS (For inclusion in the public register) All Changes must be notified to the Board	PROFESSIONAL / BUSINESS ADDRESS (if different from Registration address)	RESIDENTIAL ADDRESS (if different from Registration address)
USA Postcode 97229 Is this your residential address? YES ☒ NO ☐ If "Yes" do you agree that it be available for inspection on the Register? YES ☐ NO ☐	Postcode ________	Postcode ________

CONTACT TELEPHONE NUMBERS: Day (503) 629-8129 **After Hours** ——> **Mobile** ________

EMAIL ADDRESS: ________

CATEGORY OF REGISTRATION APPLIED FOR:

GENERAL ☒

SPECIAL PURPOSE (see back page and state which Special Purpose) ☐ ________

QUALIFICATIONS ON WHICH APPLICATION IS BASED: (earliest qualification first)

Degree/Diploma/Certificate	University/College/Examining Body	Year Conferred
MBBS	Saurashtra University	11 March 73
MS (Gen Surgery)	Saurashtra University	20 March 76
Board Certification	American Board of Surgery	18 Oct 96

SUMMARY OF THE NATURE AND EXTENT OF EXPERIENCE SINCE QUALIFYING AS A MEDICAL PRACTITIONER (If insufficient space set out on separate page)

Practice Name/Employer	Address	Period of Practice
MILLARD FILLMORE HOSPITAL	GATES CIRCLE, BUFFALO, NY	1984 - 1989
Kaiser Permanente	Portland, Oregon	Oct 1989 - Sept 2002

REGISTRATION:

1. State/Territory/Country where first registered as a **medical practitioner** OREGON, USA and year 1989
2. Are you currently registered as a **medical practitioner** elsewhere? YES ☐ NO ☒

   If yes, give State/Territory/Country ______
3. Have you ever been registered as a **health practitioner** in another State or Territory of Australia, or another country? YES ☐ NO ☒

   If yes, give State/Territory/Country and indicate profession ______
4. Have you ever been registered as a **health practitioner** in Queensland? YES ☐ NO ☒ ______

   Profession and Year registered

FITNESS TO PRACTISE:

If you answer "Yes" to any of the following, please provide full details on a separate sheet.

1. Do you suffer from any ongoing medical condition, mental or physical, (including substance abuse or dependence) of which you are aware, and that you know or ought reasonably to know, adversely affects your ability to competently and safely practise medicine? **Yes** ☐ **No** ☒

2. Do you have a criminal history? (see accompanying information sheet for an explanation of 'criminal history'). **Yes** ☐ **No** ☒

3. Have you been registered under the *Medical Practitioners Registration Act 2001* or the *Medical Act 1939* (repealed),**or** have you been registered under a corresponding law applying, or that applied, in another State, or Territory, or a foreign country, **and** the registration was affected either by an undertaking, the imposition of a condition, suspension or cancellation, or in any other way? **Yes** ☐ **No** ☒

4. Has your registration as a **health practitioner** ever been cancelled or suspended or is your registration currently cancelled or suspended as a result of disciplinary action in any State or Territory or in another country? **Yes** ☐ **No** ☒

5. Have you ever been refused registration as a **health practitioner** in any Australian State or Territory, or in another country? **Yes** ☐ **No** ☒

6. Are you currently under investigation by any authority in any Australian State or Territory or in any other country? **Yes** ☐ **No** ☒

7. Do you have a reasonable command of the English language? **Yes** ☒ **No** ☐

IMPORTANT NOTES:

- Apart from question 7, if you answer "**Yes**" to any of the above questions you must attach a full explanation of the circumstances and detail any condition or current disciplinary or other orders to which you are subject.

- The term '**health practitioner**' includes any registered provider of services directed at maintaining, improving or restoring people's health and wellbeing.

- Please note that if you are granted registration, you must notify the Board of the following matters:
  - a change in your name
  - a change in your address (and email address)
  - for a special purpose registrant, a change in the way that you undertake the special activity for which you are registered
  - the withdrawal or cancellation of your qualification for registration
  - before carrying on a business providing professional services under a business name other than your own name, you must give the Board notice of the business name. If there is a change to the information in the notice, you must give the board notice of the change within 14 days
  - conviction for an indictable offence in Queensland or under a corresponding law (please use form MHPPS385A).
  - if you are party to proceedings in court claiming damages or compensation for alleged negligence by you in the practice of your profession and in which either a judgement has been delivered or in respect of which there has been a settlement of the proceedings or part of the proceedings (please use form MHPPS385B).
  - if you are registered under a corresponding law and your registration, licence or certification under that law is affected by disciplinary action or is otherwise cancelled, suspended or made subject to a condition or an undertaking (please use form MHPPS385C).

- The Board may enquire with relevant authorities regarding an applicant's criminal history.
- The Board will cooperate with authorities of other States, territories or countries in providing information on undertakings agreed to or conditions imposed on a registration.

ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR REGISTRATION AS A MEDICAL PRACTITIONER (if insufficient space set out on separate page)

REFEREES: Give name, address, occupation and telephone number of two persons practising in your profession who have known you for at least the past twelve months.

Name DR. PETER FELDMAN

Address 3628 BARNES ROAD

PORTLAND, OR 97227, USA

Occupation GEN. & VASCULAR SURGEON

Telephone 503-241-0534 Postcode 97227

Name DR. BHAWAR SINGH

Address 25326 MC DANIEL ROAD

PORTLAND, OREGON 97229

USA

Telephone 503-350-1230 Postcode 97229

I consent to the Medical Board of Queensland making enquiries of, and exchanging information with, the authorities of any Australian States or Territories or any other countries regarding my practice as a medical or health practitioner, or otherwise regarding matters relevant to this application.

I declare that the above statements are true and correct, that I am the person named in the attached documents and that I am the person in the attached photographs which bear my signature and are a recent likeness, and that all documents and supporting material lodged with this application are true and correct.

I also undertake to comply with all relevant legislation, codes of practice, and Medical Board of Queensland policies.

DR. JAYANT PATEL
Printed Name of Applicant

Jayant Patel
Signature of Applicant

TERRY FASSOLA
Printed Name of Witness

[signature]
Signature of Witness

Date: 6th day of JAN. 2003 200