



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183

January 31, 2011



PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Acting Director

For Delivery Services:
140 East Front St.
PO Box 183, 3rd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 826-7117 FAX

VIA REGULAR MAIL AND EMAIL (jrm26@att.net)

Martin M. Gevers c/o
James R. Murphy, Esq.
947 State Road
Suite 205
Princeton, NJ 08540

FILED

MARCH 31, 2011

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

RE: OFFER OF SETTLEMENT IN LIEU OF FORMAL ACTION

In the Matter of the Unlicensed Practice of Martin Gevers:

Dear Mr. Gevers,

The New Jersey State Board of Medical Examiners (Medical Board) and the New Jersey State Board of Psychological Examiners (Psychology Board) received information alleging you engaged in the unlicensed practice of medicine and psychology. More specifically, during your employment with Moorestown Visiting Nurses Association which began on or about October 22, 2007, you misrepresented yourself as a doctor of osteopathy, a psychiatrist, and a licensed clinical psychologist (See Attachments A-B). Furthermore, as part of your employment application, you presented an altered license to your employer. (See Attachments C-D).

Prior to commencing formal action, the Medical and Psychology Boards are offering you an opportunity to settle this matter. Please review the terms contained in this letter and if you agree, sign the attached "Acknowledgment and Agreement" and return it to my attention. This letter and the signed Acknowledgment and Agreement" will be considered the equivalent of an Order for both Boards and will be public information. Once signed, failure to comply with the terms of this agreement may result in further action and additional sanctions.

CERTIFIED TRUE COPY

By resolving this matter through signing the "Acknowledgment and Agreement", you will:

1. Admit that you engaged in the unlicensed practice of medicine and psychology in New Jersey and agree to immediately cease and desist from practicing medicine or otherwise holding yourself out as a doctor of osteopathic medicine and/or psychiatry, and/or as a psychologist in this State. This includes offering or performing any services defined as the practice of medicine in N.J.S.A. 45:9-18 and the practice of psychology in N.J.S.A. 45:14B-2, unless and until you hold a valid and active license issued by either the Medical Board or the Psychology Board.

2. Agree to pay a civil penalty of \$ 5,000.00 which shall be **stayed** for a period of five years. If no further violations are found during that period, the entire stayed penalty shall be completely rescinded and you will have no monetary penalty to pay to the Boards. You further agree that if during the period, you are found to have violated the terms of this agreement or any provision of N.J.S.A. 45:9-18 and/or N.J.S.A. 45:14B-2 or regulations promulgated under the statutes regulating the practices of medicine and psychology, the stayed penalty will become due. You acknowledge and understand the Medical Board and/or the Psychology Board may pursue additional sanctions, including enhanced penalties, costs, attorney's fees, and contempt based on any new violation.

3. Agree that should you make an application for licensure with either Board, you will appear before the Board you seek licensure from to discuss your activities prior to licensure, including any of the facts and circumstances underlying this Agreement. You further agree and understand that your acknowledgment of unlicensed practice could be considered by the Board, and that should your application for a license with either or both Boards be granted, the Boards specifically reserve the right to impose restrictions on your practice as may be necessary to ensure the public health, safety, and welfare.

If you agree to these terms, sign the "Acknowledgment and Agreement" and return it to William Roeder, Executive Director, New Jersey State Board of Medical Examiners, 140 East Front Street, Trenton, NJ 08608 the Medical Board office for filing. Once filed, a copy will be forwarded to you and your counsel, James Murphy, Esq.

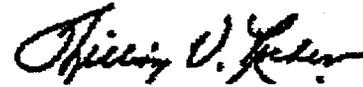
This settlement offer on behalf of the Medical Board and the Board of Psychological Examiners will remain open to you for fifteen (15) days from the date of this letter. In the event that no response is received from you within fifteen (15) of the date of this letter, both Boards will deem the offer rejected and the offer will be withdrawn.

As stated above, should either Board file a civil or administrative action, it may seek penalties in excess of those offered in settlement and may seek an order requiring you to reimburse certain monies and/or requiring you to pay costs and attorney's fees.

Should you or your counsel, Mr. Murphy, have any questions concerning this letter or the settlement offer, please have Mr. Murphy contact DAG Palan at (973) 648-3808.

Sincerely yours,

New Jersey State Board of Medical Examiners

A handwritten signature in cursive script, appearing to read "William V. Roeder".

