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

This is the annexure marked "**MDG-45"** mentioned and referred to in the Statement of **MICHAEL STEVEN DEMY-GEROE** dated this 17th day of May 2005.

"MDG - 45"

The Medical Board of Queensland

MEDICAL & OTHER BOARDS
27 JUL 1992
RECEIVED

10th FLOOR,
15-23 ADELAIDE STREET,
G.P.O. BOX 2438
BRISBANE 4001
TELEPHONE 227 7111

IN REPLY PLEASE REFER TO RECORD
No. 923202 LA:BB

21 JUL 1992

Dear Dr Smith

The undermentioned Doctor has made application to register.

Full Name: KEITH MERVYN MUIR

Qualifications Claimed: MB CHB OTAGO 1969 CERT AM BD PSYCH & NEUROL

Documents presented:-

Primary Certificate	YES	NO	
Other Certificates	YES	NO	
Certificate of Good Standing from STATE OF NEW JERSEY	YES	NO	
Certified Photograph	YES	NO	
Evidence of Internship	XXX	NO	NOT REQUIRED

Would you please indicate suitability for registration by signing and dating below and returning this Certificate at your earliest convenience.

Yours faithfully,

K. Brino

REGISTRAR.

I have interviewed the abovementioned Doctor on 21-7-92.
and am satisfied that he/she:-

(a) has duly applied to the Board for registration;
(b) has complied with the provisions of the Medical Act 1939-1987;
(c) possesses such qualifications as would, upon proof thereof to the satisfaction of the Board, entitle him to be registered.

21-7-92
(Date)

MEDICAL & OTHER BOARDS
24 JUL 1992
RECEIVED

The Medical Board of Queensland

10th FLOOR,
15-23 ADELAIDE STREET,
G.P.O. BOX 2438
BRISBANE 4001
TELEPHONE 227 7111

IN REPLY PLEASE REFER TO RECORD
No. 923202 LA:BB

21 JUL 1992

Dear Dr Smith

The undermentioned Doctor has made application to register.

Full Name: KEITH MERVYN MUIR

Qualifications Claimed: MB CHB OTAGO 1969. CERT AM BD PSYCH & NEUROL

Documents presented:-

Primary Certificate	YES	NO	
Other Certificates	YES	NO	
Certificate of Good Standing from STATE OF NEW JERSEY	YES	NO	
Certified Photograph	YES	NO	
Evidence of Internship	XXX	NO	NOT REQUIRED

Would you please indicate suitability for registration by signing and dating below and returning this Certificate at your earliest convenience.

Yours faithfully,

K. Brand

REGISTRAR.

I have interviewed the abovementioned Doctor on 22-7-92 and am satisfied that he/she:-

(a) has duly applied to the Board for registration;
(b) has complied with the provisions of the Medical Act 1939-1987;
(c) possesses such qualifications as would, upon proof thereof to the satisfaction of the Board, entitle him to be registered.

21-7-92.
(Date)

923202 LA:BB

Dear Dr Muir

Reference is made to your application for registration as a Medical Practitioner in Queensland.

Documentation has been forwarded to Dr Smith, Medical Superintendent of Cairns Base Hospital, requesting that he conduct your pre-registration interview on behalf of the Board.

Please contact Dr Smith's office in order to arrange a suitable appointment time.

It is noted you hold the certificate in Psychiatry from the American Board of Psychiatry and Neurology which would enable you to apply for registration as a specialist in the field of Psychiatry in Queensland. If you should wish to apply for registration as a Medical Specialist in Queensland it will be necessary for you to:

- complete and return the enclosed application form.
- remit an additional $50

Upon receipt of the abovementioned requirements, your application for specialist registration would be considered at a meeting of the Board.

Please find enclosed your receipt numbered 627812 for the $150.00 remitted with your application.

Yours faithfully

REGISTRAR

L)

OFFICE OF THE REGISTRAR

MEDICAL AND OTHER PROFESSIONAL BOARDS

QUEENSLAND

GPO BOX 2438
BRISBANE QLD 4001
AUSTRALIA

FLOOR 10
15-23 ADELAIDE STREET
BRISBANE QLD 4000
AUSTRALIA

Telephone: (07) 2275777
(07) 2275699

FACSIMILE TRANSMISSION

Date: 21-7-92

To: Dr Smith - Medical Superintendent

Fax No: 070 311628

Attention:

From: Medical Board of Qld.

Fax No: 07 227 4940

Forwarded at request of:

Number of pages: 6 (including this page)

If you should not receive any part of this transmission, please contact this office immediately.

transmitted finally 4-45pm

923202 LA:BB

Dear Dr Smith

PRE-REGISTRATION INTERVIEW FOR DR KEITH MERVYN MUIR

Please find enclosed herewith interview documentation for Dr K Muir.

