

APPLICATION FOR LICENSURE AND/OR EXAMINATION

FOR OFFICIAL USE ONLY

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

The following materials are required to make Application for Licensure and/or Examination in Illinois:

1. Four page APPLICATION FOR LICENSURE AND/OR EXAMINATION.
2. INSTRUCTION SHEET, which gives step by step application instructions for your profession.
3. REFERENCE SHEET, which gives detailed coding information for your profession.
4. SUPPORTING DOCUMENTS, forms, and/or any other documentation you may be required to submit with your application.
5. If the name shown on your supporting documents is different from that shown on your application, you must submit PROOF OF LEGAL NAME change - copy of marriage license, divorce decree, affidavit or court order.

Carefully follow all steps outlined on the INSTRUCTION SHEET. In addition, note the following:

- A. Type or print legibly with black ink only.
- B. FEES ARE NOT REFUNDABLE.
- C. Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

PART I: Application Category Information

A. SEE REFERENCE SHEET, CHART I, OR INSTRUCTIONS PRIOR TO COMP

1. PROFESSION NAME PHYSICIAN	2. PROFESSION CODE 036
--	----------------------------------

Fee: \$400.00

Date/ini. 4-4-12 Kuj

License No: 036-0103130 FEE \$400.00

(RESTORATION-LIC)

B. CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION:

This is the first time I have made application for this profession in Illinois.

I have previously made application for this profession in Illinois. However, my previous application expired and I am now reapplying.

RESTORATION

My application for this profession had previously been denied in Illinois. I am reapplying since I have fulfilled additional requirements.

I have previously made application for this profession in Illinois. However, I am now applying under new statutory language.

PART II: Applicant Identifying Information--You must notify the Department of Financial and Professional Regulation - Division of Professional Regulation and/or Continental Testing Service in writing, of any address changes after you file this application in order to receive any further information.

1. NAME LAST FIRST MIDDLE (CR) VAVILKOLANU-SESHAGIRI-R	2. TITLE (e.g., M.D., D.D.S., etc.) M.D.	3. UNITED STATES SOCIAL SECURITY NO. [REDACTED]
--	--	--

4. PERMANENT MAILING ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY
[REDACTED]

5. BUSINESS ADDRESS STREET CITY STATE/COUNTRY ZIP CODE COUNTY
[REDACTED]

6. MAIDEN, GIVEN SURNAME, OR ANY NAME(S) UNDER WHICH SUPPORTING DOCUMENTS WILL BE SUBMITTED. (SEE INSTRUCTIONS #5 ABOVE)	7. MOTHER'S MAIDEN NAME [REDACTED]
--	---------------------------------------

8. PLACE OF BIRTH CITY STATE/COUNTRY [REDACTED]	9. DATE OF BIRTH [REDACTED] Month Day Year	10. AGE 55 <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
--	--	---

11. TELEPHONE NUMBER WHERE YOU MAY BE REACHED Work: [REDACTED] Home: [REDACTED] (Area Code) (Area Code) Fax: [REDACTED] Fax: [REDACTED] (Area Code) (Area Code)	12. PREFERRED e-MAIL ADDRESS(ES) [if available] [REDACTED]
---	---

NAME (Last, First, MI): VAWIL KOLANU SESHANIRI R SS#:

Profession: 036

PART IV: Record of Licensure Information

If you have ever been licensed to practice the profession for which you are now making application, or held a related license, complete the information requested below. If you have ever held a temporary, trainee or apprenticeship license, or a permit, it must be listed here also. In addition, the INSTRUCTION SHEET enclosed with this Application package may instruct you to have Certification(s) of Licensure in other state(s) prepared and submitted in support of your application (contact other state(s) regarding possible fee). You must also list all other licenses held in Illinois, however, certification of licensure from Illinois is not required. Failure to disclose all licenses held may result in denial of your application or other appropriate action.

STATE	PROFESSION NAME	LICENSE NUMBER	DATE OF ISSUANCE	LICENSE STATUS (Active, Lapsed, etc.)
State of Original Licensure (CDRE) IDFPR. ILLINOIS	036 Physician	036070313 (RENEWAL PROCESS)	4/9/85	To Be Renewed
State of Current Licensure where you most recently have been practicing.	- NA	-	-	
Other States of Licensure N. DAKOTA	MEDICINE	TEMP 48270	11/99 - 3/24/2000	
STATE OF INDIANA	PHYSICIAN	01049830A	11/18/98	6/30/2001 NOT RENEWED
MICHIGAN	PHYSICIAN	43 01073686	3/15/99	(N) Suspended 6/31/2003 suspended
IOWA	PHYSICIAN MEDICINE	32911	5/20/99	10/31/2001 Lapsed
NEW YORK	PHYSICIAN	215078-1	7/2/1999 6/30/01	DISCIPLINED Surrendered
OHIO	PHYSICIAN	78775	EXP 6/30/01	DISCIPLINED Surrendered

M.O See attached (If additional space is needed, attach a separate sheet.)