By: _____
William Roeder, Executive Director
of the NJ State Medical Board

cc: Tobey Palan, DAG
Michael Walker, Ex. Dir. NJ Board
of Psychological Examiners

ACKNOWLEDGMENT AND AGREEMENT

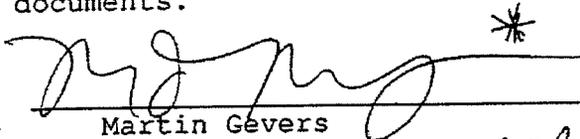
I, Martin Gevers, admit that I offered to engaged in the practice of medicine and psychology in New Jersey without having obtained either license to practice in this State as detailed in the letter of January 25, 2011.

I agree to cease and desist from offering to or engaging in the practice of medicine and/or providing medical services and/or psychological services unless and until I hold a valid and active license issued by the New Jersey Medical Board or New Jersey Board Psychological Examiners respectively.

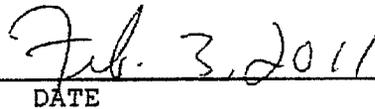
I agree to the assessment of a civil penalty of \$5,000.00 against me. I understand that the Board will **stay** collection of the entire penalty for a period of five (5) years. If during that five year period, I am found to have engaged in the unlicensed practice of medicine and/or psychology, I agree the stayed penalty is automatically activated and I shall immediately pay the entire penalty. I understand that either Board may seek and impose additional relief based on the subsequent violation. I understand that if at the end of the five year period, I have not violated this agreement or any law or regulation administered by both Boards, the entire civil penalty assessed by this agreement will be **vacated**.

I agree that if I offer to or engage in the practice of medicine and/or psychology without a valid license, I will be subject to additional sanctions, including injunctive relief, second offense penalties consistent with N.J.S.A. 45:1-25, attorney's fees, and costs.

I am aware that by signing this acknowledgment and agreement, I am certifying that I have read and understand the settlement proposal offered in the letter from the New Jersey State Board of Medical Examiners and the New Jersey State Board of Psychological Examiners dated January 25, 2011. I understand that by signing this document, I am waiving any rights I may have to defend myself against the charges of wrongdoing. I am also aware that the action taken against me by the Boards is a matter of public record, and that the letter and the "Acknowledgment and Agreement" are public documents.

*

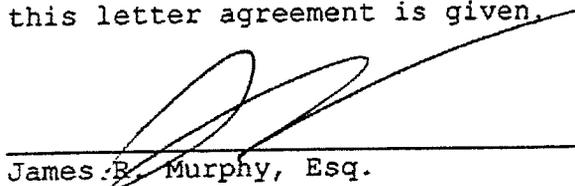
Martin Gevers



DATE

* MA degree is valid.

Consent as to the form of this letter agreement is given.



James B. Murphy, Esq.

DATE

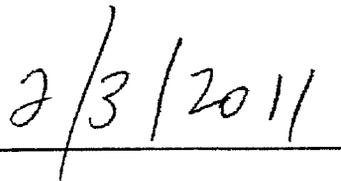


EXHIBIT A

Submitted by
Edward Bavel MD
for complaint

Dr. Martin M. Gevers D.O.
Psychiatrist
Forensic Assessments • Child and Adult Psychotherapy
Medication Management
Hours by Appointment
(609) 351-4773 P.O. Box 491
Pager (856) 253-0015 Rancocas, New Jersey 08073

6
381 ✓

EXHIBIT B

 THE COMMUNITY COUNSELING CENTER
OF MOORESTOWN VNA

Martin M. Gervasio Ph.D.

Diana Marie Rice
Clinical Psychologist
License # 032308

300 Harper Drive
Moorestown, NJ 08057
www.moorestownvna.org

(856) 380-1070 Ext. 2508
(877) 862-8001
Fax: (856) 552-1315
rice@moorestownvna.org

FILE # 10-6-415-2003
ATTACHMENT # 3
PAGE 2 OF 17 PAGES

burlington county library system

HOME My Account Ask us About BCLS Books, Movies & Music Events Locations Research & E-Learning Topics...

Calendar of Library Events

Wellness: A Perspective on Aging

Presented by The Community Counseling Center of Moorestown VNA

Is growing older simply a matter of pains, pills, and early bird specials or an opportunity to celebrate life?

