Dr. Vincent Berg,

21st of July 2000

Mr. Peter Lindsay, MP - Herbert, fax (07) 4725 2088

The Royal Australian and New Zealand College of Psychiatrists, fax (03) 9642 5652

The Medical Board of Queensland, fax (07) 3225 2527

Dr. John Allan, Director of Integrated Mental Health Services, Townsville

Dear Mr. Lindsay, Dear Friends and Colleagues, Dear Dr. Allan,

Recently, one doctor, foreign citizen and overseas trained, has been appointed as a consultant in the Integrated Mental Health Services, Townsville District. He has been offered registration as a specialist in Psychiatry by the Medical Board of Queensland, and the fellowship of the Royal Australian and New Zealand College of Psychiatrists (after passing Final Viva).

This doctor seems to be very knowledgeable and experienced, and I am happy that he can be beneficial for our country.

Nevertheless, all the mentioned above also amplified my concerns regarding certain political, social, legal, and professional issues, and my personal situation in particular.

Like that doctor, I have been overseas trained and qualified as a psychiatrist. My formal qualifications and professional experience are, at least, not less than his. Here the similarities end.

Unlike that doctor, I have not been appointed as a consultant but as a registrar. Unlike that doctor, I have not been offered registration as a specialist in Psychiatry by the Medical Board of Queensland but the conditional one year registration for the training in Psychiatry in the Townsville General Hospital. Unlike that doctor, I have not been offered the fellowship of the Royal Australian and New Zealand College of Psychiatrists after passing Final Viva, but my application to enter training program was rejected for the unknown to me reasons with the offer to apply again after one year in non-training position in Psychiatry.

There is one more and even more significant difference: *unlike that doctor, I am not a foreign citizen but a citizen of Australia. Also, initially, I had been approved and accepted, under the UN regulations and international agreements, as a political refugee with Australian Government protection.*

Therefore, a number of politically, socially, legally, and professionally significant questions arise.

question **Is it not in the interests of the state of Australia:**

* **to give every legal preference to its citizens in appointments for a position, particularly, in a public system; in registrations as specialists; and in the elections as**

**fellows of professional bodies** (in the other equal conditions)? **To use maximally its own professionals and every possibility to encourage and stimulate the development of its own specialists?**

* **that every decision about appointments or non-appointments for a position, particularly, in a public system; in registration or non-registration as specialists; and in electing or non-electing as fellows of professional bodies should be explained by addressing in written form to every objective legal criteria stated before publicly to avoid subjectivity, personal preferences, not legally supported scrutiny, and so forth? To approve and to co-ordinate such activities?**
* **is not it in the Australian interests of the state of Australia and its international reputation, accepting political refugees, under to the United Nations criteria and regulations and according to international agreements, to exclude any possibility of any discrimination of such persons on any ground related to being political refugee, such as the lack of professional referees reports from a country of origin, inability to make any inquires to any authorities or persons in a refugee's country of origin, and so forth?**

I invite you to look at my personal situation in particular and other political refugees in general from the perspective of these questions.

I am **Australian** citizen, and it is in the interest of the state of Australia to use my best abilities, qualifications, and experience. However, so far, the Royal **Australian** and New Zealand College of Psychiatrists has not actively done anything to use me in the most efficient and quickest way for the benefits of our country. College

My credentials prove that my qualifications and experience are, at least, not less than equal to those required to be registered as a medical specialist in Psychiatry and, also, to become a Fellow of the Royal Australian and New Zealand College of Psychiatrists after passing Final Viva. I have legal reasons to state this as it has not been officially proved otherwise in a legal way referring to certain legal criteria for assessment. I have provided to the College all the information and documents required. *No any additional information or documents have ever been requested, and no any official written statements comparing my qualifications and experience with legal criteria for the registration as a specialist in Psychiatry and for the fellowship of the Royal Australian and New Zealand College of Psychiatrists and making accordingly objective conclusions have ever been issued.* College

Unfortunately, in my case, such assessment is not based on the legal documents provided and factual evidence. My recent phone conversation with Gail McKenzie, Administrative Officer, Exemptions and General Medicine Examination, indicated that the Royal Australian and New Zealand College of Psychiatrists has certain concerns about the change of my name which occurred in 1996, the lack of any referees reports from USSR, and, also, about the lack of a possibility to contact any Russian officials or persons in order to check the documents and information provided by myself. These concerns, which have no factual and legal ground, make to me a personal damage in a way mentioned above. College

I have asked for the legal comments on the discussed here situation. The opinion expressed was that:

- the College had no legal ground to base any of its decisions regarding myself on its concerns about the lack of information as no additional information has been officially requested from me,
- the change of my name, which occurred in 1996, had been done according to legal requirements - signing Statutory Declaration in the Office of Immigration and Ethnic Affairs in the presence of a prescribed public servant. Such a Statutory Declaration is a legal and sufficient proof about the change of a name. Any requests for any other proofs cannot have legal ground (obviously, the College was satisfied with other proofs provided as it has never officially requested any other legal documents),
- assessing my qualifications and experience, the College and the Medical Board of Queensland should apply relevant Australian requirements legal for the year 1977 (I have

been qualified as a psychiatrist in 1977) as no one of the fellows of the College and medical specialists in Psychiatry accepted by the College in 1977 and registered by Medical Board of Queensland has been asked for reassessment, retraining, reexamination, and so forth. Otherwise, it would mean to discriminate me against those Australian trained psychiatrists qualified in 1977 and those overseas trained psychiatrists accepted in 1977 (yet, my credentials prove that my qualifications and experience can satisfy current standards as well),

- as soon as Australian government legally accepted me as a political refugee under its protection, it has accepted all the legal limitations commonly associated with the refugee status. Consequently, I should not be discriminated against other Australian citizens and other overseas trained doctors for any reasons related to my refugee ground.

Unfortunately, I **am being discriminated** in a way described in this letter. This discrimination is not intentional and not personally oriented. I appreciate certain difficulties experiencing by the Royal Australian and New Zealand College of Psychiatrists and Medical Board of Queensland. My refugee background is not their fault. Yet, it is not my fault too. This is checked and legally accepted by Australian government. Moreover, my problem is not unique. May in small numbers, but there are political refugees, like me, experiencing discrimination associated with their refugee status. My belief is that, in the interests of Australia and its citizens, such problem must be addressed politically, socially, legally, and procedurally. The bodies, such as the Royal Australian and New Zealand College of Psychiatrists and Medical Board of Queensland, should have more flexibility and more coordination and act intact with government structures in addressing such problems.

Moreover, it is officially stated that Australia, in its rural and remote areas, is experiencing shortage of doctors, particularly, in specialists. I would be happy to work as a consultant psychiatrist in the area of need such as Townsville or Charters Towers. For example, psychiatric hospital called "Mosman Hall" requires its own psychiatrist. I know its patients and its problems. Why not to use appropriately my professional knowledge and experience? I have been working in mental health in the area of Townsville and Charters Towers for over six months. There is no factual evidence of my professional failures as a doctor. On the contrary, progressing improvement in the conditions of the majority of my patients is well documented. Also, some recognised and highly qualified psychiatrists such as Dr. Leon Petchkovsky and Prof. Philip Morris of the Gold Coast Hospital support me with their referee's reports.

This letter is not a complaint or expression of pretensions. I would like to bring your attention to a problem having not only personal but broader political, social, legal, and professional significance.

Regarding my personal situation, I am asking you to help me to be maximally beneficial, using fully my professional qualifications and experience, for my country Australia which I deeply love and am grateful to.

With the best wishes, faithfully yours

V. Berg

Vincent Berg.

AUSTRALIA

# STATUTORY DECLARATION

(1) Here insert name, address and occupation of person making the declaration.

(2) Here insert matter declared to. Where the matter is long, add the words 'as follows' and then set the matter out in numbered paragraphs.

I,[1] Vincent Victor Berg, prisoner, 4/8 Angie Mermaid Water, 42 Qld do solemnly and sincerely declare[2]

that I am not able to get my birthcertificate from Russia because I avoid any contacts with Russia for security reason being refugee.

I declare that I have changed my name from Victor Tchekaline to Vincent Victor Berg for security reasons and I've changed the name of my child from Andrei Popov to Andrew Victor Berg for the same reason. I am no longer using my previous name.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

(3) Signature of person making the declaration.

Declared at Southport (3) V. Berg

on 25th of July, 1996

before me,

(4) Signature of person before whom the declaration is made.

(5) Here insert title of person before whom the declaration is made.

(4) [signature]

(5) PRESCRIBED PUBLIC SERVANT

NOTE 1.—A person who wilfully makes a false statement in a statutory declaration under the *Statutory Declarations Act 1959* as amended is guilty of an offence against that Act, the punishment for which is a fine not exceeding $200 or imprisonment for a term not exceeding six months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.

NOTE 2.—A statutory declaration under the *Statutory Declarations Act 1959* as amended may be made only before a Chief, Police, Resident or Special Magistrate; Stipendiary Magistrate or any Magistrate in respect of whose office an annual salary is payable; a Justice of the Peace; a person authorised under any law in force in Australia or its Territories to take affidavits; a person appointed under the *Statutory Declarations Act 1959* as amended or under a State Act to be a Commissioner for Declarations; a person appointed as a Commissioner for Declarations under the *Statutory Declarations Act 1911*, or under that Act as amended, and holding office immediately before the commencement of the *Statutory Declarations Act 1959*; a Notary Public; a person before whom a statutory declaration may be made under the law of the State in which a declaration is made; or a person appointed to hold, or act in, the office in a country or place outside Australia of Australian Consul-General, Consul, Vice-Consul, Trade Commissioner, Consular Agent, Ambassador, High Commissioner, Minister, Head of Mission, Commissioner, Charge d'Affaires, or Counsellor, Secretary or Attache at an Embassy, High Commissioner's office, Legation or other post.

08th of June 2000

The Medical Board
of Queensland
fax (07) 3225 2527
Re: Dr. Vincent Berg, No. 991357

Dear Sir/Madam,

I have moved to

Please amend my details in your records.

Thank you very much.

Faithfully yours,

V. Berg

Noted on Regis
8/6/00
R.

QUEENSLAND GOVERNMENT

QUEENSLAND HEALTH

**TOWNSVILLE HEALTH SERVICE DISTRICT**

Enquires to: Medical Administration
Telephone: 07 4781 9480
Facsimile: 07 4721 3824
File Number:
Our Ref:
Your Ref:

4th May 2000

HEALTH PRACTITIONER BOARDS
10 MAY 2000
RECEIVED

The Registrar
Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001

Dear Sir/Madam

**Re : Dr Vincent Berg**

Please find enclosed a training program for Dr Berg as requested. Dr Berg is appointed as a Psychiatry Registrar at Townsville General Hospital.

1. The nominated Supervisor is Dr John Allan, MB, BS, FRANZCP, Director of Townsville District and Integrated Mental Health Services, Townsville General Hospital and Dr Sharon Boyes, MB, BCH, M.Med (Psych S.A.), FRANZCP, Clinical Director Acute Inpatient Unit.

2. The details of the training program as per attached.

3. The anticipated period of training is for one year, with possible extension to two if satisfactory.

4. Dr Allan undertakes to provide reports on the Registrar as required by the Board.

Please find enclosed the training program for Dr Berg as requested.

Thank you for your consideration.

Yours sincerely

***Dr Barry Hodges***
**Deputy Director of Medical Services**
**Townsville General Hospital**

991357

**Office**
Director of Medical Services
Townsville General Hospital
Eyre Street, North Ward Q 4810

**Postal**
PO Box 670
Townsville Q 4810

**Telephone**
07 47819480

**Facsimile**
07 47213824

**TRAINING PROGRAMME FOR REGISTRARS IN PSYCHIATRY**
**Townsville General Hospital**

1. The nominated Supervisor is Dr John Allan, MB, BS, FRANZCP, Director of Townsville District and Integrated Mental Health Services, Townsville General Hospital and Dr Sharon Boyes, MB, BCH, M.Med (Psych S.A.), FRANZCP, Clinical Director Acute Inpatient Unit.

**Weekly Training Program**

Will include:

- Daily Ward Round with Consultant
- Tuesday 1 hour case presentation
- Wednesday 3 hours 1st year Training Program Lectures
- Thursday 1 hour Journal Club plus Registrar Training
- Friday 1 hour direct supervision from Consultant

Opportunity to attend Medical and Surgical Rounds Monday, Wednesday and Friday.

991357

27 April 2000

Dr VV Berg

Dear Dr Berg

You have been granted conditional registration on a temporary basis as a Medical Practitioner in Queensland pursuant to **Section 17C(a)** of the Medical Act 1939 to enable you to undertake a period of post-graduate training in **psychiatry** as approved by the Board, effective from 4 January 2000 and valid until 3 January 2001.

The qualifications appearing against your name in the Register are:
DIP MED VORONEZH 1977

Please note Annual Licence Fees are payable between 1 September and 30 September each year. A Notice of Fees due will be forwarded in August, to your last known address. Payment of the Annual Licence Fee will not however entitle you to registration beyond the above approved period.

Registration Certificate Number 991357 is enclosed and you are requested to quote this number on all correspondence.

Registration is contingent upon you undertaking the approved training within **Townsville General Hospital** during the period of your registration and permits you to engage in any clinical practise directly associated with that training activity. Any variation to your practice would require further approval by the Board.

You should note also that the above approval is for a specific purpose to be undertaken in the defined period of time. Any extension of registration which is desired will require a fresh application including the application fee of $50, and a report from your supervisor regarding your progress in training.

Notification when you cease to carry out the occupation referred to would be appreciated. A letter addressed to the Registrar notifying the termination of your occupation is enclosed and may be signed and sent to the Registrar at the due time.

Please advise all changes of address immediately.

Yours faithfully

*for* REGISTRAR

cc: Medical Superintendent
Townsville General Hospital

Health Insurance Commission

TOWNSVILLE DISTRICT HEALTH SERVICES

*"QUALITY HEALTH FOR LIFE"*

# FAX COVER SHEET



To: Fiona.
Medical Board of Qld.

Facsimile No: 32252527.

From: Dr Barry Hodges
Deputy Director of Medical Services
Townsville General Hospital
TOWNSVILLE QLD 4810
AUSTRALIA
Telephone No. (07) 4781-9480 Facsimile No. (07) 4721 3824

Total number of pages: 5 (including this page)

Date: 9/3/00. Time:

**IF YOU DO NOT RECEIVE ALL PAGES, PLEASE ADVISE IMMEDIATELY**

Dr Vincent Berg

It looks as though this is all we are going to get. Its not altogether satisfactory, but it does appear that 'Tchekaline' and 'Berg' are one, and the same person. No further action.

30/3/00

QUEENSLAND GOVERNMENT

QUEENSLAND HEALTH

**TOWNSVILLE HEALTH SERVICE DISTRICT**

Enquiries to: Medical Administration
Telephone: 07 4781 9480
Facsimile: 07 4721 3824
File Number:
Our Ref:
Your Ref:

7th March, 2000

The Registrar
Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001

Dear Sir/Madam

**Re: Dr Vincent Berg**

In reference to your correspondence dated 16th February, 2000 regarding documentary evidence to support Dr Vincent Berg's legal name change. I enclose a copy of correspondence forwarded from the Department of Immigration and a Statutory Declaration signed before a Prescribed Public Servant forwarded from the Department of Immigration today.

I trust this information is of assistance.

Yours sincerely

*Dr Barry Hodges*
**Deputy Director of Medical Services**

**Office**
Director of Medical Services
Townsville General Hospital
Eyre Street, North Ward Q 4810

**Postal**
PO Box 670
Townsville Q 4810

**Telephone**
07 47819480

**Facsimile**
07 47213824

AUSTRALIA

# STATUTORY DECLARATION

(1) Here insert name, address and occupation of person making the declaration.

(2) Here insert matter declared to. Where the matter is long, add the words "as follows:" And then set the matter out in numbered paragraphs.

I,[1] Vincent Victor Berg, pensioner 4/8 Angie Mermaid Waters, 42 old

do solemnly and sincerely declare[2]

that I am not able to get my birthcertificate from Russia because I avoid any contacts with Russia for security reasons being refugee.

I declare that I have change of my name from Victor Tchekaline to Vincent Victor Berg for security reasons and I've changed the name of my child from Andrei Popov to Andrean Victor Berg for the same reason. I am no longer using my previous name.

I make this solemn declaration by virtue of the *Statutory Declarations Act 1959* as amended and subject to the penalties provided by that Act for the making of false statements in statutory declarations, conscientiously believing the statements contained in this declaration to be true in every particular.

(3) Signature of person making the declaration.

Declared at Southport (3) V. Berg

on 25th of July, 1996,

before me,

(4) Signature of person before whom the declaration is made.

(5) Here insert title of person before whom the declaration is made.

(4) M Brash

(5) PRESCRIBED PUBLIC SERVANT

NOTE 1.—A person who wilfully makes a false statement in a statutory declaration under the *Statutory Declarations Act 1959* as amended is guilty of an offence against that Act, the punishment for which is a fine not exceeding $500 or imprisonment for a term not exceeding six months or both if the offence is prosecuted summarily, or imprisonment for a term not exceeding four years if the offence is prosecuted upon indictment.

NOTE 2.—A statutory declaration under the *Statutory Declarations Act 1959* as amended may be made only before a Chief, Police, Resident or Special Magistrate; Stipendiary Magistrate or any Magistrate in respect of whose office an annual salary is payable; a Justice of the Peace; a person authorised under any law in force in Australia or its Territories to take affidavits; a person appointed under the *Statutory Declarations Act 1959* as amended or under a State Act to be a Commissioner for Declarations; a person appointed as a Commissioner for Declarations under the *Statutory Declarations Act 1911*, or under that Act as amended, and holding office immediately before the commencement of the *Statutory Declarations Act 1959*; a Notary Public; a person before whom a statutory declaration may be made under the law of the State in which a declaration is made; or a person appointed to hold, or act in, the office in a country or place outside Australia of Australian Consul-General, Consul, Vice-Consul, Trade Commissioner, Consular Agent, Ambassador, High Commissioner, Minister, Head of Mission, Commissioner, Charge d'Affaires, or Counsellor, Secretary or Attache at an Embassy, High Commissioner's office, Legation or other post.

# Department of Immigration and Multicultural Affairs

Dr Vincent Victor Berg
7/2 Howitt Street
NORTHWARD QLD 4810

**FOI Request Number: FA30009**

I refer to your request received on 29/02/2000 in which you sought access under the Freedom of Information Act 1982 (the FOI Act) to documents submitted in Canberra.