PART V: Record of Examination

If you have ever taken a licensure examination in Illinois or any other state for the profession for which you are now making application, you must complete the information requested below. EACH EXAMINATION ATTEMPT MUST BE SHOWN. Failure to disclose an examination attempt may result in the denial of your application or other appropriate action.

NAME OF EXAMINATION	STATE	MONTH/YEAR	EXAM RESULTS
ILLINOIS DEPT. OF REGISTRATION AND EDUCATION TESTING PROGRAM	CA 83 (E) CA 12 83 (E) CA 1 (E) ILL (E)	1983 F 1984 E 4/12/84	
Educational Testing Service (PASSED ON 2ND ATTEMPT) (FLEX)	ILL -	12/2/09	
SPEX (PASSED ON 3RD ATTEMPT)			
(Took SPEX IN 2005 - 2006 - Failed) Passed		12/21	

(PLEASE ATTACH) (If additional space is needed, attach a separate sheet.)

036

Profession:

SS#:

NAME (Last, First, MI): VAVILIKOLANU SESHAGIRI R

PART VI: Personal History Information (This part must be completed by all applicants)

1. Have you been convicted of any criminal offense in any state or in federal court (other than minor traffic violations)? If yes, attach a certified copy of the court records regarding your conviction, the nature of the offense and date of discharge, if applicable, as well as a statement from the probation or parole office. (ATTACHED COURT DOCUMENTS) (PROBATION STATEMENT)

2. Have you been convicted of a felony? (SAME FEDERAL CONVICTION IN CHARGE)

3. If yes, have you been issued a Certificate of Relief from Disabilities by the Prisoner Review Board? If yes, attach a copy of the certificate.

4. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment. I AM UNDER THE CARE OF MD. ATTACHED

5. Have you been denied a professional license or permit, or privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing authority in Illinois or elsewhere? If yes, attach a detailed explanation. SEE ATTACHMENTS

6. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? If yes, attach a detailed explanation. Not applicable - NA

PART VIII: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1. In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court. (NOTE: If you are not subject to a child support order, answer "no.")

PART IX: Certifying Statement

Under penalties of perjury, I declare that I have examined the application and all supporting documents submitted by me in connection therewith, and to the best of my knowledge, they are true, correct, and complete.

Signature of Applicant: [Redacted] Date: 4/11/2012

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

The Federation of State Medical Boards
of the United States, Inc.

PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
FAX (817) 868-4099

RECEIVED ELECTRONICALLY

May 23, 2012

Attn: Jay Stewart
Illinois Dept of Financial and Professional Regulation
Springfield Office
320 W. Washington St. 3rd FL
Springfield, IL 62786

Re: Seshagiri Rao Vavilikolanu, MD

In response to your recent inquiry concerning the above referenced physician, the following summary of the reported information is provided.

Physician Identification:

Name: Seshagiri Rao Vavilikolanu, MD
Alt Name: Sheshiqiri Rao Vavilikolanu
DOB: [REDACTED]
Medical School: Rangarya Med Col/NTR Univ
Kakinada, India
Year of Grad: [REDACTED]

SUMMARY OF REPORTED ACTIONS

Reporting State/Agency: NEW YORK
Date Of Order: 11/21/2001
Action(s): SURRENDER OF MEDICAL LICENSE
Basis for Action(s): Convicted of a Crime

Reporting State/Agency: OHIO
Date Of Order: 12/17/2001
Action(s): REVOCATION OF MEDICAL LICENSE
Additional Detail: Voluntary surrender of license with consent to permanent revocation.
Basis for Action(s): Due to Action Taken by Another Board/Agency

Reporting State/Agency: MICHIGAN
Date Of Order: 02/21/2002
Action(s): SUMMARY/EMERGENCY/IMMEDIATE/TEMPORARY SUSPENSION OF MEDICAL LICENSE
Action Effective Date: 02/25/2002
Basis for Action(s): Not Applicable

Reporting State/Agency: ILLINOIS
Date Of Order: 07/11/2002

Action(s): SUSPENSION OF MEDICAL LICENSE

Term: Indefinite

Basis for Action(s): Convicted of a Felony

Reporting State/Agency: D H H S
Date Of Order: 08/20/2002

Action(s): MEDICAID/MEDICARE EXCLUSION

Basis for Action(s): Felony Conviction Relating to Health Care Fraud

Reporting State/Agency: MICHIGAN
Date Of Order: 11/12/2003

Action(s): SUSPENSION OF MEDICAL LICENSE

Term: Indefinite

Additional Detail: License suspended for a minimum period of six months and one day and shall run concurrent with practitioner's period of incarceration, whichever is greater.