This presentation, given by Clinical Psychologist Martin M. Gervers, Ph.D. of The Community Counseling Center of Moorestown VNA, will focus on the necessity of aging.

It will be an interactive discussion exploring the wide spectrum of the aging process.

For more information please visit www.moorestownvna.org

Location:

Date/time

Evesham Branch Library
Evesham Municipal Complex

*Sorry, no future classes
have been scheduled at this time.*

984 Tuckerton Rd.
Marlton, NJ 08053
856-983-1444

Contact Us | Site Index A-Z | Home

Burlington County Library System | 5 Pioneer Boulevard | Westampton, NJ 08060
Phone: (609) 267-9660 | Fax: (609) 267-4091

FILE #100415-08-5
ATTACHMENT # 1
PAGE 1 OF 10 PAGES

438

Sept 5, 2007
132 T ccy
200 Diana

(2C)

MARTIN GEVERS

P.O. Box 491 Rancocas New Jersey 08073 609-351-4773 . email: Martin1G@msn.com

SUMMARY OF QUALIFICATIONS

A diversified background in mental health services and clinical supervision; I have provided direct and supervisory clinical services to a wide range of populations including the chronically and pervasively mentally ill, Juvenile and Adult Prison Population, Traumatic Brain Injury, PM & R, MR/DD, Dually Diagnosed, School Assessments, IEP's, Special Needs Students, 504 Plans, Corporate EAP Services and Crisis Screening Center patients.

EXPERIENCE HIGHLIGHTS

Clinical and Supervisory

- As part of the multi-disciplinary child team, my case load is 53 special need students, my functions include conducting IEP's, status conferences, providing counseling and all levels of diagnostic testing.
- As Screening Manager/Supervisor, I was responsible for the clinical treatment, intervention, and discharge or commitment of patients utilizing a best practice model. I monitored clinical flow from the ER to the Crisis Unit. Our patient base was the community, school district and law enforcement.
- As PACT Administrator, I supervised a team of eleven employees including three nurses, psychiatrist, clinical specialist and ancillary PACT staff. At Crisis, I was responsible for the clinical supervision of 17 FTB as well as very strong networking with the Emergency Room personnel and the Community.
- I supervised the overall delivery of all PACT/Crisis Services including testing, therapy, crisis intervention, and treatment programming.
- Considered an Expert in the areas of de-escalation and acute agitation techniques and interventions.
- Developed a cohesive and clinically comprehensive PACT team which was the only PACT team within the State of New Jersey to receive an unconditional state licensure during its first review.
- Provided Crisis Outreach services within the Community of Camden which included a children's mobile response team to both home and schools.
- Networked with a wide range of ancillary providers including Physicians, Neurologists, DFYS, TBI Waiver Managers, DVR specialists and Child Study Teams/IEP Consults.
- As needed utilized a wide range of testing instruments to assess intelligence, behavior, affect and cognitive abilities.
- Prepared and delivered workshops and seminars in a broad spectrum of areas, including Clinical treatment of Brain Injured, Assessing Sex offenders, Violence in the Workplace and the development of Treatment goals and objectives for mentally ill patients.
- Performed over 3,000 forensic evaluations on various inmate populations at New Jersey Correctional facilities. Earned honored recognition from the State of New Jersey for the implementation of developing a uniformed automated testing system used by the State Parole Board.
- At Crozer my 30 work week was split between providing clinical therapeutic services to the PM & R (Pain Management & Rehabilitation) and the Department of Psychiatry Outpatient Services.

EMPLOYMENT HISTORY

Crozer-Chester Medical Center-Psychologist PM&R & Psychiatry (7-06-Present)
BCIT- School Psychologist (2005-2006)
SBCS- Cherry Hill, NJ-Crisis Manager/Kennedy Memorial Hospital (2003-05)
NewPoint Behavioral Health Care-PACT Division (2000-2003) PACT Administrator
Mentor NJ. -Moorestown NJ (1997-2000) Clinical Supervisor of the Traumatic Brain Injury
New Jersey Department of Corrections (1986-1997) Director of Psychological Services

File # 102641508571
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EDUCATION

St. Johns University, New York, -Ph.D Clinical Psychology-1988
California State University, Sacramento, CA. - MA Psychology-1984
St. John's University, New York, - B.S. Psychology (1982)

PROFESSIONAL CERTIFICATIONS

NJ-Department of Personnel Certification- Principal Clinical Psychologist I & II
NJ School Psychologist Certification
NJ-DMHS Screener Certificate.