Your request has been given the FOI Request Number at the top of this letter. You should quote the FOI Request Number whenever you contact the Department about this request.

Your request for a copy of your documents was transferred to the Department's office at Canberra today for that office to make a decision on your request for access to these documents. If you want to make any enquiries related to this part of your request please contact that office on (02) 62642365.
2169 2169

Should you proceed with your request, you may have to pay some processing additional charges. You may be charged for:

- photocopies
- time spent searching for and retrieving relevant documents
- time spent making a decision on your request

If charges are found to apply to the processing of your request, you will be notified of the preliminary assessment of the charges and you will have full opportunity to say why the charge should not be imposed or should be reduced.

The Department can consider the non-imposition of charges for a number of reasons including:

- payment would cause financial hardship to the applicant or person on whose behalf the application was made
- the giving of access is in the general public interest, or in the interest of a substantial section of public, or
- any other relevant reason, including the fact that the documents contain your personal information

313 Adelaide St, Brisbane Qld 4000
GPO Box 9984, Brisbane Qld 4001 • Telephone 131881• Facsimile (07) 33605006

33605015

If you think charges should not apply to your request for any reason, you should provide supporting evidence to show clearly why you should not pay the charges.

Yours sincerely

K. Kennard

Karen Kennard
FOI/Ministerials Section
1 March, 2000

# FILE NOTE

**BOARD:** Medical

**DATE:** 25/2/00 **FILE NO:** 991357

**TOPIC:** Dr Vincent Berg.

**NOTE:**

Dr Berg is required to produce certified evidence of identification from the Immigration Dept as the documents he provided with his application were dubious.

Michael gave Dr Berg two weeks to complete this which will expire 1/March/2000.

Carmel (med admin) at Townsville General rang 25/2/00 to request an extension of 2 weeks as Dr Berg is unable to get to Cairns (Immigration) due to adverse weather conditions.

Signature

This extension runs to 15 March 2000 authorised by Michael Anycleve.

COPY

Department of Immigration and Multicultural Affairs

URGENT!

# Request for access to documents

Form **424**

29 FEB 2000

## Your details

Title: Mr / Mrs / Ms / Miss / Other (✓) Specify: Dr.

Full name — Surname: BERG; Given names: VINCENT VICTOR

Former name (if applicable) — Surname: TCHEKALINE; Given names: VICTOR VLADIMIROVICH

Date of birth (DAY/MONTH/YEAR): 19 02 52

Postal address:

Telephone numbers — Home: ; Work: (STD

## Document details

**Describe the documents you want as clearly and specifically as possible**
If you are seeking documents about another person, please give their full name and date of birth.
Please write on a separate sheet if you need more space.

Please, could you issue a certificate that, in 1996, I had changed my name from Tchekaline, Victor Vladimirovich to Berg, Vincent Victor, certifying that both is the same person born on 19.02.52.

The Departmental file number is: File No.: SO96017
Cit. Ref.: SO96015655

Your signature: V. Berg

Date: 29.02.00

## Consent for agent to act (If you want someone to receive the documents on your behalf)

I (name of applicant) _____ appoint

Name of person/organisation:

Address:

Postcode:

Telephone Home (STD )

Work (STD )

to act as my agent for my request for access to documents. I authorise the Department of Immigration and Multicultural Affairs to communicate with the above concerning my application.

Your signature:

Date:

Office use only — FOI No.: ; File No.: / ; Lodgement date: / ; Identity documents sighted ◯ ▶ Initials: ; Action branch:

change of address

Dr. Vincent Victor Berg

coa noted on regis 28/2/00 - an

23 FEB 2000

22nd of February 2000

The Medical Board of Queensland
Fax (07) 3225 2527

Re: record No 991357

Dear Sir/Madam,

Thank you for your letter of 16.02.2000 (which I have received today) requesting a documented evidence about changing my name from Victor Tchekaline to Vincent Victor Berg. I do understand your concern.

As I have been accepted by the Australian Federal Government as a refugee for political reasons under domestic protection, in 1996, before to become Australian citizen, I had changed my name not through Deed Poll (which is not required by Australian law) but, for security reasons, through the Department of Immigration and Ethnic Affairs.

Today, I have contacted Cairns office of the Department of Immigration and Ethnic Affairs (there is no such office in Townsville) regarding your request. This office has advised me that the official information regarding your request can be disclosed only with my official permission by signing certain documents. Such documents will be sent to me for signing tomorrow. The Department of Immigration and Ethnic Affairs has advised me that I can receive official document about changing my name in 10 - 14 days.

As soon as I receive such a document, I will send a certified copy of it to your office. I believe that there is no need to state that the information about changing of my name must not be disclosed to any third side.

If you have any questions regarding this matter, please, contact Cairns office of the Department of Immigration and Ethnic Affairs.

With the best wishes, faithfully yours

Vincent Berg.

991357

16 February 2000

Dr Vincent Berg
C\- Townsville General Hospital
Eyre Street
NORTH WARD
TOWNSVILLE QLD 4810

Dear Dr Berg

An examination of the documentation on your file has revealed that all relevant certificates and identifying material, with the exception of a certificate of Australian citizenship, is in fact in a name other than that in which you applied for registration. The name "Victor Tchekaline" appears on all documents, but has been manually altered to "Berg Vincent"or "Berg, Vincent Victor" on an Australian entry permit and on a Soviet Union passport.

The position is therefore that there is no acceptable evidence before the Board that the qualifications of Dr Victor Tchekaline which were submitted relate to Dr Vincent Berg.

Unless satisfactory evidence can be provided of a legal name change, or otherwise that you are one and the same person as Dr Victor Tchekaline within 14 days of this letter, the matter will be placed before the Medical Board for further consideration.

In this respect your attention is drawn to SS. 30 & 30A of the Medical Act 1939, a copy of which is attached.

Yours sincerely

*for* REGISTRAR

QUEENSLAND GOVERNMENT

991357

QUEENSLAND HEALTH

**TOWNSVILLE HEALTH SERVICE DISTRICT**

Enquiries to: Medical Administration
Telephone: 07 4781 9480
Facsimile: 07 4721 3824
File Number:
Our Ref:
Your Ref:

HEALTH PROFESSIONAL BOARDS
11 FEB 2000
RECEIVED

8th February, 2000

The Registrar
Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001

Dear Sir/Madam

**RE: Dr Vincent Berg**

Please find enclosed outstanding documentation required by the Medical Board for Dr Berg's registration.

I trust this information is of assistance to you.

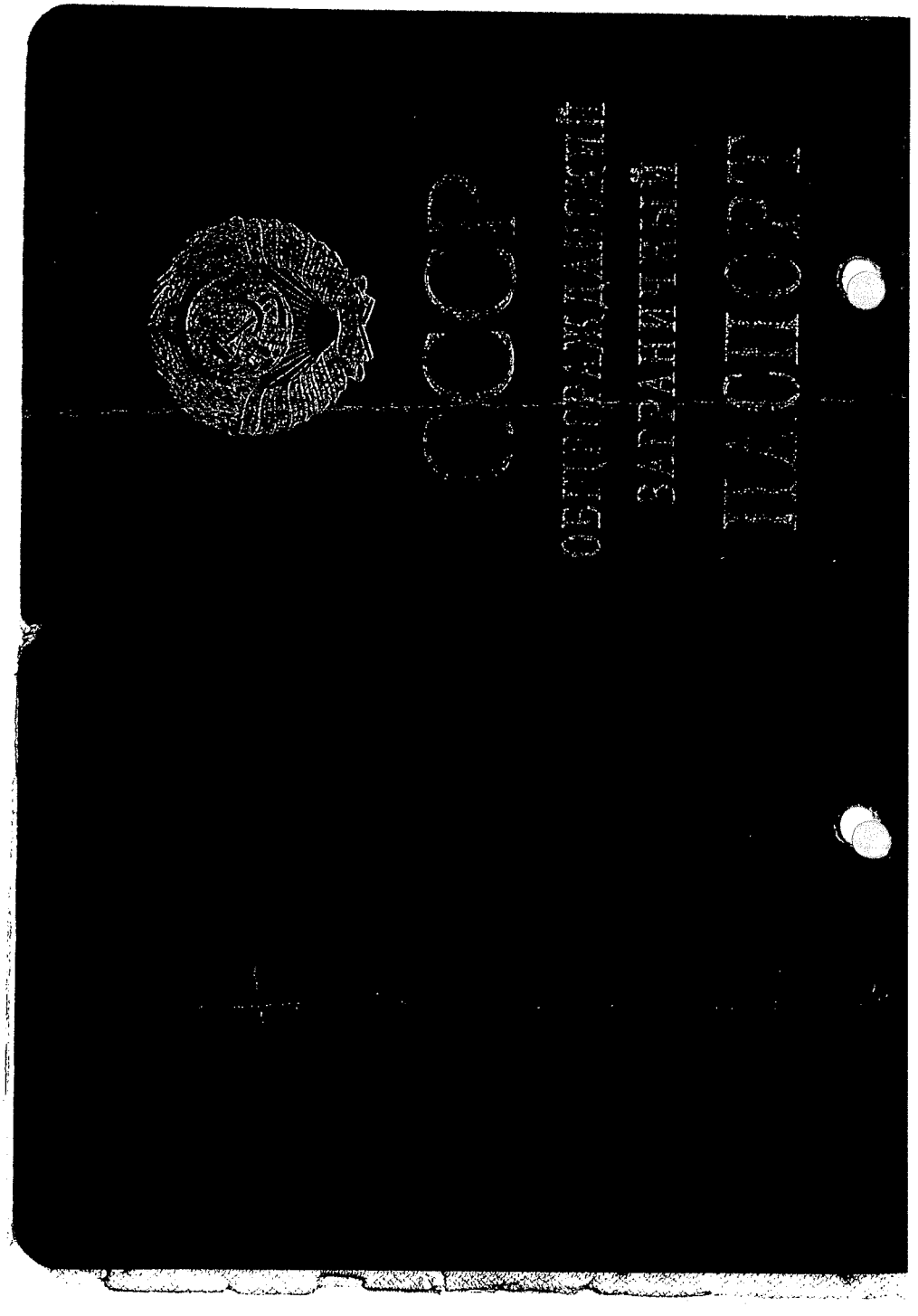
Yours sincerely

***Dr Barry Hodges***
**Deputy Director of Medical Services**
Townsville General Hospital

| Office | Postal | Telephone | Facsimile |
|---|---|---|---|
| Director of Medical Services<br>Townsville General Hospital<br>Eyre Street, North Ward Q 4810 | PO Box 670<br>Townsville Q 4810 | 07 47819480 | 07 47213824 |

THIS IS TO CERTIFY
THAT THIS IS A TRUE
COPY, THE ORIGINAL
OF WHICH I HAVE
SIGHTED

D. Hodges JP



Предъявитель сего, граждан ин/ка СОЮЗА СОВЕТСКИХ СОЦИАЛИСТИЧЕСКИХ РЕСПУБЛИК

Чекалин
(фамилия)

Виктор Владимирович
(имя и отчество)

1952 г г. Тула
(дата и место рождения — date et lieu de naissance)

BERG, VINCENT VICTOR
(nom)

(Tchekaline Victor)
(et prénoms)

отправляется за границу.
se rend à l'étranger.

— 3 —

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY, THE ORIGINAL OF WHICH I HAVE SIGHTED

D. Rodgers JP.

Лица, внесенные в паспорт
Personnes inscrites dans le passeport

l'enfant POPOV Andrei
né en 1982 (s. 11)
BERG, ANDREAS VICTOR,
child
(p. 11)

Выдан 21 ноября 19 89 г.
Délivré le

Паспорт действителен до 21 11 94 19 г.
Ce passeport est valable jusqu'au

Подпись

— 4 —


**DEPARTMENT OF IMMIGRATION LOCAL GOVERNMENT AND ETHNIC AFFAIRS**

ENTRY PERMIT CARD

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY, THE ORIGINAL OF WHICH I HAVE SIGHTED

D. Rodgers JP.

THIS IS TO CERTIFY
THAT THIS IS A TRUE
COPY OF THE ORIGINAL
OF WHICH I HAVE SIGHTED

D. Rodgers

**Migration Act 1958**

The Entry Permit embodied in this document
is issued to

BERG, VINCENT VICTOR
(TCHEKALINE, Victor)
DOB: 19021952

Pursuant to the Migration Act 1958

Issuing Officer

McMILLAN

AUSTRALIA ENTRY PERMIT 817 RESIDENT P<<<

DORS SYDNEY CONDITIONS MIG.REGS.SCHED.9

1.TCHEKALINE VICTOR – BERG, VINCENT

GRANTED PERMISSION TO REMAIN IN AUSTRALIA FOR RESIDENCE
ON 25JUL94. THIS PERMIT HAS NO FORCE OR EFFECT
AFTER THE HOLDER LEAVES AUSTRALIA.

75450004925 1

S678500

I CERTIFY THAT THIS
IS A TRUE COPY OF
THE ORIGINAL OF WHICH
I HAVE SIGHTED

D. Rodgers JP.

AUSTRALIA ENTRY VISA

CLASS 670 VISITOR P<<<

ATHENS

CONDITIONS

1.TCHEKALINE VICTOR
2.POPOV ANDREI

. NO WORK (REGN.8.B)
. NO FORMAL STUDY (REGN. 3.D)
. NO RESIDENCE (REGN. 3.C)
. EXTENSION LIMITATION

NOT VALID
AUSTRALIA

ISSUED 15DEC92 VALID UNTIL 15JAN93 SINGLE TRAVEL

SUBJECT TO MIGRATION LAW THIS DOCUMENT WILL OPERATE AS A TEMPORARY ENTRY PERMIT FOR STAY OF 02 MONTHS ON ENTRY TO AUSTRALIA.

V518<0056978A2TCHEKALINE<<VICTOR<<<<<<<<<<<<

405882<<<<<<<<USSR520219M<CLASS670<<<<<<<<<<

- 8 FEB 2000

TOWNSVILLE DISTRICT HEALTH SERVICES

"QUALITY HEALTH FOR LIFE"

# FAX COVER SHEET



To: Fiona
Medical Board.

Facsimile No: 32252527.

From:
DR Barry Hodges
Deputy Director of Medical Services
Townsville General Hospital
TOWNSVILLE QLD 4810
AUSTRALIA

Telephone No. (07) 4781-9480

Facsimile No. (07) 4721 3824

Total number of pages: (including this page)

Date: 8/2/00.

Time:

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE ADVISE IMMEDIATELY

Urgent.

Originals will be sent in the mail + certified copy of ~~and~~ photo will also be mailed

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY, THE ORIGINAL OF WHICH I HAVE SIGHTED

D. Rodgers JP

Предъявитель сего, граждан(ин/ка) СОЮЗА СОВЕТСКИХ СОЦИАЛИСТИЧЕСКИХ РЕСПУБЛИК

Чекалин
(фамилия)

Виктор Владимирович
(имя и отчество)

1952 г. г. Тула
(дата и место рождения — date et lieu de naissance)

BERG, VINCENT VICTOR
(nom)

(Tchekaline Victor)
(et prénoms)

отправляется за границу.
se rend à l'étranger.

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY, THE ORIGINAL OF WHICH I HAVE SIGHTED

O. Rodgers JP.

Лица, внесенные в паспорт
Personnes inscrites dans le passeport

L'enfant POPOV Andrei
ne en 1982 (s. 11)
BERG, ANDREAS VICTOR,
child
(p. 11)

Выдан
Délivré le 21 ноября 19 89 г.

Паспорт действителен до 21 11 94
Ce passeport est valable jusqu'au 19 г.

Подпись


DEPARTMENT
OF
IMMIGRATION
LOCAL GOVERNMENT AND
ETHNIC AFFAIRS

ENTRY PERMIT CARD

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY, THE ORIGINAL OF WHICH I HAVE SIGHTED

D. Rodgers JP.

077213824

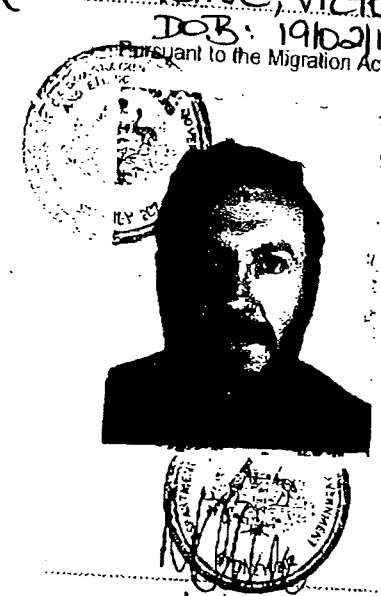
Migration Act 1958

5078260

The Entry Permit embodied in this document is issued to

BERG, VINCENT VICTOR
(TCHEKALINE, Victor)
DOB: 19/02/1952

Pursuant to the Migration Act 1958



Issuing Officer

McMILLAN

AUSTRALIA ENTRY PERMIT 817 RESIDENT PXXX

DORS SYDNEY CONDITIONS M16.REGS.SCHED.9

1.TCHEKALINE VICTOR - BERG, VINCENT

GRANTED PERMISSION TO REMAIN IN AUSTRALIA FOR RESIDENCE ON 25JUL94. THIS PERMIT HAS NO FORCE OR EFFECT AFTER THE HOLDER LEAVES AUSTRALIA.

7545000492S1

THIS IS TO CERTIFY THAT THIS IS A TRUE COPY OF THE ORIGINAL OF WHICH I HAVE SIGHTED

D. Rodgers

I CERTIFY THAT THIS
IS A TRUE COPY OF
THE ORIGINAL OF WHICH
I HAVE SIGHTED

D. Rodgers JP.

AUSTRALIA ENTRY VISA

ATHENS

1.TCHEKALINE VICTOR
2.POPOV ANDREI

CLASS 670 VISITOR P<<<

CONDITIONS

. NO WORK (REVISED 8.8
. NO FORMAL STUDY (REVISED
. NO RESTRICTED LIST
. EXTENSION LIMIT

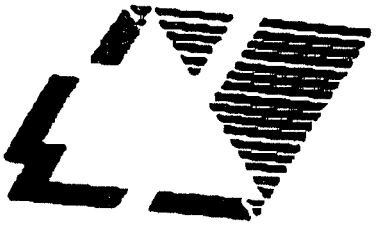
VISA VALID FOR AUSTRALIA

ISSUED 15DEC92 VALID UNTIL 15JAN93 SINGLE TRAVEL

SUBJECT TO MIGRATION LAW THIS DOCUMENT WILL OPERATE AS A TEMPORARY ENTRY PERMIT FOR STAY OF 02 MONTHS ON ENTRY TO AUSTRALIA.