Basis for Action(s): Fraud, Kickbacks and Other Prohibited Activities.

Convicted of a Felony

Health-Related Problems

Moral Unfitness

Reporting State/Agency: ILLINOIS
Date Of Order: 12/05/2007

Action(s): MOTION FOR REHEARING/RECONSIDERATION DENIED

Additional Detail: License will remain indefinitely suspended.

Basis for Action(s): Not Applicable

Reporting State/Agency: ILLINOIS
Date Of Order: 03/29/2012

Action(s): MEDICAL LICENSE REINSTATED ON PROBATION

Term: Indefinite

Additional Detail: Minimum two years probation.

Basis for Action(s): Not Applicable

LICENSE HISTORY

<u>State Board</u>	<u>License Number</u>
ILLINOIS	036070313
INDIANA	01049830A
IOWA	32911
MICHIGAN	4301073686
MISSOURI	2001002361

LICENSE HISTORY

<u>State Board</u>	<u>License Number</u>
NEW YORK	215078
NORTH DAKOTA	8270
OHIO	35.078775

PLEASE NOTE: For more information regarding the above information, please contact the reporting state board or reporting agency. The information contained in this report was supplied voluntarily by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy of such information and assumes no responsibility for any errors or omissions contained therein.

Vavilikolanu, Seshagiri



SPECIAL PURPOSE EXAMINATION (SPEX®)

Federation of State Medical Boards of the U.S., Inc.
P.O. Box 619850, Dallas, TX 75261-9850
Telephone: (817) 868-4041

MEDICAL BOARD FILE COPY

Vavilikolanu, Seshagiri Rao, MD



ID Number	[REDACTED]
Sponsoring State Board	Illinois Dept of Prof'l Regulation c/o Continental Testing Services
Date of Examination	12/02/2009
SPEX Score	[REDACTED]

The Special Purpose Examination is designed for reexamination of specific physicians for whom a licensing board determines the need for a demonstration of current general medical knowledge. The purpose of SPEX is to provide a high-quality, objective and standardized cognitive examination as a tool in the assessment of current knowledge requisite for general, undifferentiated medical practice by physicians who hold or who have held a valid unrestricted license in a United States or Canadian jurisdiction.

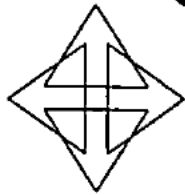
This report provides information from your SPEX administration, including your final score. Passing requirements on this examination are established by the individual licensing boards, with recommendations from the FSMB. A score of 75 is the minimum score recommended for passing SPEX. Please contact your sponsoring state board to determine the passing requirement established in that jurisdiction. A report of your score has been provided to the state board.

ok

ATTN: KATHY
Fax # 708-354-0324

Subject: Change of Address for SESHAGIRI VAVILIKOLANU
(SPEX)



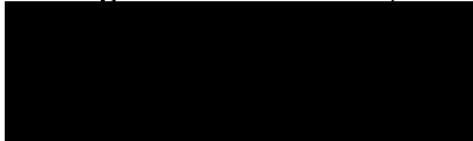


CONTINENTAL TESTING SERVICES, INC.
P.O. Box 100 • LaGrange, Illinois 60525
800-359-1313 • 708-354-9911 • fax 708-354-9922
www.continentaltesting.net

ok

January 8, 2010

Seshagiri Rao Vavilikolanu, MD



Dear Dr. Vavilikolanu:

This is to advise you that you were successful on the December 2 2009 administration of the SPEX examination.

You passed the examination with a score of [REDACTED]. The required passing score is 75.

To comply with any additional requirements, you will need to contact:

Ms. Elizabeth Chilton
Illinois Department of Professional Regulation
James R. Thompson Center
100 West Randolph, Suite 9-300
Chicago, Illinois 60601

Sincerely,

Continental Testing Services, Inc.

Wai Stephens

c.c. Ms. Sadzi Oliva, Acting Chief Medical Prosecutions
Ms. Elizabeth Chilton, Probation Investigations
Ms. Doris Barnes, Administrator of the Medical Practice Act

Chilton

IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

SUPPORTING DOCUMENT

RESTORATION

RS

APPLICANT: Complete this form, and return it with your Application for Licensure/Examination. If additional space is required for recording of information, use the reverse side of this form.

