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ASSOCIATED UNIVERSITIES, INC.
Upton, Long Island, New York 11973
MEDICAL DEPARTMENT
PERSONAL INFORMATION FORM

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Please read the following instructions and complete appropriate portions of this form. Additional information may be entered under item 16. If an item does not apply, enter "N.A." All information will be treated as confidential.

Brookhaven National Laboratory will offer appointments only to individuals who, at time of arrival to take up an appointment, are over 18 and under 65 years of age.

All appointees will be required to sign a patent agreement upon arrival to begin work. If any difficulty is anticipated in respect to this, it is the responsibility of the individual to resolve the matter before arrival.

Appointees who expect to receive allowances for travel and moving expenses should indicate under item 16 the number of accompanying family members.

1. NAME GRANT William James
Last First Middle

2. ADDRESS San Francisco
Number Street City State Zip Code

3. BUSINESS TELEPHONE _____ HOME TELEPHONE _____
Area Code Exchange Number Extension

4. ARE YOU A U.S. CITIZEN? YES NO

5. SOCIAL SECURITY NO. _____

6. HIGHER EDUCATION

Institution	Degree	Date Granted	Major
Cornell University	B.A.	1944	ZOO (pre-med)
Cornell Univ. Medical College	M.D.	Mar 1947	

7. TITLE OF DOCTORAL THESIS N/A

8. NAME OF THESIS ADVISOR _____

9. TO BE COMPLETED BY APPLICANTS HOLDING M.D. DEGREE

INTERNSHIP 1) Grasslands Hosp., Valhalla, N.Y. (Rot) 1947-48
2) Graco-New Haven Community Hosp, New Haven (path) 48-49

RESIDENCIES 1) " " " " 1949 (interrupted by mil. service)
2) Los Angeles County Gen. Hosp, L.A. (med) 1949-50
3) UCLA Medical Center, L.A. (Chief Res. Medicine) 1956-57

LICENSURE (List by whom issued (e.g., States, Provinces, Nat. Bd. Med. Ex.) Date of Issue, Number) _____
California, 1954, A15353

SPECIALTY BOARD CERTIFICATION _____

NON-U.S. CITIZENS ONLY: ECFMG Certificate Number or date to take test _____

BEST COPY AVAILABLE

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CURRICULUM VITAE

A. Personal Information

1. William James Grant
2. San Francisco,
3. Permanent Home Address: c/o Robert P. Grant, Jr.,
New York
4. Born
5. Place of Birth: Watertown, New York
6. Citizenship: USA
7. Single, male

B. Education

1. High School: Clayton, Central School, Clayton, New York
2. Univ. Degrees: Cornell University, B.A., 1945
Cornell University Medical College, M.D., Mar. 1947
3. Internships: Rotating Internship, Grasslands Hospital, Valhalla, N.Y.
1947-48
Straight Internship, Pathology, Grace-New Haven Commun.
Hosp, New Haven, Conn., 1948-49
3. Residencies: Grace-New Haven in Pathology, July-Sept 1949, this
interrupted by call to mil. service.
(Medical Officer, US Army, 1949-53).
Resident Physician, Medicine, LA County Gen Hosp, 53-56
Chief Res. Physician, Med, UCLA Med Center, 56-57
4. Fellowships: Fellow in Cardiology & Instructor In Medicine, LA Co Hosp,
1957-58
Fellow in Endocrinology, New England Center Hosp.,
Boston, 1958-59
Senior Research Assistant, American Univ. of Beirut,
Beirut, Lebanon, Jan to June 1961
Asst. Professor Medicine, Univ. of Southern Calif.,
May 1962 to Sept 1973

C. Society Memberships: Los Angeles Society of Internal Medicine American College of Emergency Physicians

D. Publications:

- Tranquada, R.E., Bernstein, S., Grant, W.J., Intravenous Methylene Blue
in the Therapy of Lactic Acidosis. Arch Int Med 114:13-25, July 1964
- Tranquada, R.E., Yamada, S., Grant, W.J.: Inulin Resistant Diabetic
Coma. Clinical Research 13: 109, Jan 1965
- Tranquada, R.E. and Grant, W.J.: Lactic Acidosis: Observations on
40 Cases. Clinical Research, 13:133, Jan 65
- Tranquada, R.E., Grant, W.J. and Peterson, C.R.: Lactic Acidosis:
Observations on 46 Cases. Arch Int Med 117:192, Feb 66
- Beigelman, P.H., Martin, H.E., Miller, L. & Grant, W.J., Severe
Diabetic Ketoacidosis, JAMA, Nov 10, 69, 210:1032
- Pearson, H. & Grant, W.J., Presumed Transmission of Salmonella by
Salmidazole, Calif Med. 112:23, Feb 70
- Beigelman, P.H. & Grant, W.J., Severe Diabetic Ketoacidosis, in