References Available upon Request

FILE #10-6450857
ATTACHMENT # 2
PAGE 1 OF 155 PAGES

NAME: LAST GEVERS,	FIRST Martin	MIDDLE M.	COL. NO. 05 SOC. SEC. NO.
RELIGIOUS NAME (IF ANY)			
ADDRESS NUMBER 333 Evergreen Road	STREET	CITY Mount Laurel, N.J.	
STATE N.J.	ZIP CODE 08054	DATE GRADUATED	
HIGH SCHOOL AND LOCATION		DATE OF ADMISSION	
College Record, GRE Scores			

St. John's University

MANAICA, N.Y. 11438
QUEENS CAMPUS

STATE ISLAND, N.Y. 11201
STATEN ISLAND CAMPUS

01 St. John's College
02 School of Education
04 College of Bus. Admin.
06 College of Pharmacy & Allied Health Professions
08 Medical Technology
17 St. Vincent's College

04 College of Bus. Admin.
07 St. Vincent's College
08 Morehouse College

GRADING SYSTEM AS OF SEPT. 1971

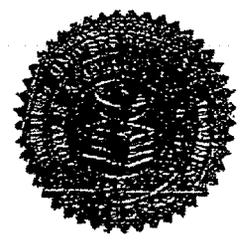
A - Excellent	D - Pass
B - Good	F - Fail
C - Fair	WD - Withdraw
NC - Not Classifiable	AD - Absent
IP - Incomplete	P - Pending
PP - Pass	X - Failure, No Penalty

DATE OF BIRTH 9-22-58	DATE ENTERED FALL 1984
DEGREE Ph.D.	MAJOR Clinical Psychology
DATE DEGREE CONFERRED 1-89	HONORS
GENERAL AVERAGE 3.95	RANK IN CLASS 3/12
STATUS	

COURSE	TERM AND TITLE	CR	GR	DP	COURSE	TERM AND TITLE	CR	GR	DP
M.A. Degree conferred California State University Sacramento 5-84 - Specialization Clinical Psychology	FALL TERM 1984			45	PSY 742 - ASSESSMENT AND INTERVENTION PRACTICUM II	FALL TERM 1986			
PSY 608 - STATISTICAL DESIGN IN RESEARCH		3	A	12.0	PSY 903 - CLINICAL PSYCHOLOGY INTERNSHIP		3	A	12.0
PSY 606 - PERCEPTION		3	A	12.0	PSY 950 - DOCTORAL RESEARCH		3		
PSY 616 - PRINCIPLE OF LEARNING		3	A	12.0		SPRING TERM 1987			
	SPRING TERM 1985				PSY 950 - DOCTORAL RESEARCH		3		
PSY 614 - MULTIVARIATE DESIGN AND ANALYSIS FOR PSYCHOLOGICAL RESEARCH		3	A	12.0	PSY 904 - CLINICAL PSYCHOLOGY INTERNSHIP II		3		
PSY 660 - ASSESSMENT I - INTELLIGENCE TESTING		3	A	12.0	PSY 900 - WRITTEN COMPREHENSIVE EXAMINATION ADVANCED TO PH.D. CANDIDACY		P		
PSY 607 - PERCEPTION II		3	A	12.0		FALL TERM 1987			
	FALL TERM 1985				PSY 950 - DOCTORAL RESEARCH				
PSY 609 - RESEARCH IN CLINICAL PSYCHOLOGY		4	A	15.0		FALL TERM 1988			
1. LECTURE					PSY 950 - DOCTORAL RESEARCH				
2. PRACTICUM					DISSERTATION SUBMITTED 4-88 - ORAL DEFENSE COMPLETED 5-88 - CLINICAL Ph.D. PROGRAM COMPLETED DEGREE AWARDED 1-89				
PSY 663 - ASSESSMENT II-PERSONALITY ASSESSMENT		3	A	12.0					
PSY 648 - PHYSIOLOGICAL PSYCHOLOGY		3	A	12.0					
PSY 658 - PROFESSIONAL ETHICAL ISSUES		3	A	12.0					
	SPRING 1986								
PSY 610 - RESEARCH IN CLINICAL PSYCHOLOGY II		3	A	12.0					
PSY 664 - ASSESSMENT III: RORSHACH		3	A	12.0					
PSY 659 - PSYCHOLOGY MEASUREMENT & SCALING		3	A	12.0					
PSY 741 - ASSESSMENT AND INTERVENTION PRACTICUM		3	A	12.0					
PSY 950 - DOCTORAL RESEARCH		3							