1. NAME LAST FIRST MIDDLE VAVILIKOLAND SESHAGIRI RAO	2. DATE OF BIRTH Month Day Year	3. SOCIAL SECURITY NUMBER
--	------------------------------------	---------------------------

4. ADDRESS STREET CITY STATE ZIP CODE	5. REFER TO REFERENCE SHEET. Record profession name and three digit profession code for which you are making Illinois application. Medicine <u>PHYSICIAN</u> ↓ <u>036</u> Profession Name Profession Code
--	---

6. MAIDEN OR GIVEN SURNAME -	7. NAME AS IT APPEARS ON EXPIRED/INACTIVE LICENSE SESHAGIRI R VAVILIKOLANU	8. ISSUANCE DATE OF EXPIRED OR INACTIVE LICENSE 7/30/1996	9. DATE EXPIRED OR PLACED INACTIVE 7/31/1999
---------------------------------	---	--	---

10. EXPIRED OR INACTIVE LICENSE NUMBER 036070313	OFFICIAL USE ONLY License No.: _____ Fees: \$ _____ Issuance Date: _____ On CRT: <input type="checkbox"/> Yes <input type="checkbox"/> No	
---	---	--

11. STATE WHY YOU FAILED TO RENEW YOUR LICENSE. I WAS CHARGED AND CONVICTED OF A CRIMINAL OFFENSE - IN CHICAGO - ILL. I TOOK RESPONSIBILITY AND PLED GUILTY AND WAS INCARCERATED. DID NOT RENEW MY LICENSE - UPON ADVICE OF MY ATTORNEY.

12. EXPLAIN WHY YOU WANT YOUR LICENSE RESTORED AT THIS TIME. LIFE IS PRECIOUS - DUE TO FOREGOING - I HAVE PAID DEBT TO THE SOCIETY - MET ALL THE REQUIREMENTS TO REINSTATE MY LICENSE - I AM A HIGHLY SKILLED MEDICAL PRACTITIONER, MY EDUCATION AND EXPERIENCE IS EXTENSIVE - CAPABLE OF PROVIDING TOP QUALITY MEDICAL CARE TO THOSE IN NEED.

13. LIST SPECIFIC EDUCATIONAL ACTIVITIES, I.E., COURSES, CONTINUING EDUCATION CLASSES, WORKSHOPS, READING, ETC., DURING THE PAST FIVE YEARS THAT UPDATED YOUR PROFESSIONAL/OCCUPATIONAL KNOWLEDGE. TOOK CME - ASA - CME - JOURNALS - LIVE LECTURES - ASA - REFRESHER COURSE - BOARD REVIEW - PAPERS - ASA - JAMA Please - SEE ATTACHMENTS

14. LIST THE STATE(S) AND DATES WHERE YOU HAVE BEEN PRACTICING SINCE YOUR ILLINOIS LICENSE EXPIRED OR WAS PLACED ON INACTIVE STATUS. INCLUDE A BRIEF DESCRIPTION OF DUTIES PERFORMED.

STATE	NAME OF BUSINESS/INSTITUTION	DATES	DESCRIPTION OF DUTIES
NY	UNIV. Med center	3/01 to 9/01	ANESTH ADVANCED CLINICAL TRAINING in complex cases
NY	ST. ELIZABETH HOSPITAL	7/99 to 8/99	ANESTHESIOLOGY - ATTENDING
ND	UNIMED MED CENTER	10/99 to 11/99	ANESTHESIOLOGIST - PRACTICING (LOCOMOTIVE)
NY	EVPH HOSPITAL	12/99 to 1/2000	ANESTHESIOLOGIST - LOCOMOTIVE
NY	SUE STARBY HOSPITAL	11/99 to 2/1000	ANESTHESIOLOGIST - (LOCOMOTIVE)
NY	BINGHAMTON HOSP.	2/2000 to 3/2000	ANESTHESIOLOGIST - ASA
NY	REED CITY	3/2000 to 8/2000	ANESTHESIOLOGIST - ASA
NY	HILLSDALE	11/2000 to 12/2000	" (Please see ATTACHMENT)

I do hereby declare that the information contained herein is true and correct.
Date: 4/16/2012
Signature: [Redacted] DATED 4-16-12

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than \$50.