V518<0056978A2TCHEKALINE<<VICTOR<<<<<<<<<<<<

405882<<<<<<<<USSR520219M<CLASS670<<<<<<<<<<



TOWNSVILLE DISTRICT HEALTH SERVICES

"QUALITY HEALTH FOR LIFE"

# FAX COVER SHEET



To: Attention: Fiona
Medical Board of Qld.

Facsimile No: 3225 2527.

From:
DR Barry Hodges
Deputy Director of Medical Services
Townsville General Hospital
TOWNSVILLE QLD 4810
AUSTRALIA

Telephone No. (07) 4781-9480

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DEPARTMENT OF IMMIGRATION, AND ETHNIC AFFAIRS

TRANSLATING AND INTERPRETING SERVICE - BRISBANE

**TRANSLATED FROM** RUSSIAN

**REGISTRATION NO.** 033924 **YEAR** 1994

**OFFICE** BRISBANE



# Extract Translation of

01 Driver's Licence

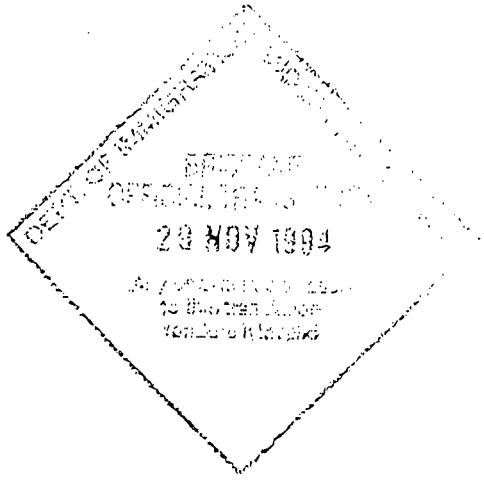
02 Degree of Doctor of Medicine in Psychiatry

03 First page of the Extract From Testing List as The Supplement to the Degree of Doctor of Medicine in Psychiatry

04 Second page of the Extract From Testing List as The Supplement to the Degree of Doctor of Medicine in Psychiatry

05 First page of Degree of the Candidate of Sciences in Psychology

06 Second page of Degree of the Candidate of Sciences in Psychology



Supplement to Degree M-1 No 723438

# Extract From Testing List

(not valid without degree)



Mr Tchekaline, Victor Vladimirovich during the time of studying in the Voronezh State University from 1969 to 1977 years had passed the examinations by following subjects of the specialisation "Psychiatry":

| No | The Name of Subject | Hours | Appraisal |
|---|---|---|---|
| 1 | Anatomy | 278 | good |
| 2 | Anatomical practice | 144 | excellent |
| 3 | Anaesthesiology | 34 | good |
| 4 | Anthropology | 94 | excellent |
| 5 | Bacteriology | 142 | good |
| 6 | Hygiene, guarding of labour and home | 50 | good |
| 7 | Civil defence | 52 | tested |
| 8 | Dermatology | 38 | excellent |
| 9 | Diagnostics | 40 | excellent |
| 10 | Foreign language | 314 | excellent |
| 11 | Infectious diseases | 154 | good |
| 12 | The history of the communist party | 102 | good |
| 13 | Latin language | 70 | excellent |
| 14 | Marx-Lenin's philosophy | 88 | satisfactory |
| 15 | Scientific communism | 34 | satisfactory |
| 16 | Neurology | 194 | excellent |
| 17 | Research in neurology | | excellent |
| 18 | Neurological surgery | 64 | excellent |
| 19 | General biology | 186 | excellent |
| 20 | General medicine | 226 | excellent |
| 21 | The history of medicine | 130 | excellent |
| 22 | General psychiatry | 284 | excellent |
| 23 | Research in general psychiatry | | excellent |
| 24 | The history of psychiatry | 46 | excellent |
| 25 | Psychopharmacology | 176 | excellent |
| 26 | Psychotherapy | 122 | excellent |
| 27 | Children's psychiatry | 116 | excellent |
| 28 | Forensic psychiatry | 120 | excellent |
| 29 | General surgery | 190 | good |
| 30 | General clinical practice | 102 | excellent |
| 31 | General psychology | 322 | excellent |
| 32 | Research in general psychology | | excellent |
| 33 | The history of psychology | 32 | excellent |
| 34 | Behavioural psychology | 140 | excellent |
| 35 | Clinical psychology | 52 | excellent |
| 36 | General chemistry and biochemistry | 278 | good |
| 37 | Oncology | 34 | excellent |
| 38 | Organisation and planning of the health care | 40 | excellent |
| 39 | Course work for the organisation and planning of the health care | | excellent |
| 40 | Basics of genetics | 92 | excellent |
| 41 | Otolaryngology | 44 | good |
| 42 | Pathology | 56 | good |
| 43 | Paediatrics | 46 | excellent |
| 44 | Political economy | 110 | good |
| 45 | Occupational therapy | 38 | good |

| | | | |
|---|---|---|---|
| 33 | История психологии | 32 | отлично |
| 34 | Поведенческая психология | 140 | отлично |
| 35 | Клиническая психология | 52 | отлично |
| 36 | Общая химия и биохимия | 278 | хорошо |
| 37 | Онкологические заболевания | 34 | отлично |
| 38 | Организация и планирование здравоохранения | 40 | отлично |
| 39 | Курсовая работа по организации и планированию здравоохранения | | отлично |
| 40 | Основы генетики | 92 | отлично |
| 41 | Отоларингология | 44 | хорошо |
| 42 | Патология | 56 | хорошо |
| 43 | Педиатрия | 46 | отлично |
| 44 | Политическая экономия | 110 | хорошо |
| 45 | Профессиональные заболевания | 38 | хорошо |
| 46 | Профилактическая медицина | 42 | отлично |
| 47 | Рентгеноскопия и радиология | 34 | хорошо |
| 48 | Сердечно-сосудистые заболевания | 60 | хорошо |
| 49 | Судебная медицина | 48 | отлично |
| 50 | Токсикология | 52 | отлично |
| 51 | Уход за больными | 86 | отлично |
| 52 | Фармакология | 138 | отлично |
| 53 | Физика и математика | 226 | хорошо |
| 54 | Физиология | 264 | хорошо |
| 55 | Физиотерапия | 78 | хорошо |
| 56 | Физическое воспитание | 110 | зачет |
| 57 | Хирургическая анатомия | 120 | отлично |
| 58 | Хирургическая практика | 48 | хорошо |
| 59 | Врачебная этика | 44 | зачет |

Тов. Чекалин Виктор Владимирович выполнил квалификационную психиатрическую практику (интернатура) с оценкой « отлично » и исследовательскую работу на тему «Шизофреническое заболевание как причина отчуждения личности от общества и антисоциального поведения » с оценкой « отлично ».

Ректор университета
Декан факультета
Секретарь факультета

г. Воронеж, « 27 » мая 19 77 г.

Регистрационный № 58769

Типография Воронежского государственного университета. Заказ 723.58.19

077213824

| | | | |
|---|---|---|---|
| 46 | Preventive medicine | 42 | excellent |
| 47 | Radiology | 34 | good |
| 48 | Heart diseases | 60 | good |
| 49 | Forensic medicine | 48 | excellent |
| 50 | Toxicology | 52 | excellent |
| 51 | Nursing | 86 | excellent |
| 52 | Pharmacology | 138 | excellent |
| 53 | Physics and mathematics | 226 | good |
| 54 | Physiology | 264 | good |
| 55 | Physiotherapy | 78 | good |
| 56 | Sport | 110 | tested |
| 57 | Surgical anatomy | 120 | excellent |
| 58 | Surgical practice | 48 | good |

Mr. Tchekaline, Victor Vladimirovich had completed the psychiatric practice for the qualification (the internship) with appraisal "excellent" and research thesis on the topic "Schizophrenia as a Cause of the Alienation of Personality from Society and of the Antisocial Behaviour" with appraisal "excellent".

The Seal of the Ministry
of High Education of
Russian Federation
Voronezh State University
Voronezh-city 27th of May 1977

Rector of University
Dean of Faculty
Registrar of Faculty
Registration Number 58769

# ДИПЛОМ
# КАНДИДАТА НАУК

ПС-XIII № 14211

Решением Высшей аттестационной комиссии СССР и Ученого совета Воронежского государственного университета

***Чекалину Виктору Владимировичу***

присвоена ученая степень

***кандидата психологических наук.***

Председатель Высшей аттестационной комиссии

Ректор

Секретарь

«15» XII 1978 г.

# ПС-XII № 14211

Тов. *Чекалин Виктор Владимирович* для соискания ученой степени *кандидата психологических наук* подготовил и успешно защитил диссертацию на тему *«Отчуждение личности от общества как причина антисоциального поведения»*.

Секретарь

# DEGREE

## Of the Candidate of Sciences

ПС-XII № 14211

According to the decision of the High Committee of Attestation of USSR and Research Council of the Voronezh State University,

**Tchekaline Victor Vladimirovich**

Is awarded the research Degree of the

**Candidate of Sciences in Psychology.**



The Seal of the Ministry
Of High Education of
Russian Federation
Voronezh State University

Chairman
Rector
Registrar

Voronezh-city, 15th of December 1978

# ПС-XII № 14211

Mr. Tchekaline Victor Vladimirovich, seeking the award of the research Degree of the Candidate of Science in Psychology, had submitted the research thesis on the topic " The Alienation of Personality From Society as A Cause of Antisocial Behaviour".

The Seal of the Ministry Of High Education of Russian Federation Voronezh State University

DEPT. OF IMMIGRATION AND ETHNIC AFFAIRS
BRISBANE
OFFICIAL TRANSLATOR
28 NOV 1994
Any unsealed alteration to this translation renders it invalid

Registrar

# DEGREE

**M-I № 723438**

This Degree is given to
**TCHEKALINE VICTOR VLADIMIROVICH,**
certified that,
in year **1969**, he started studying in the
**VORONEZH STATE UNIVERSITY,**
and that,
in year **1977**, he had completed the full program of the medical faculty of this university by the subject
**"PSYCHIATRY".**

According to the decision of the State Examination Committee of Experts of the 21st of May 1977,
TCHEKALINE V.V. has been awarded professional qualification of

***Medical Doctor in Psychiatry.***



The Seal of the Ministry
Of High Education of
Russian Federation
Voronezh State University

Chairman
Rector
Registrar

Voronezh-city, 28 of May 1977
Registration number 58769

# ДИПЛОМ

**М-I № 723438**

Настоящий диплом выдан ЧЕКАЛИНУ
ВИКТОРУ ВЛАДИМИРОВИЧУ
в том, что он в 1969 году поступил
в Воронежский государственный
университет
и в 1977 году окончил полный курс
медицинского факультета
названного университета
по специальности
«ПСИХИАТРИЯ»

Решением Государственной экзаменационной комиссии от «21» мая 1977 г.
ЧЕКАЛИНУ
ВИКТОРУ ВЛАДИМИРОВИЧУ
присвоена квалификация
врача-психиатра

Председатель Государственной экзаменационной комиссии

Ректор

Город Воронеж «28» мая 1977 г.

Регистрационный № 58769

Первая типография Госзнака 1975


COMMONWEALTH OF AUSTRALIA

*Australian Citizenship Act 1948*

# Certificate of Australian Citizenship

VINCENT VICTOR BERG

*Born on 19th February 1952*

*having applied for a Certificate of Australian Citizenship, having satisfied the conditions prescribed by the* Australian Citizenship Act 1948 *for the grant of such a Certificate and having undertaken to fulfil the responsibilities of a citizen,*

*I, the Minister for Immigration and Multicultural Affairs, grant this Certificate of Australian Citizenship to the abovenamed applicant who is an Australian citizen on and after* Wednesday 30th October 1996

*Issued by the authority of the Minister for Immigration and Multicultural Affairs*

MINISTER FOR IMMIGRATION AND MULTICULTURAL AFFAIRS

*No.* SO9601565S

MAYOR, City of Gold Coast

ACC 0809572

## CHILDREN INCLUDED IN CERTIFICATE

*The names of the following children who have not attained the age of sixteen years and of whom the grantee of this Certificate is a responsible parent have been included in this Certificate.*

| NAME OF CHILD | DATE OF BIRTH |
|---|---|
| 1. ANDREAS VICTOR BERG | 09/09/82 |

MINISTER
FOR IMMIGRATION AND
MULTICULTURAL AFFAIRS

QUEENSLAND GOVERNMENT

QUEENSLAND HEALTH

## TOWNSVILLE HEALTH SERVICE DISTRICT

Enquiries to: Medical Administration
Telephone: 07 4781 9480
Facsimile: 07 4721 3824
File Number:
Our Ref:
Your Ref:

2nd November, 1999



The Medical Board of Queensland
GPO Box 2438
BRISBANE QLD 4001

Dear Sir/Madam,

Please find enclosed interview papers for Dr Vincent Berg and certified copy of identifcation.

Dr Berg will commence duties on 10th January, 2000.

Yours sincerely

***Dr Barry Hodges***
Deputy Director of Medical Services

Encl.

| Office | Postal | Telephone | Facsimile |
|---|---|---|---|
| Director of Medical Services<br>Townsville General Hospital<br>Eyre Street, North Ward Q 4810 | PO Box 670<br>Townsville Q 4810 | 07 47819480 | 07 47213824 |

# The Medical Board of Queensland

Administration 3225 2503
Registrations 3225 2515
Complaints Unit 3225 2504
Health Assessment 3225 2532
FAX 3225 2527
RECORD NO 991357

24 December, 1999

Dr B Hodges
Townsville General Hospital
Eyre Street
NORTH WARD QLD 4810

Dear Dr Hodges

The undermentioned Doctor has made application to register.

FULL NAME: **Vincent Victor Berg**

QUALIFICATIONS CLAIMED: **MD VORONESH 1977**

**DOCUMENTS PRESENTED:**

| | |
|---|---|
| Primary Certificate | Yes |
| Other Certificates | N/A |
| Certificate of Good Standing | Yes |
| Certified photograph | Yes |
| Evidence of Internship | N/A |

The Board at its meeting on 26 October 1999 recommended conditional registration under Section 17C(a) for Dr Berg to undertake postgraduate training at Townsville General Hospital for a period of twelve months subject to completion of registration requirements **(interview).**

Would you please sign and date this Certificate below and return to this Office at your earliest convenience. Registration will be effective upon completion of a satisfactory interview.

Yours sincerely

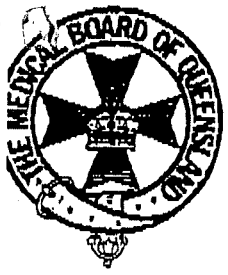
*for* REGISTRAR

I have interviewed the abovementioned Doctor 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 1939-1992;
(c) possess such qualifications as would, upon proof thereof satisfaction of the Board, entitle him/her to be registered.

Date: 4/01/00.

Office: Level 19, Forestry House, 160 Mary Street, Brisbane Q 4000
Correspondence address: GPO Box 2438, Brisbane Q 4001
e-mail: medical@healthregboards.qld.gov.au
Please address all correspondence to the Registrar




# The Medical Board of Queensland

Administration 3225 2503
Registrations 3225 2515
Complaints Unit 3225 2504
Health Assessment 3225 2532
FAX 3225 2527

RECORD NO .....

## TO BE COMPLETED BY OVERSEAS GRADUATES

I understand that for an overseas graduate to obtain general registration it is necessary to be a permanent resident of Australia and pass the examinations set by the Australian Medical Council.

| VINCENT BERG | V. Berg | 04.01.2000 |
|---|---|---|
| PRINT NAME | SIGNATURE | DATE |

Office: Level 19, Forestry House, 160 Mary Street, Brisbane Q 4000
Correspondence address: GPO Box 2438, Brisbane Q 4001
e-mail: medical@healthboards.qld.gov.au
Please address all correspondence to the Registrar

MRS MS MISS (DR) OTHER (please specify)

title) BERG GIVEN NAMES (in full) VINCENT VICTOR

OUS NAME(S) (if applicable) VICTOR TCHEKALINE

NGUAGES SPOKEN(other than English) RUSSIAN, GERMAN

DEGREE OF FLUENCY FUNCTIONAL ☑ NATIVE SPEAKING ☑

| Date of Birth | Country of Birth | Sex Male ☑ Female ☐ |
|---|---|---|

| POSTAL ADDRESS (For Inclusion in Public Register) | PROFESSIONAL ADDRESS | RESIDENTIAL ADDRESS |
|---|---|---|
| Department of Psychiatry Townsville General Hospital | same | same |
| Postcode | Postcode | Postcode |

CONTACT TELEPHONE NUMBERS: DAY ( ) AFTER HOURS ( )

REGISTRATION:

State/territory/country first registered USSR and year 1977

Are you currently registered elsewhere? YES ☐ NO ☐ If yes, give State/Territory/Country

Have you previously been registered in another State or Territory of Australia? YES ☐ NO ☑

If yes, give State/Territory/Country

Have you previously been registered in Queensland? YES ☐ NO ☑ YEAR

A CURRENT CERTIFICATE OF GOOD STANDING FROM YOUR PRESENT REGISTERING AUTHORITY IS REQUIRED BEFORE COMMENCEMENT OF PRACTISE.