As Dr Muir has requested that his interview be held in Cairns, it would be appreciated if you would conduct the interview on behalf of the Board.

Dr Muir has been advised to contact your office in order to arrange a suitable appointment time.

Thank you for your assistance.

Yours faithfully

REGISTRAR

Dr Smith
Medical Superintendent
Cairns Base Hospital
CAIRNS QLD
4870

923202 LA:BB

Dear Dr Smith

The undermentioned Doctor has made application to register.

Full Name: KEITH MERVYN MUIR

Qualifications Claimed: MB CHB OTAGO 1969 CERT AM BD PSYCH & NEUROL

Documents presented:-

Primary Certificate	YES	~~NO~~ XX	
Other Certificates	YES	~~NO~~ XX	
Certificate of Good Standing from STATE OF NEW JERSEY	YES	~~NO~~ XX	
Certified Photograph	YES	~~NO~~ XX	
Evidence of Internship	~~YES~~ XXX	~~NO~~ XX	NOT REQUIRED

Would you please indicate suitability for registration by signing and dating below and returning this Certificate at your earliest convenience.

Yours faithfully,

REGISTRAR.

I have interviewed the abovementioned Doctor on _____ and am satisfied that he/she:-

(a) has duly applied to the Board for registration;
(b) has complied with the provisions of the Medical Act 1939-1987;
(c) possesses such qualifications as would, upon proof thereof to the satisfaction of the Board, entitle him to be registered.

_____

_____

(Date)

THE MEDICAL BOARD OF QUEENSLAND

CHECK LIST

Registration No. 923202

Receipt No. 62742

Receipt Date 20/07/92

Amount $150—

Receipted By [signature]

Black List Che

Name KEITH MERVYN MUIR

is eligible for PROV 19(2)

registration upon interview.

[signature]

CAIRNS

Registrar.

Date of Registration 21/7/92

Qualifications MB CHB OTAGO. 1969

CERT AM BD PSYCH & NEUROL

Category of Registration A8 (Put Computer Category)

Provisional Requirements _____

Signed By [signature]

(Clerk)

---

istration Letter Typed _____

rtising etc: Circulars _____

ment Form (for Section 19(2) only) _____

National Disaster Relief Letter (for Full registrants only)

TYPIST _____

MEDICAL ACT 1939-1988

APPLICATION FOR REGISTRATION — MEDICAL PRACTITIONER

20 JUL 89
RECEIVED

923202

I, KEITH MERVYN MUIR
(Full Name)

of .....

.....

A.

hereby apply to The Medical Board of Queensland to be registered as a medical practitioner pursuant to the provisions of the Medical Act 1939-1988.

I attach hereto the following:—

(a) Diplomas or other proof of qualification by virtue of which I claim to be registered;

Viz., MB ChB DEGREE (COPY) UNIVERSITY OF OTAGO 1969, BRITISH REGISTRATION, NEW YORK AND NEW JERSEY MEDICAL LICENSES, RESIDENCY CERTIFICATION, SPECIALTY BOARD CERTIFICATION and

(b) The prescribed registration fee;

(c) My answers to the Questionnaire received from The Medical Board of Queensland, which I have completed in all particulars; and

(d) Certificate/Certificates of Good Standing and Registration issued by the Countries or States or Territories of the Commonwealth in which I am currently registered.

.....
Applicant

THE MEDICAL BOARD OF QUEENSLAND

QUESTIONS TO BE ANSWERED BY APPLICANT FOR REGISTRATION
UNDER THE MEDICAL ACT 1939-1988

MORRISTOWN NJ USA Date JULY 12 1992
(Place)

1. Name in full KEITH MERUYN MUIR
2. Place of Birth METHVEN NEW ZEALAND
3. Date of Birth JULY 13th 1944
4. Present Address
5. Last fixed Address AS ABOVE
6. Are you a British Subject (a) Natural Born
   (Strike out whichever does not apply) (b) ~~Naturalised~~
   If not, what is your present nationality?
7. Are you a person of good fame and character? YES
8. Give the names and addresses of two (2) reputable persons to whom reference may be made as to your character (1) DR BRIAN MUIR
   (2) STEVEN E KATZ MD
9. State your medical degrees, diplomas, or qualifications and MB ChB
   State year and University, College or School of Medicine at which each was obtained UNIVERSITY OF OTAGO (NEW ZEALAND) 1969
10. Are you at present legally qualified to practice in the country in which your qualifications were granted? YES
11. Has the qualification upon which you rely for registration as a medical practitioner been withdrawn or cancelled by the University, College or other body by which it was conferred or by the General Medical Council of the United Kingdom? NO
    If so, state circumstances
12. Has your name been erased from the Register maintained by the General Medical Council of the United Kingdom or from the Register of any other body duly authorised to register medical practitioners? NO
    If so, state circumstances
13. Have you been convicted in Queensland of an indictable offence, or have you been convicted in any other part of Her Majesty's Dominions or elsewhere of an offence which would be indictable if committed in Queensland or in any other part of Her Majesty's Dominions or elsewhere of any other offence? NO
    If so state nature of offence and circumstances of its commission
14. Have you served as an Intern in a hospital or hospitals for a period of not less than twelve YES

State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS
28 WEST STATE STREET
TRENTON, NEW JERSEY 08608
609 - 292 - 4843

ROBERT J. DEL TUFO
ATTORNEY GENERAL

EMMA N. BYRNE
DIRECTOR

JULY 10, 1992

KEITH MUIR. M.D.