PLEASE ATTACHMENTS TO QUESTIONS 11, 12, 14
Please KINDLY SEE ATTACHMENTS OF CME FOR QUESTION (13) & (13)

THIS HAS BEEN MY PASSION IN ATTACHED SHEET - IN DEPTH

EDUCATIONAL ATTACHMENTS

IMPORTANT NOTICE: Completion of this form is necessary to accomplish the requirements outlined in 225 of the Illinois Compiled Statutes. Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

VERIFICATION OF EMPLOYMENT / EXPERIENCE-- PROFESSIONAL CAPACITY

SUPPORTING DOCUMENT

VE-PC

1. NAME LAST FIRST MIDDLE
VAVILKOLAMU SESHAGIRI R.

3. ADDRESS STREET, CITY, STATE, ZIP CODE
 [REDACTED]

4. DATE OF BIRTH
 [REDACTED]
 Month Day Year

5. SOCIAL SECURITY NUMBER
 [REDACTED]

2. PLEASE CHECK THE TYPE OF LICENSE FOR WHICH YOU ARE APPLYING:

<input checked="" type="checkbox"/> Permanent Physician License	Profession Code 036
<input type="checkbox"/> Temporary Physician Training License	125
<input type="checkbox"/> Chiropractic Physician License	038

6. MAIDEN OR GIVEN SURNAME

Record work history chronologically for the five (5) years preceding the date of application beginning with present employment.

A. NAME OF BUSINESS / INSTITUTION **NORHLAKE MED CENTER**
Northlake Medical Center

JOB TITLE **Building Maintenance - JANITORIAL SERVICE**

ADDRESS STREET, CITY, STATE, ZIP CODE
161 E. North Ave Northlake 60164

DESCRIPTION OF DUTIES PERFORMED

DATE OF EMPLOYMENT/ATTENDANCE
 From **3 / 1 / 2010**
 Month Day Year
 To **Current**
 Month Day Year

HOURS WORKED PER WEEK
30 Hrs. / week

TYPE OF EMPLOYMENT
 Full-time Part-time

The Medical Center is closed and the Building needs to be maintained with carpets, plumbing, venting - vacuum the carpets, clean the FLOORS, ETC

TOTAL TIME WORKED (Year/Month)
5 days a week 5-6 hours a Day

B. NAME OF BUSINESS / INSTITUTION **UNEMPLOYED CENTER**
STANLEY KAPLAN Educational Inst

JOB TITLE **Full time Student - UNEMPLOYED 11/21/2007 - 3/1/2010**

ADDRESS STREET, CITY, STATE, ZIP CODE
205 W. Randolph Suite 200 CHgo 60606

DESCRIPTION OF DUTIES PERFORMED

DATE OF EMPLOYMENT/ATTENDANCE
 From **11 / 2 / 2007**
 Month Day Year
 To **6 / 1 / 2008**
 Month Day Year

HOURS WORKED PER WEEK
— Student

TYPE OF EMPLOYMENT
 Full-time Part-time
Unemployed

(1) Live Courses
 2007 - 2009 (2) Inhouse Study
 Didactic Lectures, live lectures
 Different Specialities
 Clinical Management Cases

TOTAL TIME WORKED (Year/Month)
Attached Documents (DOCUMENTS)

Medical licensing Courses
 BASIC Clinical Sciences.

<p>JOB TITLE: Business Manager</p> <p>DESCRIPTION OF DUTIES PERFORMED: Contracting and Contracting Janitors, electricians organizing the front desk assisting the landlord (with opening the center-to) closing center</p>	<p>C. NAME OF BUSINESS / INSTITUTION: Rose Medical Center</p> <p>STREET, CITY, STATE, ZIP CODE: 60131</p> <p>DATE OF EMPLOYMENT/ATTENDANCE: From 3/1/2007 To 2/10/2007</p> <p>HOURS WORKED PER WEEK: 40 hrs / wk</p> <p>TYPE OF EMPLOYMENT: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>TOTAL TIME WORKED (Year/Month): 4 months (10 AM)</p>
<p>JOB TITLE: Marketing / Business Development</p> <p>DESCRIPTION OF DUTIES PERFORMED: Marketing Business Development, Ethics</p>	<p>D. NAME OF BUSINESS / INSTITUTION: North West Physiotherapy</p> <p>STREET, CITY, STATE, ZIP CODE: 439 Blumengrove Schaumburg - IL</p> <p>DATE OF EMPLOYMENT/ATTENDANCE: From 10/10/2006 To 4/1/2007</p> <p>HOURS WORKED PER WEEK: 40 hrs / wk</p> <p>TYPE OF EMPLOYMENT: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>TOTAL TIME WORKED (Year/Month): 5 months (Clinic closed)</p>
<p>JOB TITLE: MARKETING - ETHICS - BUSINESS DEVELOPMENT</p> <p>DESCRIPTION OF DUTIES PERFORMED: Consultant for - MEDICAL SURGICAL INSTRUMENTS - SERVING PLASTIC SURGEONS - GENERAL MEDICAL EQUIPMENT</p>	<p>E. NAME OF BUSINESS / INSTITUTION: MEDSED</p> <p>STREET, CITY, STATE, ZIP CODE: 2525 N. Elston 2006 Chicago</p> <p>DATE OF EMPLOYMENT/ATTENDANCE: From 05/01/2004 To 08/10/2006</p> <p>HOURS WORKED PER WEEK: 40 hrs / wk</p> <p>TYPE OF EMPLOYMENT: <input checked="" type="checkbox"/> Full-time <input type="checkbox"/> Part-time</p> <p>TOTAL TIME WORKED (Year/Month): 2 years 3 months</p>
<p>JOB TITLE: Student - Kaplan Medical</p> <p>DESCRIPTION OF DUTIES PERFORMED: Full time Studios in Attending Medical education, (webinars) Video Medical Journals Prof Meyer Text Books in Medical - SURGICAL (IN MEDICAL - SURGICAL AND SUBSPECIALTIES)</p>	<p>F. NAME OF BUSINESS / INSTITUTION: UNEMPLOYED - Full time</p> <p>STREET, CITY, STATE, ZIP CODE: UNEMPLOYED</p> <p>DATE OF EMPLOYMENT/ATTENDANCE: From 11/2/2007 To 03/1/2010</p> <p>HOURS WORKED PER WEEK: NA</p> <p>TYPE OF EMPLOYMENT: <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time</p> <p>TOTAL TIME WORKED (Year/Month): UNEMPLOYED</p>
<p>UNEMPLOYED</p>	<p>G. NAME OF BUSINESS / INSTITUTION: UNEMPLOYED</p> <p>STREET, CITY, STATE, ZIP CODE: UNEMPLOYED</p> <p>DATE OF EMPLOYMENT/ATTENDANCE: From 11/2/2007 To 03/1/2010</p> <p>HOURS WORKED PER WEEK: NA</p> <p>TYPE OF EMPLOYMENT: <input type="checkbox"/> Full-time <input checked="" type="checkbox"/> Part-time</p> <p>TOTAL TIME WORKED (Year/Month): UNEMPLOYED</p>