CATEGORY OF REGISTRATION APPLIED FOR: GENERAL (UNCONDITIONAL) ☐

CONDITIONAL (State Conditions) ☑

SPECIALIST (See Back Page) ☐

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

| Degree/Diploma/Certificate | University/College/Examining Body | Year Conferred |
|---|---|---|
| Doctor of Medicine in Psychiatry | Voronezh State University (USSR) | 1977 |

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

| Practice Name/Employer | Address | Period of Practice |
|---|---|---|
| Psychiatrist, Voronezh Regional Psychiatric Clinic | Voronezh-city (Russia) | 1977 - 1986 |

**CUMSTANCES: If "Yes" to any of the following, please provide full details on a separate sheet.**

disability affecting your capacity to practise? YES ☐ NO ☑

e subject of disciplinary proceedings in any State, Territory, Country or any preliminary investigations ns that may lead to disciplinary proceedings in relation to your practice as a medical practitioner? YES ☐ NO ☑

ur registration cancelled or currently suspended as a result of disciplinary action in any State, Territory Country? YES ☐ NO ☑

Are you otherwise personally prohibited from carrying out practice as a Medical Practitioner in any State, Territory or Country other than for non-payment of fees? YES ☐ NO ☑

Are you subject to any special conditions in carrying out practice as a Medical Practitioner as a result of criminal, civil or disciplinary proceedings in any State, Territory or Country? YES ☐ NO ☑

Have you ever been refused registration in any State, Territory or Country? YES ☐ NO ☑

Have you been found guilty, pleaded guilty to, or at any time been convicted of any indictable offence in the last 10 years? YES ☐ NO ☑

Are you an Australian Citizen or have Permanent Resident Status? YES ☐ NO ☑

**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. Leon Petkhodovsky
Address: Gold Coast Hospital
Department of Psychiatry
Occupation: Senior Psychiatrist
Telephone _____ Postcode ☐☐☐☐

Name: Dr. Diana Hamilton
Address: Gold Coast Hospital
Department of Psychiatry
Occupation: Consultant psychiatrist
Telephone _____ Postcode ☐☐☐☐

I do solemnly and sincerely 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 photograph/s which bears my signature and is a recent likeness as certified on the back by.....; that I make this solemn declaration conscientiously believing the same to be true.

VINCENT BERG
Printed Name of Applicant

V. Berg
Signature of Applicant

D COCHRAN
Printed Name of Witness

Signature of Witness

Date: 13th day of DECEMBER 1999

**ACCOMPANYING ITEMS: The following should be attached:**

**ALL PHOTOCOPIES MUST BE CERTIFIED AS TRUE COPIES BY A JUSTICE OF THE PEACE OR A COMMISSIONER FOR DECLARATIONS**

**APPLICATION AND REGISTRATION FEE: ~~$210.00~~** $260.00

**PROOF OF IDENTITY:**

- drivers licence, birth certificate, passport or Certificate of Australian Citizenship
- marriage certificate (if applicable)
- statutory declaration for any name changes
- recent passport type photograph/s with signature on the back

**TRANSLATIONS:**

Where applicable translation of any documents must be by a certified translator

**PROOF OF QUALIFICATIONS: Original or certified copies of relevant documents:**

- original or copy of qualifications including specialist qualifications
- current registration/practising certificate
- recent reference relating to employment within the past five years

**CURRICULUM VITAE**

TOWNSVILLE DISTRICT HEALTH SERVICES

*"QUALITY HEALTH FOR LIFE"*

# FAX COVER SHEET



To:

Facsimile No:

From:

DR Barry Hodges
Deputy Director of Medical Services
Townsville General Hospital
TOWNSVILLE QLD 4810
AUSTRALIA

Telephone No. (07) 4781-9480

Facsimile No. (07) 4721 3824

Total number of pages: (including this page)

Date: _____ Time: _____

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D. Rodgers JP.

**Migration Act 1958**

The Entry Permit embodied in this document is issued to

BERG, VINCENT VICTOR
(TCHEKALINE, Victor)
DOB: 19/02/1952

Pursuant to the Migration Act 1958

Issuing Officer

McMILLAN

AUSTRALIA ENTRY PERMIT 817 RESIDENT P<<<

DORS SYDNEY CONDITIONS MIG.REGS.SCHED.9

1.TCHEKALINE VICTOR - BERG, VINCENT

GRANTED PERMISSION TO REMAIN IN AUSTRALIA FOR RESIDENCE ON 25JUL94. THIS PERMIT HAS NO FORCE OR EFFECT AFTER THE HOLDER LEAVES AUSTRALIA.

75450004925 1

- 5 JAN 2000

TOWNSVILLE DISTRICT HEALTH SERVICES

*"QUALITY HEALTH FOR LIFE"*

# FAX COVER SHEET



To: The Medical Board of Qld.

Facsimile No: 32252527.

From:

DR Barry Hodges
Deputy Director of Medical Services
Townsville General Hospital
TOWNSVILLE QLD 4810
AUSTRALIA

Telephone No. (07) 4781-9480 Facsimile No. (07) 4721 3824

Total number of pages: (including this page) 7.

Date: 5/1 Time:

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE ADVISE IMMEDIATELY



**TOWNSVILLE HEALTH SERVICE DISTRICT**

Enquiries to: Medical Administration
Telephone: 07 4781 9480
Facsimile: 07 4721 3824
File Number:
Our Ref:
Your Ref:

2nd November, 1999

The Medical Board of Queensland
GPO Box 2438
BRISBANE-QLD 4001

Dear Sir/Madam,

Please find enclosed interview papers for Dr Vincent Berg and certified copy of identifcation.

Dr Berg will commence duties on 10th January, 2000.

Yours sincerely

***Dr Barry Hodges***
Deputy Director of Medical Services

Encl.

Office
Director of Medical Services
Townsville General Hospital
Eyre Street, North Ward Q 4810

Postal
PO Box 670
Townsville Q 4810

Telephone
07 47819480

Facsimile
07 47213824

# The Medical Board of Queensland

Administration 3225 2509
Registrations 3225 2515
Complaints Unit 3225 2504
Health Assessment 3225 2532
FAX 3225 2527

RECORD NO 991357

24 December, 1999

Dr B Hodges
Townsville General Hospital
Eyre Street
NORTH WARD QLD 4810

Dear Dr Hodges

The undermentioned Doctor has made application to register.

FULL NAME: **Vincent Victor Berg**

QUALIFICATIONS CLAIMED: **MD VORONESH 1977**

**DOCUMENTS PRESENTED:**

| | |
|---|---|
| Primary Certificate | Yes |
| Other Certificates | N/A |
| Certificate of Good Standing | Yes |
| Certified photograph | Yes |
| Evidence of Internship | N/A |

The Board at its meeting on 26 October 1999 recommended conditional registration under Section 17C(a) for Dr Berg to undertake postgraduate training at Townsville General Hospital for a period of twelve months subject to completion of registration requirements **(interview).**

Would you please sign and date this Certificate below and return to this Office at your earliest convenience. Registration will be effective upon completion of a satisfactory interview.

Yours sincerely

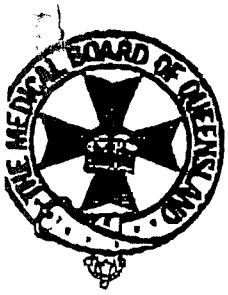
*for* REGISTRAR

I have interviewed the abovementioned Doctor 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 1939-1992;
(c) possess such qualifications as would, upon proof thereof satisfaction of the Board, entitle him/her to be registered.

Date: 4/01/00.

Office: Level 19, Forestry House, 160 Mary Street, Brisbane Q 4000
Correspondence address: GPO Box 2438, Brisbane Q 4001
e-mail: medboard@healthboards.qld.gov.au
Please address all correspondence to the Registrar



# The Medical Board of Queensland

Administration 3225 2503
Registrations 3225 2516
Complaints Unit 3225 2504
Health Assessment 3225 2532
FAX 3225 2527

RECORD NO .....

## TO BE COMPLETED BY OVERSEAS GRADUATES

I understand that for an overseas graduate to obtain general registration it is necessary to be a permanent resident of Australia and pass the examinations set by the Australian Medical Council.

| VINCENT BERG | V. Berg | 04.01.2000 |
|---|---|---|
| PRINT NAME | SIGNATURE | DATE |

Office: Level 19, Forestry House, 160 Mary Street, Brisbane Q 4000
Correspondence address: GPO Box 2438, Brisbane Q 4001
email: medical@healthroyalty.qld.gov.au
Please address all correspondence to the Registrar

MRS MS MISS (DR) OTHER (please specify)

(title) BERG GIVEN NAMES (in full) VINCENT VICTOR

OUS NAME(S) (if applicable) VICTOR TCHEKALINE

NGUAGES SPOKEN(other than English) RUSSIAN, GERMAN

DEGREE OF FLUENCY FUNCTIONAL ☑ NATIVE SPEAKING ☑

| Date of Birth | Country of Birth | Sex Male ☑ Female ☐ |
|---|---|---|

| POSTAL ADDRESS (For Inclusion in Public Register) | PROFESSIONAL ADDRESS | RESIDENTIAL ADDRESS |
|---|---|---|
| Department of Psychiatry Townsville General Hospital | same | same |
| Postcode | Postcode | Postcode |

CONTACT TELEPHONE NUMBERS: DAY ( ) AFTER HOURS ( )

**REGISTRATION:**

State/territory/country first registered USSR and year 1977

Are you currently registered elsewhere? YES ☐ NO ☐ If yes, give State/Territory/Country

Have you previously been registered in another State or Territory of Australia? YES ☐ NO ☑
If yes, give State/Territory/Country

Have you previously been registered in Queensland? YES ☐ NO ☑ YEAR

**A CURRENT CERTIFICATE OF GOOD STANDING FROM YOUR PRESENT REGISTERING AUTHORITY IS REQUIRED BEFORE COMMENCEMENT OF PRACTISE.**

CATEGORY OF REGISTRATION APPLIED FOR: GENERAL (UNCONDITIONAL) ☐

CONDITIONAL (State Conditions) ☑

SPECIALIST (See Back Page) ☐

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

| Degree/Diploma/Certificate | University/College/Examining Body | Year Conferred |
|---|---|---|
| Doctor of Medicine in Psychiatry | Voronezh State University (USSR) | 1977 |

**SUMMARY OF EXPERIENCE AS A MEDICAL PRACTITIONER SINCE QUALIFYING**
(If insufficient space set out on separate page)

| Practice Name/Employer | Address | Period of Practice |
|---|---|---|
| Psychiatrist, Voronezh Regional Psychiatric Clinic | Voronezh-city (Russia) | 1977 - 1986 |

**CUMSTANCES: If "Yes" to any of the following, please provide full details on a separate sheet.**

disability affecting your capacity to practise? YES ☐ NO ☑

e subject of disciplinary proceedings in any State, Territory, Country or any preliminary investigations is that may lead to disciplinary proceedings in relation to your practice as a medical practitioner? YES ☐ NO ☑

ur registration cancelled or currently suspended as a result of disciplinary action in any State, Territory Country? YES ☐ NO ☑

Are you otherwise personally prohibited from carrying out practice as a Medical Practitioner in any State, Territory or Country other than for non-payment of fees? YES ☐ NO ☑

Are you subject to any special conditions in carrying out practice as a Medical Practitioner as a result of criminal, civil or disciplinary proceedings in any State, Territory or Country? YES ☐ NO ☑

Have you ever been refused registration in any State, Territory or Country? YES ☐ NO ☑

Have you been found guilty, pleaded guilty to, or at any time been convicted of any indictable offence in the last 10 years? YES ☐ NO ☑

Are you an Australian Citizen or have Permanent Resident Status? YES ☐ NO ☑

**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. Leon Petkhokovsky
Address Gold Coast Hospital
Department of Psychiatry
Occupation Senior Psychiatrist
Telephone _____ Postcode ☐☐☐☐

Name Dr. Diana Hamilton
Address Gold Coast Hospital
Department of Psychiatry
Occupation Consultant psychiatrist
Telephone _____ Postcode ☐☐☐☐

I do solemnly and sincerely 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 photograph/s which bears my signature and is a recent likeness as certified on the back by.....; that I make this solemn declaration conscientiously believing the same to be true.

VINCENT BERG
Printed Name of Applicant

V. Berg
Signature of Applicant

J COCHRAN
Printed Name of Witness

[illegible]
Signature of Witness

Date: 13th day of DECEMBER 19 99

**ACCOMPANYING ITEMS: The following should be attached:**

**ALL PHOTOCOPIES MUST BE CERTIFIED AS TRUE COPIES BY A JUSTICE OF THE PEACE OR A COMMISSIONER FOR DECLARATIONS**

**APPLICATION AND REGISTRATION FEE: ~~$210.00~~** $260.00

**PROOF OF IDENTITY:**

- drivers licence, birth certificate, passport or Certificate of Australian Citizenship
- marriage certificate (if applicable)
- statutory declaration for any name changes
- recent passport type photograph/s with signature on the back

**TRANSLATIONS:** Where applicable translation of any documents must be by a certified translator

**PROOF OF QUALIFICATIONS:** Original or certified copies of relevant documents:

- original or copy of qualifications including specialist qualifications
- current registration/practising certificate
- recent reference relating to employment within the past five years

**CURRICULUM VITAE**

THIS IS TO CERTIFY
THAT THIS IS A TRUE
OPY OF THE ORIGINAL
F WHICH I HAVE SIGHTED

O. Rodgers JP.

**Migration Act 1958**

The Entry Permit embodied in this document is issued to

BERG, VINCENT VICTOR
(TCHEKALINE, Victor)
DOB: 19/02/1952

Issuing Officer

Applicant to the Migration Act 1958

McMILLAN

AUSTRALIA ENTRY PERMIT 817 RESIDENT P<<<

DORS SYDNEY CONDITIONS MIG.REGS.SCHED.9

1.TCHEKALINE VICTOR - BERG, VINCENT

GRANTED PERMISSION TO REMAIN IN AUSTRALIA FOR RESIDENCE ON 25JUL94. THIS PERMIT HAS NO FORCE OR EFFECT AFTER THE HOLDER LEAVES AUSTRALIA.

7545000492S1

50/85C0

13 December 1999 991357

Dr VV Berg

Dear Dr Berg

You have been granted conditional registration on a temporary basis as a Medical Practitioner in Queensland pursuant to **Section 17C(a)** of the Medical Act 1939 to enable you to undertake a period of post-graduate training in **psychiatry** at **Townsville General Hospital** for a period of **twelve months**, subject to completion of registration requirements. These are as follows:

1) Interview with a Board member.

Registration is contingent upon you undertaking the approved training within Townsville General Hospital during the period of your registration, and any related practice approved by the Board. Any variation to your practice will require further approval by the Board.

The outstanding registration requirements must be completed before commencement of practise. Please note that you have to commence practise within six months from the date of this letter. If you cannot complete the requirements and are unable to commence practice in the permitted activity within the six month period, you must inform this office in writing. Your application will lapse at the conclusion of the six month period if registration has not been effected, unless an extension has been approved.

Yours faithfully

*for* REGISTRAR

cc: Medical Superintendent
Townsville General Hospital

**CUMSTANCES: If "Yes" to any of the following, please provide full details on a separate sheet.**

disability affecting your capacity to practise? YES ☐ NO ☑

e subject of disciplinary proceedings in any State, Territory, Country or any preliminary investigations s that may lead to disciplinary proceedings in relation to your practice as a medical practitioner? YES ☐ NO ☑

ur registration cancelled or currently suspended as a result of disciplinary action in any State, Territory Country? YES ☐ NO ☑

Are you otherwise personally prohibited from carrying out practice as a Medical Practitioner in any State, Territory or Country other than for non-payment of fees? YES ☐ NO ☑

Are you subject to any special conditions in carrying out practice as a Medical Practitioner as a result of criminal, civil or disciplinary proceedings in any State, Territory or Country? YES ☐ NO ☑

Have you ever been refused registration in any State, Territory or Country? YES ☐ NO ☑

Have you been found guilty, pleaded guilty to, or at any time been convicted of any indictable offence in the last 10 years? YES ☐ NO ☑

Are you an Australian Citizen or have Permanent Resident Status? YES ☐ NO ☑

**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. Leon Petkhokovsky
Address Gold Coast Hospital
Department of Psychiatry
Occupation Senior Psychiatrist
Telephone _____ Postcode ☐☐☐☐

Name Dr. Diana Hamilton
Address Gold Coast Hospital
Department of Psychiatry
Occupation Consultant psychiatrist
Telephone _____ Postcode ☐☐☐☐

I do solemnly and sincerely 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 photograph/s which bears my signature and is a recent likeness as certified on the back by.....; that I make this solemn declaration conscientiously believing the same to be true.

VINCENT BERG
Printed Name of Applicant

V. Berg
Signature of Applicant

D COCHRAN
Printed Name of Witness

Signature of Witness

Date: 13th day of DECEMBER 19 99

**ACCOMPANYING ITEMS: The following should be attached:**

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**APPLICATION AND REGISTRATION FEE: ~~$210.00~~** $260.00

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- marriage certificate (if applicable)
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**TRANSLATIONS:** Where applicable translation of any documents must be by a certified translator

**PROOF OF QUALIFICATIONS:** Original or certified copies of relevant documents:

- original or copy of qualifications including specialist qualifications
- current registration/practising certificate
- recent reference relating to employment within the past five years

**CURRICULUM VITAE**

Form No. M 02

THE MEDICAL

BOARD OF QUEENSLAND



# APPLICATION FOR REGISTRATION

# AS A

# MEDICAL PRACTITIONER

# IN QUEENSLAND

*MEDICAL ACT 1939*

***Please Read the Accompanying Guidelines Before Completing this Form***

Complete Form and Return with Accompanying Documents to:

The Registrar
Medical Board
GPO Box 2438
BRISBANE QLD 4001

Telephone (07) 3225 2515
Facsimile (07) 3225 2527
E-mail medical@healthregboards.qld.gov.au

or deliver to

Office of the Health
Professional Registration Boards
19th Level
Forestry House
160 Mary Street
BRISBANE QLD 4000

**APPLICATION DETAILS** - Please ✔ Appropriate Box And Print Complete Information Requested as per Accompanying Guidelines

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

SURNAME BERG GIVEN NAMES (in full) VINCENT VICTOR

PREVIOUS NAME(S) (if applicable) VICTOR TCHEKALINE

LANGUAGES SPOKEN (other than English) RUSSIAN, GERMAN

DEGREE OF FLUENCY FUNCTIONAL ☑ NATIVE SPEAKING ☑

| Date of Birth | Country of Birth | Sex Male ☑ Female ☐ |
|---|---|---|

| POSTAL ADDRESS (For Inclusion in Public Register) | PROFESSIONAL ADDRESS | RESIDENTIAL ADDRESS |
|---|---|---|
| Department of Psychiatry Townsville General Hospital | same | same |
| Postcode ☐☐☐☐ | Postcode ☐☐☐☐ | Postcode ☐☐☐☐ |

CONTACT TELEPHONE NUMBERS: DAY ( ) _____ AFTER HOURS ( ) _____

REGISTRATION:

State/territory/country first registered USSR and year 1977

Are you currently registered elsewhere? YES ☐ NO ☐ If yes, give State/Territory/Country _____

Have you previously been registered in another State or Territory of Australia? YES ☐ NO ☑
If yes, give State/Territory/Country _____

Have you previously been registered in Queensland? YES ☐ NO ☑ YEAR _____

A CURRENT CERTIFICATE OF GOOD STANDING FROM YOUR PRESENT REGISTERING AUTHORITY IS REQUIRED BEFORE COMMENCEMENT OF PRACTISE.