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10. PRESENT AFFILIATION NAME AND ADDRESS Terr. & Territory of the Pacific Islands, Dept. of Health Services, Saipan, Northern Islands, 96950

YOUR TITLE Staff Physician, Ebeye Hosp. DATE EMPLOYED December 197

11. SALARY _____ MONTHS IN ACADEMIC YEAR _____

12. PREVIOUS POSITIONS FOR PAST FIVE YEARS (INCLUDE HOSPITAL APPOINTMENTS IF ANY)

(Name and Address of Employers, Job Title, Salary, Dates of Employment, Reason for Leaving, Include Military Service if Pertinent)

E. R. Physicians Medical Group (Dr. Philip Fagan), c/o Los Altos Hosp. 5340 Los Coyotes Diagonal, Long Beach, CA., 90808; Director, Emergency Services, Los Altos Hospital; \$60,000/yr.; To go sailing in the South Pacific. May 1974 to October 1976

Assist Prof Medicine May 1962 to August 1973, Univ Southern Calif. School of Medicine; \$37,000; left at completion of 20 yrs County service to go cruising (sailing).

13. REFERENCES (Name, Job Title, and Present Address of Three or More Persons Qualified to Evaluate Your Ability, Character, etc.)

Paul M. Baigolman, M.D., Prof Med., LAC-USC MC, 2025 Zandl Ave., L.A. 90032
Telfer B. Reynolds, M.D., Prof Med, " " " " "
Robt. E. Tranquada, M.D., Prof Med, Assoc. Dean, UCLA Med Center, L.A. 90024
Philip Fagan, M.D., E.R. Physicians Med. Group, see above

14. STATE NATURE OF ENERGY RESEARCH AND DEVELOPMENT ADMINISTRATION CONTRACTS OR CLEARANCES, IF ANY, AND CONDITIONS OF PREVIOUS APPOINTMENTS AT BROOKHAVEN

None

15. INFORMATION REQUIRED OF NON-IMMIGRANT ALIENS ONLY:

- a. MALE FEMALE b. MARRIED SINGLE c. DATE OF BIRTH _____
- d. PLACE OF BIRTH (City) _____ (Country) _____
- e. CITIZENSHIP _____
- f. TYPE OF CURRENT U.S. VISA HELD, IF ANY _____
- g. TYPE OF U.S. VISA YOU ARE CURRENTLY APPLYING FOR, IF ANY _____
(This information form does not constitute an application for a visa.)

16. ADDITIONAL INFORMATION (If in reference to item, cite number)
(Include Fellowships, Assistantships, Grant Awards, Reference to Publications, and Date Available for Employment)

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I declare that my answers to the questions and the statements made by me on this form are true and without consequential omissions of any kind.

13 July 1977

William J. Pout

- E. Addenda: The exact address of the last personal reference, that of Dr. Philip Fagan, is unknown. He is head of the E.R. Physicians Medical Group and may be reached through the Los Altos Hospital Emergency Room but would be better contacted through the Group telephone number in Marina del Rey (Los Angeles) on Lincoln Blvd. I cannot recall either the street nor the telephone number.

The gaps in the chronology of the curriculum vitae are two: in the years 1959 to 1962 I spent a delightful 3 odd years sailing across the Atlantic, then buying a boat in the Mediterranean and sailing there and down the Red Sea; in the middle of this voyage was the time spent in Beirut.

Following completion of 20 year's service with the County of Los Angeles (13 years with the option to "buy back" the 7 years of military service) I again set out and sailed to Central America. However the boat turned out to be inadequate and I returned to LA in May, 74 to work for the E.R. Physicians Medical Group until I was able to buy a larger and much nicer boat, in which I sailed out here.