NAME (Last, First, MI): AVILKOLAND SESHAGIRI R SS#: Profession: Physician

30 hrs + SPEP - 2009

American Society of
Anesthesiologists 

S. Rao Vavilikolanu

March 16, 2009

800133

Dear S. Rao Vavilikolanu,

We are in receipt of the necessary documentation indicating that you have completed the Paper version of the American Society of Anesthesiologists' Self-Education and Evaluation Program - SEE Volume 25A (2009).

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 30.00 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Society of Anesthesiologists certifies that S. Rao Vavilikolanu has participated in the educational activity titled SEE Volume 25A (2009) on March 16, 2009 and is awarded 30.00 *AMA PRA Category 1 Credit(s)*[™].

Sincerely,


Arthur M. Boudreaux, M.D.
Secretary

American Society of Anesthesiologists 

S. Rao Vavilicolanu

August 30, 2010



800133

Dear S. Rao Vavilicolanu,

We are in receipt of the necessary documentation indicating that you have completed the Paper version of the American Society of Anesthesiologists' Self-Education and Evaluation Program - SEE Volume 26A (2010).

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 30.00 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Society of Anesthesiologists certifies that S. Rao Vavilicolanu has participated in the educational activity titled SEE Volume 26A (2010) on August 30, 2010 and is awarded 30.00 AMA PRA Category 1 Credit(s)™.

Sincerely,



Arthur M. Boudreaux, M.D.
Secretary

30

American Society of
Anesthesiologists 

S. Rao Vavilikolanu

August 30, 2010



800133

Dear S. Rao Vavilikolanu,

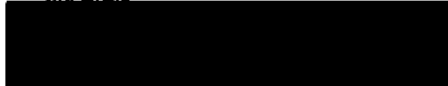
We are in receipt of the necessary documentation indicating that you have completed the Paper version of the American Society of Anesthesiologists' Self-Education and Evaluation Program - SEE Volume 26B (2010).

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 30.00 *AMA PRA Category 1 Credit(s)*[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Society of Anesthesiologists certifies that S. Rao Vavilikolanu has participated in the educational activity titled SEE Volume 26B (2010) on August 30, 2010 and is awarded 30.00 *AMA PRA Category 1 Credit(s)*[™].

Sincerely,



Arthur M. Boudreaux, M.D.
Secretary

See 2011
A 30

American Society of
Anesthesiologists 

S. Rao Vavilikolanu

March 10, 2011



800133

Dear S. Rao Vavilikolanu,

We are in receipt of the necessary documentation indicating that you have completed the Paper version of the American Society of Anesthesiologists' Self-Education and Evaluation Program - SEE Volume 27A (2011).

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 30.00 AMA PRA Category 1 Credit(s)™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The American Society of Anesthesiologists certifies that S. Rao Vavilikolanu has participated in the educational activity titled SEE Volume 27A (2011) on March 10, 2011 and is awarded 30.00 AMA PRA Category 1 Credit(s)™.