CATEGORY OF REGISTRATION APPLIED FOR: GENERAL (UNCONDITIONAL) ☐

CONDITIONAL (State Conditions) ☑

SPECIALIST (See Back Page) ☐

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

| Degree/Diploma/Certificate | University/College/Examining Body | Year Conferred |
|---|---|---|
| Doctor of Medicine in Psychiatry | Voronezh State University (USSR) | 1977 |

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

| Practice Name/Employer | Address | Period of Practice |
|---|---|---|
| Psychiatrist, Voronezh Regional Psychiatric Clinic | Voronezh-city (Russia) | 1977 - 1986 |

**SPECIAL *CIRCUMSTANCES: If "Yes" to any of the following, please provide full details on a separate sheet.***

Have you any disability affecting your capacity to practise? YES ☐ NO ☑

Are you the subject of disciplinary proceedings in any State, Territory, Country or any preliminary investigations or actions that may lead to disciplinary proceedings in relation to your practice as a medical practitioner? YES ☐ NO ☑

Is your registration cancelled or currently suspended as a result of disciplinary action in any State, Territory or Country? YES ☐ NO ☑

Are you otherwise personally prohibited from carrying out practice as a Medical Practitioner in any State, Territory or Country other than for non-payment of fees? YES ☐ NO ☑

Are you subject to any special conditions in carrying out practice as a Medical Practitioner as a result of criminal, civil or disciplinary proceedings in any State, Territory or Country? YES ☐ NO ☑

Have you ever been refused registration in any State, Territory or Country? YES ☐ NO ☑

Have you been found guilty, pleaded guilty to, or at any time been convicted of any indictable offence in the last 10 years? YES ☐ NO ☑

Are you an Australian Citizen or have Permanent Resident Status? YES ☐ NO ☑

**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. Leon Petshokovsky
Address Gold Coast Hospital
Department of Psychiatry
Occupation Senior Psychiatrist
Telephone _____ Postcode ☐☐☐☐

Name Dr. Diana Hamilton
Address Gold Coast Hospital
Department of Psychiatry
Occupation Consultant psychiatrist
Telephone _____ Postcode ☐☐☐☐

I do solemnly and sincerely 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 photograph/s which bears my signature and is a recent likeness as certified on the back by.....; that I make this solemn declaration conscientiously believing the same to be true.

VINCENT BERG
Printed Name of Applicant

V. Berg
Signature of Applicant

D COCHRAN
Printed Name of Witness

Signature of Witness

Date: 13th day of DECEMBER 19 99

**ACCOMPANYING ITEMS: The following should be attached:**

**ALL PHOTOCOPIES MUST BE CERTIFIED AS TRUE COPIES BY A JUSTICE OF THE PEACE OR A COMMISSIONER FOR DECLARATIONS**

**APPLICATION AND REGISTRATION FEE:** ~~$210.00~~ $260.00

**PROOF OF IDENTITY:**

- drivers licence, birth certificate, passport or Certificate of Australian Citizenship
- marriage certificate (if applicable)
- statutory declaration for any name changes
- recent passport type photograph/s with signature on the back

**TRANSLATIONS:**

Where applicable translation of any documents must be by a certified translator

**PROOF OF QUALIFICATIONS: Original or certified copies of relevant documents:**

- original or copy of qualifications including specialist qualifications
- current registration/practising certificate
- recent reference relating to employment within the past five years

**CURRICULUM VITAE**

INSTRUCTION FOR COMPLETION OF APPLICATION:

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

- **SPECIALIST REGISTRATION:**

  Application for registration as a specialist requires a separate form available on request from the Medical Board.

- **PRACTICE NAME:**

  Practitioners who wish to practice under a name other than the name specified on their Registration certificate must obtain written approval of the Medical Board.

- **ADDITIONAL QUALIFICATIONS:**

  Registrable qualifications other than those listed as primary qualifications may be listed by the Medical Board on application.

- **FEE EXEMPTIONS:**

  Applications for fee exemption may be considered by the Medical Board from practitioners over the age of 70 years.

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

**Credit Card Payments (Visa, Mastercard or Bankcard through mail or over counter only; not by fax or phone)**

For this payment to be accepted you must complete all sections below.

VISA ☐ MASTERCARD ☐ BANKCARD ☐

CARD NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

EXPIRY DATE _____ CARD HOLDER'S NAME (Print) _____

CARD HOLDER'S SIGNATURE _____ AMOUNT $ 260·00

**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.

## FOLLOW THIS GUIDE WHILE COMPLETING THE REGISTRATION APPLICATION FORM

These guidelines are to assist you in the completion of your application and to prevent delays in processing by the Board.

1. All sections of the form **MUST** be completed.

2. Applicant's declaration **MUST** be witnessed.

*Failure to complete the declaration may delay processing of your application.*

3. **Certified copies of academic qualifications** must be attached to the application form.

4. A **current and original Certificate of Good Standing** from your present registering authority is required - this certificate must have been issued within a period of three months prior to the date of **commencing** practise in Queensland. If you are not currently registered or if you are registered in more than one jurisdiction, a certificate from the registration authority where you most recently practised must be provided.

5. **Certified** copies of documents evidencing any name change must be provided.

6. Prior to forwarding your application please complete the **checklist** on the opposite page of this brochure.

7. **Original documents or certified copies** must be submitted before registration can be confirmed. Facsimile applications cannot be accepted.

8. A **Curriculum Vitae** must be provided.

9. **Evidence of Internship** must be provided if you graduated within the last three years.

## APPLICANT CHECK LIST

- Have you completed the form in full? ☐
- Has the declaration been witnessed ? ☐
- Is relevant documentary evidence of qualifications and experience in Medicine attached ? ☐
- Have you attached the prescribed fees payment of ~~$210.00~~ $260.00 ☐
- Have you attached two recent passport size photographs signed and verified on the reverse side to be a true likeness? ☐
- Have your attached your Curriculum Vitae ☐

**If you do not follow these guidelines and provide all of the requested supporting documentation, delays may occur in processing your application.**

All applications for registration must be approved by the full Medical Board, and applicants must be personally interviewed on behalf of the Board by the President or an authorised member of the Board before registration is authorised.

You should ensure that you allow sufficient time for completion of all registration requirements before any intended date of commencement of practise to which you are committed. **(AT LEAST 6 WEEKS)**

Should you need further information please contact a staff member of the Medical Board by telephone on : (07) 3225 2528 or e-mail: medical@healthregboards.qld.gov.au

991357
ABN 35 789 357 327

November 10, 2000

The Medical Superintendent/Manager
Townsville General Hospital
Eyre Street
NORTH WARD QLD 4810

Dear Sir/Madam

It is noted on the Board's records that Dr Berg's conditional registration under Section 17C(a) of the *Medical Act 1939* is due to lapse on 03 January 2001. Dr Berg must not engage in any activities permitted under the terms of the registration after that date.

**Any extension of registration or other variation will require a fresh application and fee of $50.00 together with any necessary further documentation (eg. letter of request from hospital, area of need certification or a performance report if required).** Documentation submitted in respect of an initial application need not be resubmitted with a renewed application.

If you wish for Dr Berg to continue practising beyond the above date, please contact this office immediately as all continuations must have prior Board approval.

You may contact this office between 9.00am - 4.00 pm on 3225 2514/2528 to obtain an application form.

Yours sincerely

for REGISTRAR

cc: Dr Vincent Victor Berg

No support from College

18.12.00

EXTRACT OF MINUTES, ORDINARY MEETING OF THE MEDICAL BOARD OF QUEENSLAND HELD ON TUESDAY 26 OCTOBER 1999

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SECTION 17C(a)

991357 **BERG**, VINCENT VICTOR - MD VORONESH 1977

**RESOLVED** that Dr Berg be approved conditional registration under Section 17C(a) to undertake postgraduate training in psychiatry at Townsville General Hospital for a period of 12 months upon completion of registration requirements.

---

1st July Board
received
$60.00
photo
CC degree + translation
C.V.

Dr Berg.

13 Oct. - $160
+ appt letter.

13 Dec - application form.

Aun. 26/10/99 RAC

interviewed
in T'ville
24/12/99.

reg'd from 4/1/00

---

; Campbell (from 6.05pm), Dr M Cohn, Professor TRO Cramond
r D Lange, Dr G J Powell, Ms R Penny

See Illawa

OCTOBER RAC.

**991357** **BERG,** VINCENT VICTOR - MD VORONESH 1977

Townsville General Hospital is seeking conditional registration under Section 17C(a) for Dr Berg to undertake postgraduate training in psychiatry for a period of 12 months.

***RECOMMEND that Dr Berg be approved conditional registration under Section 17C(a) to undertake postgraduate training in psychiatry at Townsville General Hospital for a period of 12 months upon completion of registration requirements.***

**HEALTH PROFESSIONAL REGISTRATION BOARDS**

***The Medical Board of Queensland***
***OFFICIAL RECEIPT***

Receipt Number: 1093005

14-OCT-1999

Dr VV Berg

Received the sum of
$160.00

Registered Number: 991357

***REGISTRATIONS ARE SUBJECT TO RATIFICATION OF THE BOARD AND SUBSEQUENT ISSUE OF A FORMAL CERTIFICATE***

---

***PAYMENT DETAILS FOR THIS RECEIPT:***

| | | |
|---|---|---|
| Medical Practitioners Register | Application Fee (ALF Comp) | 160.00 |

*Please keep this receipt in a safe place.*
*A duplicate receipt will not be issued, however a statement of fees paid may be provided upon payment of a fee.*

# THE MEDICAL BOARD OF QUEENSLAND
# REGISTRATION FORM CHECK LIST

✔ Appropriate Box Only

**Registration No** 991357

**Receipt No.** 1093005

**Receipt Date** 14-OCT-1999

**Amount** 160.00

**Receipted by** ABLETTK

**NAME:** Berg, Vincent Victor

**Qualifications on which Application is Based**

| | YES | NO | N/A | | YES | NO | N/A |
|---|---|---|---|---|---|---|---|
| Degree/Diploma Certificate | ☐ | ☐ | ☐ | Proof of Identity | ☐ | ☐ | ☐ |
| Certificate of Good Standing | ☐ | ☐ | ☐ | Certified Photograph (s) | ☐ | ☐ | ☐ |

**Category of Registration:** Conditional - Section 17C(a)

**Overseas Applicants:**

Interview Arranged with: _____ Date _____ Time _____

Authorized by Phone with _____ Administrative Officer _____ Date

**To Registration Advisory Committee on:** Date _____

| | YES | NO |
|---|---|---|
| Registration Letter Typed | ☐ | ☐ |

Administrative Officer _____

I am satisfied that the above applicant has:

(a) duly applied to the **Medical** Board of Queensland for registration;

(b) complied with the provisions of the ***Medical Act 1939***; and

(c) possesses such qualifications as would, upon proof thereof to the satisfaction of the Board, entitle the applicant to be registered in the category indicated below;

and in accordance with ***Section 6 of the Medical Act and Other Acts (Administration) Act 1966***, hereby grant registration hereunder.

Category of Registration Conditional - Section 17C(a)

Registration Date ____/____/____

Authorized Person _____ Date ____/____/____

"QU TY HE/ FO

1 8 OCT 1999

USER ID

TOW VILLE GENERAL HOSPITAL

# FAX COVER SHEET

THE INFORMATION CONTAINED IN THIS SIMILE TRANSMISSION IS CONFIDENTIAL INFORMATION AND MAY BE SUBJECT TO LEGAL PRIVILEGE, INTEN NLY FOR THE INDIVIDUAL TO WHOM IT IS ADDRESSED. THE PRIVILEGE IS NOT WAIVED, LOST OF DESTRO EASON OF THE MISTAKEN DELIVERY OR TRANSMISSION OF THIS DOCUMENT. IF RECEI IN ER NOTIFY US BY TELEPHONE AND DESTROY THE ORIGINAL TRANSMISSION.

TO: N

FACSIMILE NO: d. 7

FROM: Tows ille General Hospital

TELEPHONE NO: 4781 FACSIMILE NO:

TOTAL NO.OF PAGES: DING THIS PAGE)

DATE: 1 TIME:

IF ON PAGES, PLEASE ADVISE IMMEDIATELY

RE: URGENT BERG.

TOWNSVILLE HEAL

Human Resources Department
Townsville General Hospital

Our Ref: LBMcM

29th September, 1999

Dr Vincent Berg
12 Brahman Court
Tallebudgera

Dear Dr Berg,

I wish to advise that with the approv of the Chief Health Officer, Queensland Health, the Townsville Health Service District has appoin you to the position of Registrar, Psychiatry at the Townsville General Hospital as of 10th January, 0 for the 2000 Medical Year.

This appointment is subject to proof ueensland Medical Board Registration.

This position is responsible to the of Medical Services.

Terms and conditions o employ ill be in accordance with the Regional Health Authorities - Senior Medical Offic and R edical Officers' Award - State, the Queensland Health Industrial Relations P land Workplace Health and Safety Act, 1995. These documents are availa uman Resources Department at the Townsville General Hospital.

In addition to the above, I draw your tion to the following policies, procedures and information that apply to all employees. The Cod Conduct, Equal Employment Opportunity Information, The Grievance Procedure and Sexual Har ment Information are enclosed.

Your normal hours of duty are eig (80) hours per fortnight. Rosters and work patterns are determined at the work location in a rdance with the Award.

As a Medical Practitioner you agre bide by the Policies and Procedures pertaining to Medical Services within the Townsville Dist alth Service. These documents are located at the Medical Administration, Townsvill Genera l

You are also advised th this pos es not have right of private practice and any fees earned at the Hospital for service ndere patients shall be paid into the funds of the Townsville District Health Service.

You will be required to provide care public and private patients of the Townsville District Health Service as directed.

.../2

Office
Eyre Street
Townsville QLD

Post
PO B
Town 4810

Phone
(07) 4781 9277

Fax
(074772 4534

It is a Health Insurance Commissio equirement that you have a personal Provider Numbe to cover your period of employment at Towns le General Hospital. You require this number to refer patients to private specialists and /or request vate investigations. You are unable to bill patients using this number. Owing to changes to the edicare Agreement you will be required to write prescriptions for the Pharmaceutical Scheme. For th purpose you will require a prescriber number which is issued to you automatically with your first pro r number. Provider numbers are practice address specific but the prescriber number is permanent d not site specific.

Telephone installatio and ren a calls allowance (not exceeding 166 metered calls per annum) are paid by t Townsv ct Health Service.

The Townsville Distr ealth Tallebudge To le. P (07) 4781 Mick make provide a single economy class airfare for yourself from Mr Mick Jones, Travel Officer on (07) 4781 9773 or Fax y travel arrangements in liaison with yourself.

Assistance with the reasonable ostation expenses will be met by the Townsville District Health Service. Three (3) quotes, no cluding insurance, should be obtained and sent or faxed to the Human Resource Department for su equent approval of one. Please contact Ms Ava Ball, Personnel Officer, on 07 4781-945 should you have any queries in relation to your travelling or re-location.

Single accommodation is available ject to availability) in the Staff Quarters building on campus at the Townsville General Hospital. R are all single with communal cooking and bathing facilities.

Married accommodatio is only d to Medical staff who have an award entitlement (*SMO, Locums, Relieving Me al Offic Specialists and some Registrars who are seconded on the training programme*) o ose on tment of less than six (6) months.

Where required by married medica w to the area, a flat will be made available for three (3) weeks from the time of arrival to allo me to find their own accommodation.

Hospital flats, when available, are fu rnished two bedroom flats at a rent of $100 a week and the resident is responsible for electricity s. Furniture does not usually include microwave, television, video, stereo, bookcase or study des

In the event that the hospital has em ats which are deemed by the Property Manager to be excess to the usual requirements of the ho al, then these may be offered to medical staff who would not otherwise be entitled to a flat. Marri staff or short term staff would get preference.

If you require accommodation on y rival please call the Property Manager, Marty Richter on (07) 4781 9133, email: richterm@health.q giving as much notice as possible. No arrangements will be made for you unless you reques mmodation be provided by the Hospital.

As you have been appointed to the of the Townsville District Health Service you may be required to work at any facility under it's com This may include periods of time on Palm Island, Magnetic Island and providing country relief required to obtain separate provider numbers from the Health Insurance Commission for sp ppointments

All staff are required to wear an iden ation badge during working hours. The badge will be supplied upon commencement, and will rem e property of the Townsville District Health Service. It will have to be returned upon termination employment in order to obtain final payment of monies due.

I wish to point out that no liability will be accepted by the Townsville District Health Service for damages sustained to private motor vehicles while being driven or parked on Queensland Health property; or loss or damage including loss or damage by fire or theft; to private property or personal effects which are used or stored in premises or accommodation owned or used by the Townsville District Health Service.

**Declaration of Hepatitis B Immunisation**

In accordance with Circular 7/97 the Chief Health Officer has instructed that Hepatitis B immunisation will be a condition of employment for Queensland Healthcare Worker. As part of this condition you need to undertake either of the following:

- **provide evidence of Hepatitis B vaccination, or**
- **declare commitment to undertake Hepatitis B vaccination upon commencement, or prior to commencement of employment.**

Please confirm your acceptance of this appointment and conditions by completing the enclosed 'Acknowledgment' and returning same to the Director of Medical Services within FOURTEEN (14) DAYS from the date of this letter. You are advised to retain a copy for your records.

I would like to take this opportunity to congratulate you on your appointment and trust the coming year will be a mutually happy one.

Yours sincerely

Ivan Lucanto
Manager - Human Resources

Encl

B/C: Personnel File
Director of Medical Services
Accounts
Travel
Property Manager

~~and is dependant upon successful completion of Immigration requirements~~.