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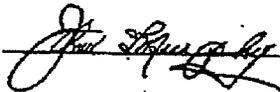
Saint John's University

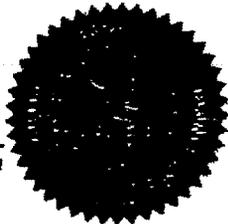
The Trustees of Saint John's University, New York
on the recommendation of the Faculty of
Graduate School of Arts & Science

have conferred upon
Martin M. Gevers

the degree of
Doctor of Philosophy in Clinical Psychology
together with all honors, rights and privileges pertaining thereto, in
recognition of the fulfillment of the requirements for this degree.
In Witness Whereof we have hereto subscribed our names and affixed
the Seal of the University, at New York in the State of New York this
twenty-first day of January, nineteen hundred and eighty-nine.

FILED
JAN 21 1989
ATTACHMENT # 2
FORM 110-1411-083


Secretary



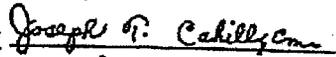
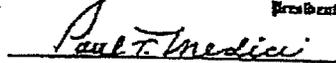

President

Dean

EXHIBIT C

THE BOARD OF

CANADIAN NATIONAL

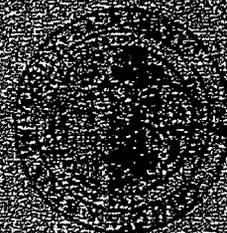
MARINA

in accordance with the provisions of the Act relating to the

MANAGER OF AN INSURANCE COMPANY

with all the other parties and persons concerned

Every document submitted to the Registrar shall be accompanied by



Handwritten signature

Handwritten initials

EXHIBIT D

MOORESTOWN VISITING NURSES & HOSPICE

300 Harper Dr. Moorestown, NJ 08057

Phone: (856) 552-1300 Fax: (856) 552-1307 E-mail: jobs@moorestownvna.org

Application for Employment

Date: 9/5/07

Name: GEVERS Martin M SS# [REDACTED]
(Last) (First) (Middle)

Address: [REDACTED] Place

City: [REDACTED] State: NJ Zip: [REDACTED]

Home Phone: [REDACTED] Work Phone: (610) 710-5692 Ext:

Referred By: Newspaper Patient Employee Referral Other
If referred by a relative or MVNA employee, please provide the name:

Position applying for: RN (Full-time) RN (Part-Time / PRN) LPN OT ST PT
 Certified HHA HHA Trainee Clerical Other:
Date Available to Start Work: / / Salary Expectations: \$ (per hr./wk./yr.)

Yes No
 Have you applied for employment at MVNA before? If so, when? / /
 Are you legally eligible for employment in this country?
 Have you ever been convicted of a crime? If so, request additional sheets to explain.
 Are you at least 18 years of age?

Please note that conviction of a crime may not automatically disqualify an applicant from employment.

For RNs, Per Diems, LPNs, PTs, OTs, STs, MSWs, Home Health Aides and Companions ONLY:

Yes No
 Are you a licensed driver? If so, in what state?
 Are your driving privileges suspended or revoked in any state?
 Do you have a car available on a daily basis?
 Do you have car insurance?
 Are you licensed in your profession by the State of New Jersey? If so, complete below:
Type of License: Psych License #: 559033 Exp. Date: / /
Any other licenses? Smelter License #: Exp. Date: / /

Education	Name & Location of School	Course of Study	# of years	Degree/Diploma
High School/GED	<u>See Above</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Yr. College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Yr. College	<u>See Above</u>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No

FILE # 10641508571
ATTACHMENT # 2
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Equal Opportunity Employer A/A
k:HR/forms/empapp.doc Rev. 02/09/05

Professional References

Provide three professional references who can speak to your current and/or prior performance at work. They can include supervisors, nurse managers, charge nurses, doctors, etc. They **SHOULD NOT** include friends, co-workers or relatives!

Name of Reference	Address	Business Relationship	Home Phone #	Work Phone #
Will email			()	()
			()	()
			()	()

MVNA is an equal opportunity employer. We obey all applicable federal, state and local laws governing recruitment and hiring.