Sincerely,



Arthur M. Boudreaux, M.D.
Secretary

American Society of
Anesthesiologists 

S. Rao Vavilikolanu


August 23, 2011

800133

Dear S. Rao Vavilikolanu,

We are in receipt of the necessary documentation indicating that you have completed the Paper version of the American Society of Anesthesiologists' Self-Education and Evaluation Program - SEE Volume 27B (2011).

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this enduring material for a maximum of 30.00 *AMA PRA Category 1 Credit(s)*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The American Society of Anesthesiologists certifies that S. Rao Vavilikolanu has participated in the educational activity titled SEE Volume 27B (2011) on August 23, 2011 and is awarded 30.00 *AMA PRA Category 1 Credit(s)*[™].

Sincerely,


Arthur M. Boudreaux, M.D.
Secretary

American Society of Anesthesiologists

Certifies that

Seshagiri Rao Vavilikolanu, M.D.

HAS PARTICIPATED IN THE EDUCATIONAL ACTIVITY TITLED
2008 ANESTHESIOLOGY CONTINUING EDUCATION PROGRAM

on March 8, 2009, and is awarded 60
AMA PRA Category 1 Credit(s)[™]

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this educational activity for a maximum of 60 *AMA PRA Category 1 Credits[™]*. Physicians should only claim credit commensurate with the extent of their participation in the activity.



Gregory K. Unruh, M.D., Secretary
The American Society of Anesthesiologists

Date of Issue: March 8, 2009

Program: ACE 5A & 5B

American Society of
Anesthesiologists 

Certifies that

Seshagiri Rao Vavilicolanu, M.D.

HAS PARTICIPATED IN THE EDUCATIONAL ACTIVITY TITLED
2010 ANESTHESIOLOGY CONTINUING EDUCATION PROGRAM

on October 21, 2010, and is awarded 60

AMA PRA Category 1 Credit(s)[™]

The American Society of Anesthesiologists is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Anesthesiologists designates this enduring material for a maximum of 60 *AMA PRA Category 1 Credits*[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



Arthur M. Boudreaux, M.D., Secretary
The American Society of Anesthesiologists

Date of Issue: October 21, 2010

Program: ACE 7A & 7B

Seshagiri rao vavilikolanu 036070313

CME information-license maintenance unit

DEAR SIR/MADAM,

REGARDING THE CMES- I Earned CME category 1 FROM AMA-PRA-(AMERICAN SOCIETY OF ANESTHESIOLOGY PARKRIDGE ILL.) BOTH ARE CME CATEGORY -I.THE SEE -THE ACE, SEE(ANESTHESIA Self education Program) -ACE-(Anesthesia Continued education program) Between 2008-2011—total CME category 1 =360HOURS.please see,the attachments.

CME-CATEGORY -2

In the years 2007-2008 , I Attended didactic live lectures,Analogus to the grandrounds. Conducted by the faculty members affiliated with major American Universities.Sponsored by Stanley Kaplan educational center in Chicago ill.topics included,medicine,familypractice,cardiology,plmonarymedicine,endocrinology,Gldisorders,psychiatry,behavioralsciences,ethics,epidemiology,statistics,preventetivemedicine,criticalcare-both adult and pediatric.

In the year 2009,I intensively prepared,for the spex examination,reviewed major text books in Internal medicine,Family Practice, Anesthesiology,Obgyn-surgical specialities. I Spent 5-6 hours a day,6-7,days a week,in the years 2008-2009.

In the Year 2008-2009,I spent over 1500 hours. In The year 2009, I studied 600 hours, the whole year,in the year 2008, I spent over 900 hours as a full time student in Kaplan medical center,please see the attested letter,from the director of Kaplan education center.

In the year 2010,I reviewed,ASA – Journals,JAMA,lancet, Anesthesiapatient safety foundation,which is published by the ASA.Refreshers course books, Anesthesiologyprep course updated information in anesthesia, Neils Jensen course review in anesthesiology reviewed part 1 =TOTAL CME HOURS CATEGORY -2,IS 80HOURS.

In the year,2011,I reviewed, Anesthesia Boards PART -2.reviewed journals,papers,publications JAMA, ASA COURSE -BOOK REVIEW.-TOTAL HOURS=60 CME CATEGORY=2.

In the years 2008-2009-I did group study with medical graduates studying USMLE PART 2 AND PART3. I Participated ingroup discussions,enduring study,the test of endurance,studied in Kaplan Study Rooms,Libraries,self testing,study rooms in libraries.

Please kindly review the attachments

Thanking you in advance,for your time and consideration.