**Referees Report**
**From**
**Dr Petchovsky for Dr Vincent Berg**

Dr Petchovsky has been assisting Dr Berg during his period of acclimatisation at the Gold Coast. He is an experienced psychiatrist who understands the workings of the system from which Dr Berg has come. He described Dr Berg as a very typical European psychiatrist who has previously held a senior post. He describes him as an impressive man, both morally and ethically. As a student observer he has been greatly impressed by his knowledge of phenomenology and his interaction with patients. He feels he has a knowledge base in relation to certain areas, but there is a lack in terms of what described as "the hideous hurly burly of hospital based practice". He feels that Dr learnt in the time that they have been together to understand the biological psychiatry as practiced in Australia. He is good with patients. He is polite. He has a good command of English. He says that he understands that Dr Berg has that he might complete a full training program as he recognises that he has not practiced for some time and requires that.

We discussed a previous referees concerns about Dr Berg in terms of dealing with the practical issues of everyday psychiatry. He felt that Dr Berg would be able to handle this and that Dr Berg would bring a different perspective as an experienced European psychiatrist to the task.

Dr Petchovsky therefore gave unreserved recommendation in support of Dr Berg starting training. He agreed first year training was appropriate and that the first year exam would be a useful of gauging Dr Berg's progress.

Dr John Allan
***Director***
***Townsville District Integrated Mental Health Services***
20/09/99

Should be Dr Petchkovsky who is registered!

There is no Dr Petchovsky on the Register in Queensland

SUPPLEMENTARY

Resident Medical Officer Recruitment Processing System
REG/PHO

Queensland Health Staff Search
Applications by Discipline for 2000 - Psychiatry

31/08/99

**CA BARAT, NAYANIKA**
C/- THE PRINCE CHARLES HOSPITAL
RODE ROAD
CHERMSIDE QLD 4032

Home Phone: 07-33508111
Business Phone: 07-33508111
Fax Number: 07-33508825
Date of Birth: 25/07/72
Perm Aust Resident: No
Temp Visa Expires: 31/03/00
S'ship Bonded From: /

AUST/NZ Graduate: No
AMC Candidate: No
Passed MCQ: No
Clinical Candidate: No
Passed Clin Exam: No
Need Supervised Trg: Yes
To: /

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| TPCH REG PSYCH PHO | RBH REG PSYCH | PAH REG PSYCH | C&APSY REG PSYCH | GLDC REG PSYCH |

QLD Reg Status: C
QLD Reg Number: 982262
Accommodation: Single
Bond Complete: No
Post Grad Sought: FRANZCP
Part 1 Completed: No
Part 1 Year: 0
FRACGP ☐

| Year | Position |
|---|---|
| 1999 | PRINCE CHARLES HOSPITAL PHO PSYCH |
| 1998 | LOKMANYATILAK MUNICIPAL GENERAL |

| Year | Qualification | University |
|---|---|---|
| 1999 | DIPLOMA IN PSYCHO | INDIA |
| 1996 | MBBS | INDIA |

**NC BASHIR ELAHI, TARANEH**
36/89 SCOTT ROAD
HERSTON QLD 4006

Home Phone: 07 3856 5289
Business Phone: 07 3299 8899
Fax Number: -
Date of Birth: 13/05/70
Perm Aust Resident: Yes
Temp Visa Expires:
S'ship Bonded From:

AUST/NZ Graduate: Yes
AMC Candidate: No
Passed MCQ: No
Clinical Candidate: No
Passed Clin Exam: No
Need Supervised Trg: No
To:

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| RBH REG PSYCH | | | | |

QLD Reg Status: G
QLD Reg Number: 970025
Accommodation: Shared
Bond Complete: No
Post Grad Sought: FRANZCP
Part 1 Completed: No
Part 1 Year: 0
FRACGP ☐

| Year | Position |
|---|---|
| 1999 | LOG REG PSYCH |
| 1998 | RBH REG PSYCH |
| 1997 | RBH PHO PLASSURG |
| 1950 | RBH JHO |

| Year | Qualification | University |
|---|---|---|
| 1995 | MBChB | OTAGO |

**CP BERG, VINCENT V**
12 BRAHMAN COURT
TALLEBUDGERA QLD 4228

Home Phone: 07 -55348847
Business Phone: -
Fax Number: -
Date of Birth: 19/02/52
Perm Aust Resident: Yes
Temp Visa Expires:
S'ship Bonded From: /

AUST/NZ Graduate: No
AMC Candidate: No
Passed MCQ: No
Clinical Candidate: No
Passed Clin Exam: No
Need Supervised Trg: Yes
To: /

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| GLDC REG PSYCH | TWN REG PSYCH PRN | CNS REG PSYCH | LOG REG PSYCH | TWBA REG PSYCH |

QLD Reg Status: N
QLD Reg Number:
Accommodation: Family
Bond Complete: No
Post Grad Sought: FRANZCP
Part 1 Completed: No
Part 1 Year: 0
FRACGP ☐

| Year | Position |
|---|---|
| 1986 | VORONEZH USSR OTHER PSYCH |

| Year | Qualification | University |
|---|---|---|
| 1977 | DOCTOR OF MEDICIN | VORONERK USSR |

nge, CA - Change of Address, CP - Change of Presence, LA - Late Application, WI - Withdrawal

QUEENSLAND GOVERNMENT

AUSTRALIA POST
PURCHASER'S RECEIPT
2.50
Issuing Office
$1/60
55374889 45

QUEENSLAND HEALTH

TOWNSVILLE HEALTH SERVICE DISTRICT

Human Resoures Department
Townsville General Hospital

Our Ref: I: BMcM

HEALTH PROFESSIONAL BOARDS
13 OCT 1999
RECEIVED

29th September, 1999

Dr Vincent Berg

Dear Dr Berg,

I wish to advise that with the approval of the Chief Health Officer, Queensland Health, the Townsville Health Service District has appointed you to the position of Registrar, Psychiatry, at the Townsville General Hospital as of 10th January, 2000 for the 2000 Medical Year.

This appointment is subject to proof of Queensland Medical Board Registration.

This position is responsible to the Director of Medical Services.

Terms and conditions of employment will be in accordance with the Regional Health Authorities - Senior Medical Officers' and Resident Medical Officers' Award - State, the Queensland Health Industrial Relations Policies and the Queensland Workplace Health and Safety Act, 1995. These documents are available for perusal at the Human Resources Department at the Townsville General Hospital.

In addition to the above, I draw your attention to the following policies, procedures and information that apply to all employees. The Code of Conduct, Equal Employment Opportunity Information, The Grievance Procedure and Sexual Harassment Information are enclosed.

Your normal hours of duty are eighty (80) hours per fortnight. Rosters and work patterns are determined at the work location in accordance with the Award.

As a Medical Practitioner you agree to abide by the Policies and Procedures pertaining to Medical Services within the Townsville District Health Service. These documents are located at the Medical Administration, Townsville General Hospital.

You are also advised that this position does not have right of private practice and any fees earned at the Hospital for services rendered to hospital patients shall be paid into the funds of the Townsville District Health Service.

You will be required to provide care for public and private patients of the Townsville District Health Service as directed.

.../2

**Office**
Eyre Street
Townsville QLD

**Postal**
PO Box 643
Townsville QLD 4810

**Phone**
(07) 4781 9277

**Fax**
(074772 4534

It is a Health Insurance Commission requirement that you have a personal Provider Number to cover your period of employment at Townsville General Hospital. You require this number to refer patients to private specialists and /or request private investigations. You are unable to bill patients using this number. Owing to changes to the Medicare Agreement you will be required to write prescriptions for the Pharmaceutical Scheme. For this purpose you will require a prescriber number which is issued to you automatically with your first provider number. Provider numbers are practice address specific but the prescriber number is permanent and not site specific.

Telephone installation and rental plus a calls allowance (not exceeding 166 metered calls per annum) are paid by the Townsville District Health Service.

The Townsville District Health Service will provide a single economy class airfare for yourself from Tallebudgera to Townsville. Please contact Mr Mick Jones, Travel Officer on (07) 4781 9773 or Fax (07) 4781 9966. Mick will make the necessary travel arrangements in liaison with yourself.

Assistance with the reasonable cost of relocation expenses will be met by the Townsville District Health Service. Three (3) quotes, not including insurance, should be obtained and sent or faxed to the Human Resource Department for subsequent approval of one. Please contact Ms Ava Ball, Personnel Officer, on 07 4781-9457) should you have any queries in relation to your travelling or re-location.

Single accommodation is available (subject to availability) in the Staff Quarters building on campus at the Townsville General Hospital. Rooms are all single with communal cooking and bathing facilities.

Married accommodation is only provided to Medical staff who have an award entitlement (*SMO, Locums, Relieving Medical Officers, Staff Specialists and some Registrars who are seconded on the training programme*) or those on an appointment of less than six (6) months.

Where required by married medical staff new to the area, a flat will be made available for three (3) weeks from the time of arrival to allow them time to find their own accommodation.

Hospital flats, when available, are fully furnished two bedroom flats at a rent of $100 a week and the resident is responsible for electricity costs. Furniture does not usually include microwave, television, video, stereo, bookcase or study desk.

In the event that the hospital has empty flats which are deemed by the Property Manager to be excess to the usual requirements of the hospital, then these may be offered to medical staff who would not otherwise be entitled to a flat. Married staff or short term staff would get preference.

If you require accommodation on your arrival please call the Property Manager, Marty Richter on (07) 4781 9133, email: richterm@health.qld.gov.au giving as much notice as possible. No arrangements will be made for you unless you request accommodation be provided by the Hospital.

As you have been appointed to the staff of the Townsville District Health Service you may be required to work at any facility under it's control. This may include periods of time on Palm Island, Magnetic Island and providing country relief. You are required to obtain separate provider numbers from the Health Insurance Commission for such appointments

All staff are required to wear an identification badge during working hours. The badge will be supplied upon commencement, and will remain the property of the Townsville District Health Service. It will have to be returned upon termination of employment in order to obtain final payment of monies due.

.../3

## Declaration of Hepatitis B Immunisation

In accordance with Circular 7/97 the Chief Health Officer has instructed that Hepatitis B immunisation will be a condition of employment as a Queensland Healthcare Worker. As part of this condition you need to undertake either of the following:

- **provide evidence of Hepatitis B vaccination, or**
- **declare commitment to undertake Hepatitis B vaccination upon commencement, or prior to commencement of employment.**

Please confirm your acceptance of this appointment and conditions by completing the enclosed 'Acknowledgment' and returning same to the Director of Medical Services within FOURTEEN (14) DAYS from the date of this letter. You are advised to retain a copy for your records.

I would like to take this opportunity to congratulate you on your appointment and trust the coming year will be a mutually happy one.

Yours sincerely

Ivan Lucanto
Manager - Human Resources

Encl

991357:IW

25 August, 1999

Dr G Copland
Deputy Medical Superintendent
Gold Coast Hospital
108 Nerang Street
SOUTHPORT QLD 4215

Dear Dr Copland

I refer to your correspondence dated 12 July 1999, requesting registration for Dr Vincent Berg to be an observer within the department of psychiatry at Gold Coast Hospital.

Your request was considered at the Medical Boards' meeting of 24 August 1999 where it was resolved that Dr Berg be declined conditional registration as the Board considers such an activity to be the equivalent of a medical student, for which there is no suitable registration category.

Yours sincerely

*for* REGISTRAR

EXTRACT OF MINUTES, ORDINARY MEETING OF THE MEDICAL BOARD OF QUEENSLAND HELD ON TUESDAY 24 AUGUST 1999

---

SECTION 17C(a)

991357 **BERG**, VINCENT VICTOR - MD VORONESH 1977

**RESOLVED** that Dr Berg be declined conditional registration under Section 17C(a) to work as a clinical observer in the psychiatric department at Gold Coast Hospital as the Board considers such an activity to be the equivalent of a medical student, for which there is no suitable registration category.

---

Present: Dr L Toft, Professor C B Campbell, Dr M Cohn, Ms P Frampton, Dr F K Fry, Dr D Lange, Dr G J Powell

**HEALTH PROFESSIONAL REGISTRATION BOARDS**

*The Medical Board of Queensland*
*OFFICIAL RECEIPT*

Re ɔt Number:1081981

Dr VV Berg

14-JUL-1999
Received the sum of
$50.00

Registered Number:[redacted]

***REGISTRATIONS ARE SUBJECT TO RATIFICATION OF THE BOARD AND SUBSEQUENT ISSUE OF A FORMAL CERTIFICATE***

---

***PAYMENT DETAILS FOR THIS RECEIPT:***

| | | |
|---|---|---|
| Medical Practitioners Register | Application Fee Non-Refundable | 50.00 |

*Please keep this receipt in a safe place.*
*A duplicate receipt will not be issued, however a statement of fees paid may be provided upon payment of a fee.*

# THE MEDICAL BOARD OF QUEENSLAND
# REGISTRATION FORM CHECK LIST

✔ Appropriate Box Only

| | |
|---|---|
| **Registration No** | 991357 |
| **Receipt No.** | 1081981 |
| **Receipt Date** | 14-JUL-1999 |
| **Amount** | 50.00 |
| **Receipted by** | COCHRAND |

**NAME:** Berg, Vincent Victor

**Qualifications on which Application is Based**

| | YES | NO | N/A | | YES | NO | N/A |
|---|---|---|---|---|---|---|---|
| Degree/Diploma Certificate | ☑ | ☐ | ☐ | Proof of Identity | ☑ | ☐ | ☐ |
| Certificate of Good Standing | ☐ | ☐ | ☑ | Certified Photograph (s) | ☑ | ☐ | ☐ |

**Category of Registration:**

Conditional - Section 17C(a)

**Overseas Applicants:**

Interview Arranged with: _____ Date _____ Time _____

Authorized by Phone with _____ Administrative Officer _____ Date

**To Registration Advisory Committee on:** Date _____

| | YES | NO |
|---|---|---|
| Registration Letter Typed | ☐ | ☐ |

Administrative Officer _____

I am satisfied that the above applicant has:

(a) duly applied to the **Medical** Board of Queensland for registration;

(b) complied with the provisions of the ***Medical Act 1939***; and

(c) possesses such qualifications as would, upon proof thereof to the satisfaction of the Board, entitle the applicant to be registered in the category indicated below;

and in accordance with ***Section 6 of the Medical Act and Other Acts (Administration) Act 1966***, hereby grant registration hereunder.

Category of Registration Conditional - Section 17C(a)

Registration Date ____/____/____

Authorized Person _____ Date ____/____/____

QUEENSLAND HEALTH

OFFICE GOLD COAST HOSPITAL
108 NERANG STREET
SOUTHPORT 4215 QLD AUSTRALIA
OR DX41516
PHONE (07) 55718 534
FACSIMILE (07) 55718 989

GOLD COAST DISTRICT HEALTH SERVICE
Medical Administration

ENQUIRIES Medical Admin.
PHONE 07-55718 977
OUR REF GC:JR
YOUR REF

12 July, 1999



The Registrar
Medical Board of Queensland
GPO Box 2438
BRISBANE 4001

Dear Sir

**RE: REGISTRATION OF DR. VINCENT BERG UNDER SECTION 17C(a) OF THE MEDICAL ACT 1939 - 1981**

This Russian trained Psychiatrist has been offered a position as a clinical observer by Clinical Professor P. Morris, Director of Psychiatry, Gold Coast Hospital. In this capacity, Dr. Berg will not be renumerated. He will be assessed as to his prospect of successfully entering the medical workforce in Australia. Accordingly, it is recommened that some consideration be given by the Board to reducing the fee that is normally payable for this application.

Please find enclosed the following documentation in support of Dr. Berg's application:

- Completed Application for Registration
- Money Order for $50.00
- Two certified photographs
- Detailed Curriculum Vitae of Dr. Vincent Berg
- Short Curriculum Vitae of Dr. Vincent Berg
- Certified copy of Russian Passport together with certified copy of Australian Permanent Residency Refugee Visa Class 817 (protection)
- Certified copy of letter from Philip Ruddock MP, re granting of Australian Citizenship
- Certified copy of Certificate of Australian Citizenship
- Certified copy of letter from the Translating and Interpreting Service of the Dept. of Immigration & Ethnic Affairs
- Certify copy of Degree of Doctor of Medicine in Psychiatry and certified copy of its official translation
- Certified copy of the first page of the Extract from Testing List as the supplement to the Degree of Doctor of Medicine in Psychiatry and certified copy of its official translation

- Certified copy of the second page of the Extract from Testing List as the supplement to the Degree of Doctor of Medicine in Psychiatry and certified copy of its official translation
- Certified copy of the first page of the research Degree of Candidate of Sciences in Psychology and certified copy of its official translation
- Certified copy of the second page of the research Degree of Candidate of Sciences in Psychology and certified copy of its official translation

Yours faithfully

**Dr. Geoff Copland**
**Deputy Medical Superintendent**

Dr. Vincent Berg

09th of July 1999

Medical Board of Queensland

Dear Sir/Madam,

I am respectfully asking you for a Conditional Registration as a medical practitioner in Psychiatry which would allow me to undertake further training in Psychiatry as a clinical observer in the Gold Coast Hospital and, possibly, in the near future, as Registrar if I am successful in my application for this position.

I am sending you: (1) Completed application form for registration as a medical practitioner, (2) money order for $50 (fifty) dollars as a payment of the prescribed fee, (3) passport sized photograph signed by me, (4) Curriculum Vitae and detailed Curriculum Vitae outlining medical training, training in psychiatry, qualifications, relevant experience, and research, (5) certified copy of my Russian passport, (6) certified copy of Australian permanent residency refugee visa class 817 (protection), (7) certified copy of the letter of Philip Ruddock, MP, Minister for Immigration and Multicultural Affairs about granting me Australian citizenship, (8) certified copy of the Certificate of Australian Citizenship, (9) certified copy of the letter from the Translating and Interpreting Service of the Department of Immigration and Ethnic Affairs, (10) certified copy of Degree of Doctor of Medicine in Psychiatry, and certified copy of its official translation, (11) certified copy of the first page of the Extract From Testing List as The Supplement to the Degree of Doctor of Medicine in Psychiatry, and certified copy of its official translation, (12) certified copy of the second page of the Extract From Testing List as The Supplement to the Degree of Doctor of Medicine in Psychiatry, and certified copy of its official translation, (13) certified copy of the first page of the research Degree of Candidate of Sciences in Psychology and certified copy of its official translation, (14) certified copy of the second page of the research Degree of Candidate of Sciences in Psychology and certified copy of its official translation.

My detailed Curriculum Vitae, which I am sending you with this letter, contains evidence of years spent as a Medical Officer including those in a hospital.