Pre-Employment Disclosure Statement

Please read the following very carefully and sign to acknowledge that you understand and agree that you submit your application on these terms.

I understand and agree that

- The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews can be justification of refusal of employment, or, if employed, termination from MVNA.
- Any offer of employment I may receive from MVNA is contingent upon my successful completion of the Agency's total pre-employment screening process, including the Agency's receiving professional references that we deem satisfactory, and my satisfactory completion of any post offer, pre-employment medical examination that the Agency may require consistent with applicable law. I also agree, if employed, to submit to a medical examination at any time at the Agency's request. I hereby consent to having the results of any post offer, pre-employment or post-employment medical exams I may be required to take disclosed to MVNA.
- I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be subject to alcohol and drug pursuant to MVNA policy as outlined in the employee handbook. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to MVNA.
- I authorize and request that all of my present and former employers and those individuals I have listed as references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment. I agree to release them from any and all liability for damages arising from furnishing the requested information.
- In consideration of my employment, I agree to comply with the policies, rules, regulations and procedures of the Agency and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the Agency or myself. I further understand that no manager or representative of the Agency, other than the President or Vice President, Human Resources, has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to this statement. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and one of the individuals designated above.

I hereby acknowledge that I have read, understood and agree to the above statement.


Signature

9-5-07
Date

10104158571
ATTACHMENT # 2
PAGE 3 OF 155 PAGES

Employment History

Please refer to resume

(List in reverse chronological order, i.e., your present or most recent employer first)

If you are currently employed, may we contact your employer? Yes No

Company Name: See Resume (Croy-Med) From: / / To: / /
 Address: _____ Phone #: () _____
 City: _____ State: _____ Zip: _____
 Last Position Held: Lead-Psychologist Salary: \$ 79K Supervisor: _____
 Brief Description of Duties: PM + R + Art Patient

Reason for Leaving: See

Company Name: See Resume (BCIT) From: / / To: / /
 Address: _____ Phone #: () _____
 City: _____ State: _____ Zip: _____
 Last Position Held: School P Salary: \$ 65K Supervisor: _____
 Brief Description of Duties: _____

Reason for Leaving: _____

Company Name: SBCS From: / / To: / /
 Address: _____ Phone #: () _____
 City: _____ State: _____ Zip: _____
 Last Position Held: _____ Salary: \$ 55K Supervisor: _____
 Brief Description of Duties: _____

Reason for Leaving: _____

If the employment history above doesn't cover the last ten years, ask for additional employment history sheets to attach to this application.

FILE # 10-641508-571
 ATTACHMENT # 2
 PAGE 1 OF 155 PAGES
 Equal Opportunity Employer A/A
 I:\HR\forms\empepp.doc Rev. 02/09/05

FOR HR USE ONLY

Applicant: _____

Interviewed by: _____ Interview Date: _____

References:

1. Mailed/Faxed/Phoned Date: _____ Date Received: _____
2. Mailed/Faxed/Phoned Date: _____ Date Received: _____
3. Mailed/Faxed/Phoned Date: _____ Date Received: _____

Make Offer: Yes No

Salary/Hourly Rate: \$ _____ Position Offered: _____

Accepted Offer Declined Offer Start Date: _____

Not Hired Reason: _____

Pre-employment Drug Screen:

Scheduled: _____

Date scheduled: _____

Drug Test Results Received: _____

Physical Form:

Date form mailed/faxed/picked up: _____ Date Received: _____

Titers (for clinical staff only):

Does candidate have RRV titers? If so, date copies received: _____

Scheduled: _____

Date scheduled: _____

Titer Results Received: _____

Documentation Received:

Driver's License Certification/License Car Registration Car Insurance
 Social Security Card Degree/Diploma PPD CPR

Documents Completed:

I-9 /W4 Emergency Contact Form Paycheck Disbursement
 Handbook Badge

FILE # 106415-08-571
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Equal Opportunity Employer A/A
k:HR/forms/empapp.doc Rev. 02/09/05

Tracey Angeloff

From: Martin Gevers [Martin1G@msn.com]

Sent: Saturday, October 27, 2007 9:02 AM

To: Tracey Angeloff

Dear Tracey

My license number is SI03238.

Did you ever find the faxed copy of my license and FBI clearance?

See you on Monday

Martin M. Gevers

FILE # 106415-08-91
ATTACHMENT # 2
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