RE: KEITH MUIR, M.D.
LICENSE #38853
ISSUED: 4/1/81
EXPIRATION: 6/30/93

TO WHOM IT MAY CONCERN:

The New Jersey State Board of Medical Examiners has been requested by the above captioned to forward a letter of good standing regarding the physician's license to practice medicine and surgery in the State of New Jersey.

Please be advised that the records of this office reflect that the above captioned is licensed to practice medicine and surgery in the State of New Jersey and holds the above noted New Jersey medical license. This physician is currently registered in accordance with New Jersey State Law and his/her file reveals no derogatory information.

Very truly yours,

Charles A. Janousek
Executive Director

CAJ/iy

if outside Queensland, state particulars and attach certificate of such service from the hospital or hospitals setting out the work performed and whether the service was satisfactory .....

OR

15. Were you duly entitled to practice and did you so practise as a medical practitioner for at least three years in a State or country outside Queensland? .....

If so, state particulars .....

RESIDENT IN PSYCHIATRY 1971–1974
COLUMBIA PRESBYTERIAN MEDICAL CENTER / NY
STATE PSYCHIATRIC INST NY NY (CERT ENCLOSED)
NEW YORK STATE MEDICAL LICENSE 1974 → (COPY IN
NEW JERSEY STATE MEDICAL LICENSE
1981 → PRESENT

16. In what Countries or States or Territories of the Commonwealth are you currently registered?

UK, NEW ZEALAND

17. Is your authority to have dealings with dangerous and restricted drugs currently suspended or cancelled by any authority? If so, state details.

NO

DECLARATION

I, KEITH MERVYN MOIR

do solemnly and sincerely declare that the above statements are true and correct in every particular; that I am the person named in the aforesaid Degree — Diploma — Qualification and/or attached documents or letters, that I am the person of whom the attached photograph, bearing in the lower right hand corner in the front my usual signature and on the back a certificate of identity by MICHAEL GOLDIN MD. is a recent likeness; that I make this solemn declaration conscientiously believing the same to be true, and by virtue of the provisions of the Oaths Act 1967-1981:—

MADE AND DECLARED before

me at 17 Park Pl., Morristown, NJ

this 13th

day of July

19 92

Signature

A Justice of the Peace

BARBARA RAMSEY
NOTARY PUBLIC OF NEW JERSEY

GENERAL MEDICAL COUNCIL

44 HALLAM STREET, LONDON, W1N 6AE

MEDICAL ACTS 1956–1969

CERTIFICATE OF FULL REGISTRATION AS A MEDICAL PRACTITIONER

(PRINCIPAL LIST)

Registration No. 1516645 Date of Certificate: 7 Sep 1971

I HEREBY CERTIFY that the person named below has to-day been fully registered under the Medical Acts in the Principal List of the Register of Medical Practitioners:—

MUIR, Keith Mervyn	7 Sep 1971	C
MB ChB 1969 Otago		

The particulars shown above comprise the name, date of full registration, address, and qualifications of the practitioner to whom this certificate relates. If two dates are shown, the first date (distinguished by an asterisk) is that of *provisional* registration.

A letter E after the date of registration indicates that the practitioner was registered by the Registrar of the Branch Council for England and Wales. C or F indicates that the practitioner was registered as a Commonwealth or as a foreign practitioner, as the case may be.

REGISTRAR

OSC

NOTE

This certificate affords evidence of registration in the Principal List on the date stated. Evidence that the practitioner continues to be registered in the Principal List in subsequent years will be afforded by the inclusion of the practitioner's name as fully registered in the Medical Register which is published annually by the Council, and reference should thereafter be made to the CURRENT Medical Register for evidence of the continued registration of the practitioner in the Principal List.

KEITH M. MUIR, M.D.

Morristown, NJ 07960

Telephone: (201) 539-8186

July 13, 1992

Registrar
The Medical Board of Queensland
10th Floor
15-23 Adelaide Street
Brisbane 4001
Australia

Dear Sir or Madam:

I was speaking with a Ms. Karen Ablett at your office today with regard to making an appointment for a medical practitioner registration interview.