Unfortunately, I am not able to provide the names of any referees because I have been never employed in Australia as you can know from my general Curriculum Vitae. Also, I could not provide any referees from Russia because, I am a political refugee under Australian Government protection, and, for my safety sake, any contacts with Russian authorities and giving them (directly or indirectly) any information concerning me should be avoided. For the same reason, I cannot provide a statement regarding my work performance from hospitals at which I have been employed since graduation and a Letter of Good Standing from the relevant Board of the country in which I worked.

I do understand that this provides some difficulties for you in making a decision, however, I do believe that it must be a special and favourable

consideration for such circumstances, otherwise, it would mean that I,[2] Australian citizen, do not have equal to all other Australians opportunities because of my background only (which is not my fault). I do hope your efficient help will follow.

Because I have not been practising for a long time, I understand the necessity for me to update my professional knowledge and experience. I am willing to do this, undertaking a full training in Psychiatry.

I would like be registered as psychiatrist in Queensland and practise as such.

Also I would like to bring your attention to the fact that the documents of my professional qualifications are issued to the name of Tchekaline, Victor Vladimirovich, which appears in my Russian passport and Australian permanent residency refugee visa class 817 (protection) together with the name of Berg, Vincent Victor. However, as a refugee, for security reasons, I do not use the name of Tchekaline, Victor Vladimirovich any longer. The declaration, stating this, had been signed by me in the Department of Immigration and Multicultural Affairs. Yet, this information is confidential and must not be disclosed to any third side. If you have any questions concerning this matter, please, contact the Department of Immigration and Multicultural Affairs.

I thank you very much for your attention and help.

With the best wishes,
yours faithfully,

V. Berg

Vincent Berg.

Form No. M 02

THE MEDICAL

BOARD OF QUEENSLAND

# APPLICATION FOR REGISTRATION

# AS A

# MEDICAL PRACTITIONER

# IN QUEENSLAND

*MEDICAL ACT 1939*

*Please Read the Accompanying Guidelines Before Completing this Form*

Complete Form and Return with Accompanying Documents to:

The Registrar
Medical Board
GPO Box 2438
BRISBANE QLD 4001

Telephone (07) 3225 2515
Facsimile (07) 3225 2527

or deliver to

Office of the Health
Professional Registration Boards
19th Level
Forestry House
160 Mary Street
BRISBANE QLD 4000

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

SURNAME BERG

GIVEN NAMES (in full) VINCENT VICTOR

PREVIOUS NAME(S) (if applicable) VICTOR TCHEKALINE

LANGUAGES SPOKEN (other than English) RUSSIAN, GERMAN

| Date of Birth 19.02.1952 | Country of Birth USSR | Sex Male ☑ Female ☐ |
|---|---|---|

| POSTAL ADDRESS (For Inclusion in Public Register) | PROFESSIONAL ADDRESS | RESIDENTIAL ADDRESS |
|---|---|---|
| Postcode ☐☐☐☐ | Postcode ☐☐☐☐ | Postcode |

CONTACT TELEPHONE NUMBERS: DAY ( ) _____ AFTER HOURS ( ) _____

REGISTRATION:

State/territory/country first registered USSR and year 1977

Are you currently registered elsewhere? YES ☐ NO ☑ If yes, give State/Territory/Country _____

Have you previously been registered in another State or Territory of Australia? YES ☐ NO ☑
If yes, give State/Territory/Country _____

Have you previously been registered in Queensland? YES ☐ NO ☑ YEAR _____

**A current Certificate of Good Standing from your present registering authority is required.**

CATEGORY OF REGISTRATION APPLIED FOR: GENERAL (UNCONDITIONAL) ☐

CONDITIONAL (State Conditions) ☑ further study

SPECIALIST (See Back Page) ☐

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

| Degree/Diploma/Certificate | University/College/Examining Body | Year Conferred |
|---|---|---|
| Doctor of Medicine in Psychiatry | Voronezh State University (USSR) | 1977 |
| | | |

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

| Practice Name/Employer | Address | Period of Practice |
|---|---|---|
| Voronezh Regional Neuro-psychiatric Clinic | Voronezh (Russia) | 01.1978 - 09.1986 |
| | | |
| | | |

SPECIAL CIRCUMSTANCES: *If "Yes" to any of the following, please provide full details on a separate sheet.*

Have you any disability affecting your capacity to practise? YES ☐ NO ☑

Are you the subject of disciplinary proceedings in any State, Territory, Country or any preliminary investigations or actions that may lead to disciplinary proceedings in relation to your practice as a medical practitioner? YES ☐ NO ☑

Is your registration cancelled or currently suspended as a result of disciplinary action in any State, Territory or Country? YES ☐ NO ☑

Are you otherwise personally prohibited from carrying out practice as a Medical Practitioner in any State, Territory or Country other than for non-payment of fees? YES ☐ NO ☑

Are you subject to any special conditions in carrying out practice as a Medical Practitioner as a result of criminal, civil or disciplinary proceedings in any State, Territory or Country? YES ☐ NO ☑

Have you ever been refused registration in any State, Territory or Country? YES ☐ NO ☑

Have you been found guilty, pleaded guilty to, or at any time been convicted of any indictable offence in the last 10 years? YES ☐ NO ☑

Are you an Australian Citizen or have Permanent Resident Status? See copy of citizenship certificate YES ☑ NO ☐

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 _____ Name _____

Address _____ Address _____

Occupation _____ Occupation _____

Telephone _____ Postcode ☐☐☐☐ Telephone _____ Postcode ☐☐☐☐

I do solemnly and sincerely 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 photograph/s which bears my signature and is a recent likeness as certified on the back by.....; that I make this solemn declaration conscientiously believing the same to be true.

VINCENT BERG
Printed Name of Applicant

V. Berg
Signature of Applicant

Printed Name of Witness

Signature of Witness

Date: 09 day of July 19 99

ACCOMPANYING ITEMS: The following should be attached:

ALL PHOTOCOPIES MUST BE CERTIFIED AS TRUE COPIES BY A JUSTICE OF THE PEACE OR A COMMISSIONER FOR DECLARATIONS

APPLICATION AND REGISTRATION FEE: See Guideline

PROOF OF IDENTITY:

- drivers licence, birth certificate, passport or Certificate of Australian Citizenship
- marriage certificate (if applicable)
- statutory declaration for any name changes
- recent passport type photograph/s with signature on the back

TRANSLATIONS: Where applicable translation of any documents must be by a certified translator

PROOF OF QUALIFICATIONS: Original or certified copies of relevant documents:

- original or copy of qualifications including specialist qualifications
- current registration/practising certificate
- recent reference relating to employment within the past five years

INSTRUCTION FOR COMPLETION OF APPLICATION:

ALL SECTIONS OF THIS FORM MUST BE COMPLETED

- **SPECIALIST REGISTRATION:**

  Application for registration as a specialist requires a separate form available on request from the Medical Board.

- **PRACTICE NAME:**

  Practitioners who wish to practice under a name other than the name specified on their Registration certificate must obtain written approval of the Medical Board.

- **ADDITIONAL QUALIFICATIONS:**

  Registrable qualifications other than those listed as primary qualifications may be listed by the Medical Board on application.

- **FEE EXEMPTIONS:**

  Applications for fee exemption may be considered by the Medical Board from practitioners over the age of 70 years.

ADDITIONAL COMMENTS OR INFORMATION FROM APPLICANT IN SUPPORT OF REQUEST FOR REGISTRATION AS A MEDICAL PRACTITIONER

# Curriculum Vitae of Vincent V. Berg

I was born on the 19 February 1952 in the USSR.

I completed High School in August 1969. In September 1969, I entered medical faculty of the Voronezh State University as a student in Medicine with major in Psychiatry and completed its full course in May 1977 with Doctor's Degree in Psychiatry. I fully completed the psychiatric internship and submitted the research thesis on the topic "Schizophrenia as A Cause of the Alienation of Personality from Society and of the Antisocial Behaviour". From May 1977 to December 1978, I had undertaken a research in Psychology on the topic "The Alienation of Personality From Society as A Cause of Antisocial Behaviour". After the completion of this research, I had been awarded the research Degree of the Candidate of Sciences in Psychology, which, I believe, is equal to Australian PhD in Psychology.

Since January 1978 until April 1982, I had been working as a full-time lecturer in Abnormal Psychology at the Voronezh State University. Also, since January 1978 until August 1986, I had been working as a part-time psychiatrist in the psychiatric clinic of the State Department of Health. In April 1982, I had been ordained a deacon in the Russian Orthodox Church. In June 1982, I had been ordained a priest. In June 1986, I had been consecrated as a bishop. In August 1986, I was illegally arrested by the KGB for my political and religious beliefs. In January 1988, I had been released from the KGB prison. However, I was not allowed to practice officially as psychiatrist, psychologist and priest. I had been working as a priest in the underground Church and practising secretly as a psychiatrist and psychologist.

The communist authorities tried to stop my activities and attempted to kill me. The persecutions forced me to leave the country of my birth. In December 1992, I arrived in Australia.

All my circumstances and documents were checked and approved by the Australian Federal authorities. In October 1993, I was recognised by the Australian Federal Government as a refugee for political reasons and gained domestic protection. By that time, I rejected Russian citizenship. In June 1994, I was granted permanent residence in Australia, and, on the 30th October 1996, - Australian citizenship.

I arrived in Australia with my son. As a sole parent I was granted pension by the government. For the last 6 years, I dedicated my time to my son, looking after him, to the improvement of my English to the acceptable for a job of psychiatrist condition, and to the private academic research on suicide. My son finishes high school this year. My English, I believe, is suitable for a job. Now I am willing to start practising as psychiatrist.

Vincent Berg V. Berg

# Detailed Curriculum Vitae of Dr. Vincent Victor Berg

| | |
|---|---|
| ***Medical Faculty of the Voronezh State University:*** | |
| Dates of rotation | 01.09.1969 – 21.05.1977 |
| Classification | Full-time student in Medicine with major in Psychiatry |
| Number of studied subjects | 58 (fifty eight) |
| Total hours of studied subjects | 6,180 (six thousand one hundred and eighty) hours |
| Studied subjects (names and hours) | See enclosed Extract From Testing List |
| Practical training in subjects | One half of a total time per a subject |
| Course research works | Neurology (20,000 words) and General Psychiatry (25,000 words) |
| Course work | Organisation and planning of health care (15,000 words) |
| Total medical practice time at the university (not including internship): | 669 (six hundred and sixty nine) hours |
| Practice in the Voronezh Regional General Hospital | 348 (three hundred and forty eight) hours |
| general | 102 (one hundred and two) hours |
| nursing | 43 (forty three) hours |
| surgical | 203 (two hundred and three) hours |
| Psychiatric practice in the Voronezh Regional Psychiatric Hospital | 321 (three hundred and twenty one) hours |
| general psychiatry | 142 (one hundred and forty two) hours |
| psychotherapy | 61 (sixty one) hours |
| child and adolescent psychiatry | 58 (fifty eight) hours |
| forensic psychiatry | 60 (sixty) hours |
| Psychiatric internship in the Voronezh Regional Psychiatric Hospital: | |
| dates of rotation | 01.09.1975 – 01.05.1977 |
| classification | Full-time psychiatrist (supervised) – 40 (forty) hours per week, 01.09.75 – 31.08.76<br>Part-time psychiatrist (supervised) – 20 (twenty) hours per week, 01.09.76 – 01.05.77 |

| | |
|---|---|
| supervisor (individual) | Professor of Psychiatry M. Shumsky (Doctor of Medicine in Psychiatry) |
| training experience | Two thirds of time spent treating inpatients (adults and children) with various diseases, mostly with acute forms of schizophrenia and manic-depressive psychosis. One third of time spent in hospital's clinic treating outpatients (adults and children) with anxiety and personality disorders, depressions, paranoias, hysterias, addictions to substances, etc. |
| Qualifying research in Psychiatry: | |
| form | Research and thesis (60,000 words) |
| topic | "Schizophrenia as a Cause of the Alienation of Personality From Society and of the Antisocial Behaviour" |
| dates of rotation | 01.09.1975 – 01.05.1977 |
| supervisor | Professor of Psychiatry M. Shumsky (Doctor of Medicine in Psychiatry) |
| Degree awarded | Doctor of Medicine in Psychiatry |
| ***Medical Faculty of the Voronezh State University:*** | |
| Dates of rotation | January 1978 – April 1982 |
| Classification | Lecturer in Abnormal Psychology |
| Appointment | Full-time, 38 (thirty eight) hours per week |
| Location | Voronezh-city (USSR) |
| Supervision | Without supervision |
| ***Voronezh Regional Psycho-neurological clinic:*** | |
| Dates of rotation | January 1978 – August 1986 |
| Classification | Psychiatrist |
| Appointment | Part-time, 20 (twenty) hours per week |
| Location | Voronezh-city (USSR) |
| Supervision | By senior staff in the forms of consultations when requested, ward rounds, and professional meetings |

| | |
|---|---|
| Patients treated | Outpatients (adults and children) with various psychiatric diseases. Inpatients of the Voronezh Regional Psychiatric Hospital, when visiting patients sent by myself, or when invited for consultation |
| ***Awarded the Research Degree of the Candidate of Sciences in Psychology*** (equivalent of Australian PhD in Psychology): | |
| Date | 15.12.1978 |
| Form | Research, thesis (85,000 words), and publications |
| Topic | "The Alienation of Personality From Society as A Cause of Antisocial Behaviour" |
| ***Private (secretly) Practice as Psychiatrist:*** | |
| Dates of rotation | January 1988 – September 1992 |
| Classification | Psychiatrist |
| Location | Private house in Tula-city (Russia) |
| Average hours per week | 10 (ten) hours |
| Patients (adults only) | Mostly with anxiety and depressive disorders. Some – with schizophrenia, manic-depressive psychoses, etc. |
| Treatment technics | Psychotherapy including hypnosis |

Migration Act

The Entry Permit embodied in this document is issued to

BERG, VINCENT VICTOR

(TCHEKALINE, Victor)

DOB: 19021952

Pursuant to the Migration Act 1958

Issuing Officer

AUSTRALIA ENTRY PERMIT 817 RESIDENT P<<<

DORS SYDNEY CONDITIONS MIG.REGS.SCHED.9

1.TCHEKALINE VICTOR - BERG, VINCENT

GRANTED PERMISSION TO REMAIN IN AUSTRALIA FOR RESIDENCE ON 25JUL94. THIS PERMIT HAS NO FORCE OR EFFECT AFTER THE HOLDER LEAVES AUSTRALIA.

7545000492S1

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON .....

COMMISSIONER FOR DECLARATIONS
DEPARTMENT OF JUSTICE AND ATTORNEY-GENERAL
Reg. No. 36789

S678500

McMILLAN

Предъявитель сего, граждан ин/ка СО
СОЦИАЛИСТИЧЕСКИХ

Чекалин
(фамилия)

Виктор
(имя и отчество)

1952 г. 2.
(дата и место рождения — date et lieu

BERG, VINCENT
(nom)

(Tchekaline
(et prénoms)

отправляется за границу.
se rend à l'étranger.

Лица, внесенн
Personnes inscr

l'enfant
né en 1
BERG, AN

Паспорт действите
Ce passeport est val

Подпись

MINISTER FOR IMMIGRATION
AND MULTICULTURAL AFFAIRS

PARLIAMENT HOUSE
CANBERRA, A.C.T. 2600

DR VINCENT VICTOR BERG
4/8 ANGIE CT
MERMAID WATERS QLD 4218

File No. : SO96017
Cit. Ref. : SO96015658

8th August 1996

Dear DR BERG,

I am pleased to tell you that your application for the grant of Australian citizenship has been approved. On behalf of the Government and people of Australia, I would like to congratulate you on your decision to become an Australian citizen.

Australian citizenship is the common bond which unites all Australians. Today Australians come from more than two hundred different cultural backgrounds. Becoming an Australian citizen means that you have adopted as your home a country which respects the diverse cultural inheritance of all its citizens.

It is a symbol of commitment to Australia and its people and a decision to share in the responsibilities of being an Australian. In return Australia offers a share of the rewards. Citizenship gives you the opportunity to fully participate in Australian social and political life - an opportunity to have a real say in our future.

The final step in becoming an Australian citizen is making a Pledge of commitment at a citizenship ceremony. You should note that you will not acquire the legal status of an Australian citizen until you make this pledge.

In accordance with the wish you expressed at your citizenship interview, arrangements have been made for you to attend a ceremony performed by a delegated officer of your local government authority.

If you have any enquiries in regard to becoming an Australian citizen or if you have changed your address since you lodged your application, please contact the office of the Department at which your application was lodged quoting your file and reference numbers.

Details of the time and date of the ceremony at which you will receive your certificate of Australian citizenship will be forwarded to you by your local government authority. Please wait for the local government's written advice for the date for your ceremony.

On behalf of the Government and all Australians I would like to welcome you and wish you happiness and prosperity in the years to come.

Yours sincerely

Philip Ruddock

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON.....

DECLARATIONS
Reg. No. 36788
DEPARTMENT OF JUSTICE AND ATTORNEY-GENERAL


*COMMONWEALTH OF AUSTRALIA*

*Australian Citizenship Act 1948*

# *Certificate of Australian Citizenship*

***VINCENT VICTOR BERG***

*Born on 19th February 1952*

*having applied for a Certificate of Australian Citizenship, having satisfied the conditions prescribed by the* Australian Citizenship Act 1948 *for the grant of such a Certificate and having undertaken to fulfil the responsibilities of a citizen,*

*I, the Minister for Immigration and Multicultural Affairs, grant this Certificate of Australian Citizenship to the abovenamed applicant who is an Australian citizen on and after* Wednesday 30th October 1996

*Issued by the authority of the Minister for Immigration and Multicultural Affairs*

***MINISTER FOR IMMIGRATION AND MULTICULTURAL AFFAIRS***

*No.* SO9601565S

MAYOR, City of Gold Coast

ACC 0809572

*CHILDREN INCLUDED IN CERTIFICATE*

*The names of the following children who have not attained the age of sixteen years and of whom the grantee of this Certificate is a responsible parent have been included in this Certificate.*

| *NAME OF CHILD* | *DATE OF BIRTH* |
|---|---|
| *1. ANDREAS VICTOR BERG* | *09/09/82* |

*MINISTER*
*FOR IMMIGRATION AND*
*MULTICULTURAL AFFAIRS*

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON 6.7.99

COMMISSIONER FOR DECLARATIONS
Reg. No. 36788
DEPARTMENT OF JUSTICE AND ATTORNEY-GENERAL

DEPARTMENT OF IMMIGRATION, AND ETHNIC AFFAIRS

TRANSLATING AND INTERPRETING SERVICE - BRISBANE

**TRANSLATED FROM** RUSSIAN

**REGISTRATION NO.** 033924 **YEAR** 1994

**OFFICE** BRISBANE

The Department, in making the translation, gives no warrant as to the authenticity or otherwise of the original document.

