

and Chirurgical Faculty of Maryland, or of the Maryland State Homeopathic Medical Society, as the license may require every such license be in the following form :

“TO ALL WHOM IT MAY CONCERN, GREETING :

“Be it known that _____ on the _____ day of _____, A. D., having offered to us satisfactory proof that _____ was more than twenty-one years of age and had received a proper preliminary education ; that _____ had attended three full courses of medical instruction, the last course at _____ in _____ the years of _____, and had received from the _____ of _____ the degree of doctor of medicine ; we therefore give a written order for the examination of said _____ before one of the board of medical examiners of the State of Maryland ; that the said _____ was fully examined before our said board and found proficient and qualified to practice medicine and surgery by the examiners, whose signatures are hereto attached, we, therefore, have granted to said _____ this our license to practice medicine and surgery in the State of Maryland as a physician and surgeon, and have caused the names of the president and secretary of our board and said examiners to be subscribed, and the seal of our society to be affixed hereto, and have also caused this license to be recorded in book _____ of medical licenses, on page _____”

Form of license

Witness our hands and seal of our said society this _____ day of _____, A. D.

President.

Secretary.

Examiner.

{ L. S. }

“

“

“

“

48. Any person receiving a license from either of _____ said boards shall file the same, or a certified copy thereof with the clerk of the Circuit Court of the county or city in which he or she may practice, and it shall be the duty of said clerk to register the name of such person, and the president of the