I am a New Zealand medical graduate and will be flying out to Australia to interview for a position as a psychiatrist in Cairns. I have been in communication with Dr. Jill Newland who is the Deputy Medical Superintendent of Cairns Base Hospital and will be interviewing with her, Dr. Wally Smith, the Chief Executive Officer of the Regional Health Authority, and others.

I was informed by Ms. Ablett that the Medical Board's interview could be conducted in Cairns by the Hospital Superintendent, thus making it unnecessary for me to make a special trip to Brisbane. I have enclosed the documentation which you requested for registration as a medical practitioner.

Sincerely,

Keith M. Muir, [redacted].

enclosure
KMM/lsp

UNIVERSITY OF OTAGO

WHEREAS THE UNIVERSITY OF OTAGO HAS BEEN EMPOWERED BY AN ORDINANCE OF THE PROVINCE OF OTAGO IN 1869 AND ACTS OF THE LEGISLATURE OF NEW ZEALAND TO CONFER DEGREES OF THE UNIVERSITY

THIS IS TO CERTIFY THAT

KEITH MERVYN MUIR

HAS BEEN ADMITTED BY THE UNIVERSITY TO THE DEGREES OF

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

REGISTRAR

CHANCELLOR

DUNEDIN, NEW ZEALAND

11 December 1969 No. 828

Certified true copy
Barbara Ramsey AUP
Medical Board, N.J.

BARBARA RAMSEY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires July 16, 1995

UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT

BE IT KNOWN THAT

KEITH M. MUIR

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

MEDICINE AND SURGERY

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
NUMBER 119599 UNDER ITS SEAL AT ALBANY, NEW YORK
THIS 22ND DAY OF MARCH 19 74

Citizenship Required By:
August 8, 1983

Jacob Whitmore Riddle, Ph.D., LL.D.
EXECUTIVE SECRETARY

Ewald B. Nyquist
PRESIDENT OF THE UNIVERSITY

The American Board of Psychiatry and Neurology

Incorporated 1934

This is to certify that

Keith M. Muir, M.D.

has satisfied the requirements of the Board

and is hereby certified as qualified to practice the specialty of

Psychiatry

January, 1979

Robert Nozzet — President

Marc H. Hollender — Vice-President

Lester N. Rudy — Executive Director

Richard M. Stewart — Secretary-Treasurer

THE AMERICAN BOARD OF PSYCHIATRY AND NEUROLOGY · INC 1934 · APA AMA AMA

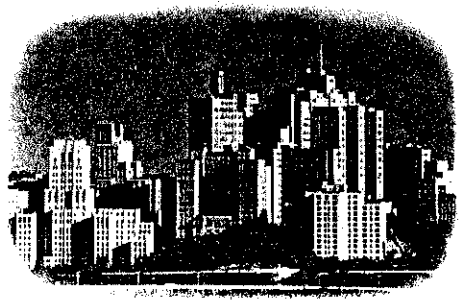
AMERICAN BOARD OF MEDICAL SPECIALTIES 1933 EXCELLENCE OPIBUSQUE

Certificate No 18811

Certified True Copy
Barbara Ramsey AVP
Chemical Bank, N.J.

BARBARA RAMSEY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires July 16, 1995

THE NEW YORK STATE PSYCHIATRIC INSTITUTE
AND
THE PRESBYTERIAN HOSPITAL
IN THE
CITY OF NEW YORK



THIS IS TO CERTIFY THAT

Keith Mervyn Muir, M.D.

has served as

Assistant Resident and Resident in Psychiatry

in the New York State Psychiatric Institute and in the Presbyterian Hospital in the City of New York, to the satisfaction of the authorities of both hospitals from July 1, 1971 to June 30, 1973, July 1, 1973 to June 30, 1974. Approximately one year was spent at Presbyterian Hospital and two years at Psychiatric Institute.

John R. Lippard
SECRETARY, BOARD OF TRUSTEES OF THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK

Augustus C. Long
PRESIDENT, BOARD OF TRUSTEES OF THE PRESBYTERIAN HOSPITAL IN THE CITY OF NEW YORK

Lawrence C. Kolb, M.D.
DIRECTOR OF PSYCHIATRIC SERVICES

Ann Hamilton M.D.
COMMISSIONER OF MENTAL HYGIENE, STATE OF NEW YORK

Certified True Copy
Barbara Ramsey, PAUP

BARBARA RAMSEY
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires July 16, 1995

The State Board of Medical Examiners of New Jersey

Certifies that

Keith Mervyn Muir, M.D.

has passed a satisfactory examination before this Board and is hereby licensed

To Practice Medicine and Surgery

in the State of New Jersey

No. 38853

Trenton, New Jersey

April 10th 1981

Edwin H. Albaum
President

Jordan D. Burke
Secretary