# Extract Translation of

01 Driver's Licence

02 Degree of Doctor of Medicine in Psychiatry

03 First page of the Extract From Testing List as The Supplement to the Degree of Doctor of Medicine in Psychiatry

04 Second page of the Extract From Testing List as The Supplement to the Degree of Doctor of Medicine in Psychiatry

05 First page of Degree of the Candidate of Sciences in Psychology

06 Second page of Degree of the Candidate of Sciences in Psychology

DEPT. OF IMMIGRATION AND ETHNIC AFFAIRS
BRISBANE
OFFICIAL TRANSLATION
29 NOV 1994
Any unsealed alteration to this translation renders it invalid

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON .....

COMMISSIONER FOR DECLARATIONS
Reg. No. 26788
DEPARTMENT OF JUSTICE AND ATTORNEY-GENERAL

**Any unsealed alteration to this translation renders it invalid.**

# ДИПЛОМ

М-I № 723438

Настоящий диплом выдан ЧЕКАЛИНУ
ВИКТОРУ ВЛАДИМИРОВИЧУ
в том, что он в 1969 году поступил
в Воронежский государственный
университет
и в 1977 году окончил полный курс
медицинского факультета
названного университета
по специальности
«ПСИХИАТРИЯ»

Решением Государственной экзаменационной
комиссии от «21» мая 1977 г.
ЧЕКАЛИНУ
ВИКТОРУ ВЛАДИМИРОВИЧУ
присвоена квалификация
врача-психиатра

Председатель Государственной
экзаменационной комиссии

Декан

Секретарь

Город Воронеж «28» мая 1977 г.
Регистрационный № 58769

Первая типография Гознака. 1976.

I certify that this is a copy of the original medical degree in psychiatry from Voronezh State University in Russia awarded to Dr Vladimirovich now known to Dr Vincent V Berg. I have sighted the original degree. Yours sincerely,

Philip L P Morris

# DEGREE

**M-I № 723438**

This Degree is given to
**TCHEKALINE VICTOR VLADIMIROVICH,**
certified that,
in year **1969**, he started studying in the
**VORONEZH STATE UNIVERSITY,**
and that,
in year **1977,** he had completed the full program of the medical faculty of this university by the subject
**"PSYCHIATRY".**

According to the decision of the State Examination Committee of Experts of the 21st of May 1977,
TCHEKALINE V.V. has been awarded professional qualification of

***Medical Doctor in Psychiatry.***

DEPT. OF IMMIGRATION AND ETHNIC AFFAIRS
BRISBANE
OFFICIAL TRANSLATION
29 NOV 1994
Any unsealed alteration to this translation renders it invalid
02

The Seal of the Ministry
Of High Education of
Russian Federation
Voronezh State University

Chairman
Rector
Registrar

Voronezh-city, 28 of May 1977
Registration number 58769

12/6/99.
I certify that this is a translated copy of the original medical degree in psychiatry from Voronezh State University for Dr Nadumovich who is now known as Dr Vincent V Berg. I have sighted the original degree.

Приложение к диплому М-1 № 723438

**ВЫПИСКА ИЗ ЗАЧЕТНОЙ ВЕДОМОСТИ**
(без диплома недействительна)

Тов. **Чекалин Виктор Владимирович** за время пребывания в Воронежском государственном университете с **1969** по **1977** год сдал (а) экзамены и зачеты по следующим дисциплинам специальности «Психиатрия»:

| № п/п | Наименование дисциплины | Объемы часов | Оценка |
|---|---|---|---|
| 1 | Анатомия | 278 | хорошо |
| 2 | Анатомическая практика | 144 | отлично |
| 3 | Анестезиология | 34 | хорошо |
| 4 | Антропология | 94 | отлично |
| 5 | Бактериология | 142 | хорошо |
| 6 | Гигиена, охрана труда и жилища | 50 | хорошо |
| 7 | Гражданская оборона | 52 | зачет |
| 8 | Дерматология | 38 | отлично |
| 9 | Диагностика заболеваний | 40 | отлично |
| 10 | Иностранный язык | 314 | отлично |
| 11 | Инфекционные заболевания | 154 | хорошо |
| 12 | История КПСС | 102 | хорошо |
| 13 | Латинский язык | 70 | отлично |
| 14 | Марксистско-ленинская философия | 88 | удовлетв |
| 15 | Научный коммунизм | 34 | удовлетв |
| 16 | Неврологические заболевания | 194 | отлично |
| 17 | Исследовательская работа по неврологическим заболеваниям | | отлично |
| 18 | Неврологическая хирургия | 64 | отлично |
| 19 | Общая биология | 186 | отлично |
| 20 | Общая медицина | 226 | отлично |
| 21 | История медицины | 130 | отлично |
| 22 | Общая психиатрия | 284 | отлично |
| 23 | Исследовательская работа по общей психиатрии | | отлично |
| 24 | История психиатрии | 46 | отлично |
| 25 | Психиатрическая фармакология | 176 | отлично |
| 26 | Психотерапия | 122 | отлично |
| 27 | Детская психиатрия | 116 | отлично |
| 28 | Судебная психиатрия | 120 | отлично |
| 29 | Общая хирургия | 190 | хорошо |
| 30 | Общая клиническая практика | 102 | отлично |
| 31 | Общая психология | 322 | отлично |
| 32 | Исследовательская работа по общей психологии | | отлично |

| | | | |
|---|---|---|---|
| 33 | История психологии | 32 | отлично |
| 34 | Поведенческая психология | 140 | отлично |
| 35 | Клиническая психология | 52 | отлично |
| 36 | Общая химия и биохимия | 278 | хорошо |
| 37 | Онкологические заболевания | 34 | отлично |
| 38 | Организация и планирование здравоохранения | 40 | отлично |
| 39 | Курсовая работа по организации и планированию здравоохранения | | отлично |
| 40 | Основы генетики | 92 | отлично |
| 41 | Отоларингология | 44 | хорошо |
| 42 | Патология | 56 | хорошо |
| 43 | Педиатрия | 46 | отлично |
| 44 | Политическая экономия | 110 | хорошо |
| 45 | Профессиональные заболевания | 38 | хорошо |
| 46 | Профилактическая медицина | 42 | отлично |
| 47 | Рентгеноскопия и радиология | 34 | хорошо |
| 48 | Сердечно-сосудистые заболевания | 60 | хорошо |
| 49 | Судебная медицина | 48 | отлично |
| 50 | Токсикология | 52 | отлично |
| 51 | Уход за больными | 86 | отлично |
| 52 | Фармакология | 138 | отлично |
| 53 | Физика и математика | 226 | хорошо |
| 54 | Физиология | 264 | хорошо |
| 55 | Физиотерапия | 78 | хорошо |
| 56 | Физическое воспитание | 110 | зачет |
| 57 | Хирургическая анатомия | 120 | отлично |
| 58 | Хирургическая практика | 48 | хорошо |
| 59 | Врачебная этика | 44 | зачет |

Тов. Чекалин Виктор Владимирович выполнил квалификационную психиатрическую практику (интернатура) с оценкой « отлично » и исследовательскую работу на тему «Шизофреническое заболевание как причина отчуждения личности от общества и антисоциального поведения » с оценкой « отлично ».

Ректор университета _____

Декан факультета _____

Секретарь факультета _____

г. Воронеж, « 27 » мая 19 77 г. Регистрационный № 58769

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON .....

Типография Воронежского государственного университета. Заказ 723.58.19

Reg. No 36788

Supplement to Degree M-1 No 723438



# Extract From Testing List

(not valid without degree)

Mr. Tchekaline, Victor Vladimirovich during the time of studying in the Voronezh State University from 1969 to 1977 years had passed the examinations by following subjects of the specialisation "Psychiatry":

| No | The Name of Subject | Hours | Appraisal |
|---|---|---|---|
| 1 | Anatomy | 278 | good |
| 2 | Anatomical practice | 144 | excellent |
| 3 | Anaesthesiology | 34 | good |
| 4 | Anthropology | 94 | excellent |
| 5 | Bacteriology | 142 | good |
| 6 | Hygiene, guarding of labour and home | 50 | good |
| 7 | Civil defence | 52 | tested |
| 8 | Dermatology | 38 | excellent |
| 9 | Diagnostics | 40 | excellent |
| 10 | Foreign language | 314 | excellent |
| 11 | Infectious diseases | 154 | good |
| 12 | The history of the communist party | 102 | good |
| 13 | Latin language | 70 | excellent |
| 14 | Marx-Lenin's philosophy | 88 | satisfactory |
| 15 | Scientific communism | 34 | satisfactory |
| 16 | Neurology | 194 | excellent |
| 17 | Research in neurology | | excellent |
| 18 | Neurological surgery | 64 | excellent |
| 19 | General biology | 186 | excellent |
| 20 | General medicine | 226 | excellent |
| 21 | The history of medicine | 130 | excellent |
| 22 | General psychiatry | 284 | excellent |
| 23 | Research in general psychiatry | | excellent |
| 24 | The history of psychiatry | 46 | excellent |
| 25 | Psychopharmacology | 176 | excellent |
| 26 | Psychotherapy | 122 | excellent |
| 27 | Children's psychiatry | 116 | excellent |
| 28 | Forensic psychiatry | 120 | excellent |
| 29 | General surgery | 190 | good |
| 30 | General clinical practice | 102 | excellent |
| 31 | General psychology | 322 | excellent |
| 32 | Research in general psychology | | excellent |
| 33 | The history of psychology | 32 | excellent |
| 34 | Behavioural psychology | 140 | excellent |
| 35 | Clinical psychology | 52 | excellent |
| 36 | General chemistry and biochemistry | 278 | good |
| 37 | Oncology | 34 | excellent |
| 38 | Organisation and planning of the health care | 40 | excellent |
| 39 | Course work for the organisation and planning of the health care | | excellent |
| 40 | Basics of genetics | 92 | excellent |
| 41 | Otolaryngology | 44 | good |
| 42 | Pathology | 56 | good |
| 43 | Paediatrics | 46 | excellent |
| 44 | Political economy | 110 | good |
| 45 | Occupational therapy | 38 | good |

| | | | |
|---|---|---|---|
| 46 | Preventive medicine | 42 | excellent |
| 47 | Radiology | 34 | good |
| 48 | Heart diseases | 60 | good |
| 49 | Forensic medicine | 48 | excellent |
| 50 | Toxicology | 52 | excellent |
| 51 | Nursing | 86 | excellent |
| 52 | Pharmacology | 138 | excellent |
| 53 | Physics and mathematics | 226 | good |
| 54 | Physiology | 264 | good |
| 55 | Physiotherapy | 78 | good |
| 56 | Sport | 110 | tested |
| 57 | Surgical anatomy | 120 | excellent |
| 58 | Surgical practice | 48 | good |

Mr. Tchekaline, Victor Vladimirovich had completed the psychiatric practice for the qualification (the internship) with appraisal "excellent" and research thesis on the topic "Schizophrenia as a Cause of the Alienation of Personality from Society and of the Antisocial Behaviour" with appraisal "excellent".

The Seal of the Ministry
of High Education of
Russian Federation
Voronezh State University
Voronezh-city 27th of May 1977

Rector of University
Dean of Faculty
Registrar of Faculty
Registration Number 58769

DEPT. OF IMMIGRATION AND ETHNIC AFFAIRS
BRISBANE
OFFICIAL TRANSLATION
29 NOV 1994
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04

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON .....

COMMISSIONER FOR DECLARATIONS
DEPARTMENT OF JUSTICE AND ATTORNEY-GENERAL
Reg. No. 36788

# ДИПЛОМ
# КАНДИДАТА НАУК

## ПС-XIII № 14211

Решением Высшей аттестационной комиссии СССР и Ученого совета Воронежского государственного университета

***Чекалину Виктору Владимировичу***

присвоена ученая степень

***кандидата психологических наук.***

Председатель Высшей аттестационной комиссии

Ректор

Секретарь

«15» XII 1978 г.

# ПС-XII № 14211

Тов. *Чекалин Виктор Владимирович* для соискания ученой степени *кандидата психологических наук* подготовил и успешно защитил диссертацию на тему *«Отчуждение личности от общества как причина антисоциального поведения»*.

Секретарь

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON 9.7.94

COMMISSIONER FOR DECLARATIONS
Reg. No. 36788
DEPARTMENT OF JUSTICE AND ATTORNEY-GENERAL

# DEGREE

## Of the Candidate of Sciences

**ПС-XII № 14211**

According to the decision of the High Committee of Attestation of USSR and Research Council of the Voronezh State University,

## *Tchekaline Victor Vladimirovich*

Is awarded the research Degree of the

## *Candidate of Sciences in Psychology.*

DEPT. OF IMMIGRATION AND ETHNIC AFFAIRS
BRISBANE
OFFICIAL TRANSLATION
29 NOV 1994
Any unsealed alteration to this translation renders it invalid
05

The Seal of the Ministry
Of High Education of
Russian Federation
Voronezh State University

Chairman
Rector
Registrar

Voronezh-city, 15th of December 1978

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON .....

COMMISSIONER FOR DECLARATIONS
DEPARTMENT OF JUSTICE AND ATTORNEY-GENERAL
Reg. No. 36788

# ПС-XII № 14211

Mr. Tchekaline Victor Vladimirovich, seeking the award of the research Degree of the Candidate of Science in Psychology, had submitted the research thesis on the topic " The Alienation of Personality From Society as A Cause of Antisocial Behaviour".

The Seal of the Ministry Of High Education of Russian Federation Voronezh State University

DEPT. OF IMMIGRATION AND ETHNIC AFFAIRS
BRISBANE
OFFICIAL TRANSLATION
28 NOV 1994
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06

Registrar

I, LYNETTE IRENE SMITH DO HEREBY CERTIFY THIS TO BE A TRUE PHOTOSTAT COPY OF THE ORIGINAL AS SIGHTED BY ME ON 9.9.99

COMMISSIONER FOR DECLARATIONS
DEPARTMENT OF JUSTICE
Rep. No. 26788

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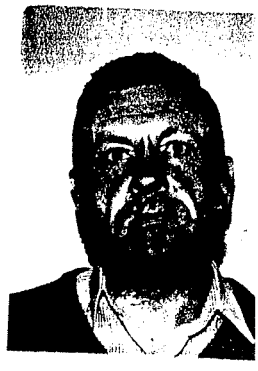

VÚÚÖÄÚÄ BÄÖÎ

Sent.

Dr. Vincent Berg

10th of June 1999

Medical Board of Queensland
Fax (07) 3225 2527

Dear Sir/Madam,

Please, could you send me the application form for the registration as a medical practitioner.

I would like to be registered as psychiatrist and practise as such. I am prepared to fill an area of need vacancy in a psychiatrist capacity, if such exists in Queensland. Also, I am willing to update my professional knowledge and experience undertaking a postgraduate training, e.g. such as external study for the Doctor of Medicine in Psychiatry in the University of New South Wells. If you advise me what is the most sufficient way for me to become a registered psychiatrist in Queensland, I would be very grateful. Saying the most sufficient way for me, I mean that my case is rather unusual.

I was born on the 19 February 1952 in the USSR.

I completed High School in August 1969. In September 1969, I entered medical faculty of the Voronezh State University and completed its full course in May 1977 with Doctor's Degree in Psychiatry. I fully completed the psychiatric internship and submitted the research thesis on the topic "Schizophrenia as A Cause of the Alienation of Personality from Society and of the Antisocial Behaviour". From May 1977 to December 1978, I had undertaken a research in Psychology on the topic "The Alienation of Personality From Society as A Cause of Antisocial Behaviour". After the completion of this research, I had been awarded the research Degree of the Candidate of Sciences in Psychology, which, I believe, is equal to Australian PhD in Psychology.

Since January 1978 until April 1982, I had been working as a full-time senior lecturer in Abnormal Psychology at the Voronezh State University. Also, since January 1978 until August 1986, I had been working as a part-time psychiatrist in the psychiatric clinic of the State Department of Health. In April 1982, I had been ordained a deacon in the Russian Orthodox Church. In June 1982, I had been ordained a priest. In June 1986, I had been consecrated as a bishop. In August 1986, I was illegally arrested by the KGB for my political and religious beliefs. In January 1988, I had been released from the KGB prison. However, I was not allowed to practice officially as psychiatrist, psychologist and priest. I had been working as a priest in the underground Church and practising secretly as a psychiatrist and psychologist.

The communist authorities tried to stop my activities and attempted to kill me. The persecutions forced me to leave the country of my birth. In December 1992, I arrived in Australia.

All my circumstances and documents were checked and approved by the Australian Federal authorities. In October 1993, I was recognised by the Australian Federal Government as a refugee for political reasons and gained

VÜÜÖÄÜÄ BÄÖÎ

domestic protection. By that time, I rejected Russian citizenship. In June 1994, I was granted permanent residence in Australia, and, on the 30th October 1996, - Australian citizenship.

I arrived in Australia with my son. As a sole parent I was granted pension by the government. For the last 6 years, I dedicated my time to my son, looking after him, to the improvement of my English to the acceptable for a job of psychiatrist condition, and to the private academic research on suicide. My son finishes high school this year, and my English, I believe, is suitable for a job. Now I am willing to start practising as psychiatrist. Your every possible help on this way would meet my great gratitude.

However, there are some more obstacles which I am concerned about. I know that all assessments of qualifications and registration procedures require payments of fees. Yet, from my story you understand that I arrived to Australia without any means for living, I do not have any financial support from overseas, and my financial possibilities are unlikely to allow me to pay the required fees. Also, I cannot provide referees reports and a Certificate of Good Standing from Australia, because I have been never employed here. It cannot be gotten from Russia for understandable reasons and for my safety sake as a political refugee under Australian Government protection.

I do believe that it must be a special and favourable consideration for such circumstances, otherwise, it would mean that I, Australian citizen, do not have equal to all other Australians possibilities because of my background only (which is not my fault).

I do hope this letter will meet your favourable attention and your efficient help will follow.

I thank you very much for your help.

With the best wishes,
yours faithfully,

Vincent Berg.