Yours, faithfully,


Seshagiri R. vavilikolanu license no.036070313

CME CATEGORY 1=YEARS 2008-2011=360 HOURS.

CME CATEGORY 2=

YEAR 2007 CME CATEGORY 2= 80HOURS.

YEAR 2008 CME CATEGORY 2 = 900HOURS
Stanley Kaplan educational institute
Groupstudy,video,audio,journals,
In house study(please see attachments)

YEAR 2009 CME CATEGORY 2= 600HOURS
SPEX PREPARATION
(PLEASE SEE ATTACHMENTS)

YEAR 2010 CME CATEGORY 2 = 80 HOURS

(PLEASE KINDLY SEE ATTACHMENTS OF JOURNALS
SAMPLE COPIES ATTACHED)

YEAR 2011 CME CATEGORY 2 = 60HOURS

(SAMPLE OF JOURNAL COPIES ATTESTED)

KAPLAN

**TEST PREP AND
ADMISSIONS**

RESTORATION
FOR QUESTION
- 13 -

December 12, 2008

13B

To Whom It May Concern:

This is to state that Dr. Seshagiri Rao Vavilikolanu attended a National Medical Board Review Course at Kaplan Medical, a refreshers' course from November 2, 2007 through June 4, 2008

Dr. Vavilikolanu viewed over 120 in house tapes with lectures minimally 1 hour in length. As CME he was on site a minimal of 5 hours each day every day of the week (November 2, 2007 - June 4, 2008.)

[Redacted Signature]

Kashaun M. Collier
Medical Program Director
Kaplan Test Prep
205 W. Randolph Ste. 200
Chicago, IL. 60606
312-606-8950

(STUDIED THE SAME WAY
IN 2009 - SPEX PREPARATION
BOOKS & NOTES FROM THE AUDIO (VIDEO AND)
STANDARD TEXT BOOKS - Please see the
Details attached to CME II)

PLEASE TURN OVER
TO NEXT PAGE
FOR-14-ANS.

Chicago Downtown
205 West Randolph, Suite 200, Chicago, IL 60606 USA Tel: 312-606-8905 Fax: 312-606-8985

1-800-KAP-TEST kaptest.com

A DIVISION OF KAPLAN, INC.

P.T.O FOR 14
QUESTION →

KAPLAN

TEST PREP AND ADMISSIONS

March 20, 2009

Dr. Rao Vavilikolanu attended a National Medical Board Review live lecture course for 10 days (approximately 80 hours total) from 11/2/07-11/12/07

Feel free to contact me directly with any questions or concerns at 312-606-8950



Sincerely,

Kashaun Collier
Kaplan Test Prep
Medical Program Director

Chicago Downtown
205 West Randolph, Suite 200, Chicago, IL 60606 USA Tel: 312-606-8905 Fax: 312-606-8985

1-800-KAP-TEST kaptest.com

A DIVISION OF KAPLAN, INC.



www.PLA.IN.gov
Governor Mitchell E. Daniels, Jr.

Medical Licensing Board
402 W. Washington St. Room W072
Indianapolis, IN 46204
Tel : (317) 234-2060 Fax : (317) 233-4236

April 11, 2012

IDFPR
Attn: LMU (Licensing Maintenance Unit)
320 W. Washington St.
Springfield, IL 62786

To Whom It May Concern:

THIS IS TO CERTIFY THAT: Seshagiri Rao Vavilikolanu

BECAME A LICENSED: Physician

NUMBER ISSUED: [REDACTED]

ISSUANCE DATE: 11/18/1998

EXPIRATION DATE: 06/30/2001

STATUS: Expired Non-Renewable

BASIS OF LICENSURE: Endorsement

SCHOOL/GRADUATION DATE: RANGARAYA MED COLL INDIA 01/01/1982

RECEIVED
APR 18 2012
IDFPR - MEDICAL UNIT

Unless otherwise indicated, the State of Indiana has not disciplined this license. If other information is needed, you can email us at pla3@pla.in.gov or phone us at (317) 234-2060. The seal below is official as we no longer have the gold/blue embossed seals. We are currently in the transition of moving to online verifications.



Jody Edens, Assistant Director
Medical Licensing Board of Indiana

Vavilikolanu, Seshagiri?



TERRY BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

IOWA BOARD OF MEDICINE
MARK BOWDEN, EXECUTIVE DIRECTOR

RECEIVED IMPORTANT ENCLOSURE

APR 18 2012

Follow-Up Information to

IDFPR MEDICAL UNIT VeriDoc Verification of Iowa License

Your board recently received a verification of this physician's Iowa medical license through the VeriDoc system. The enclosed material is important follow-up information. This physician has had disciplinary action taken or has a history of investigation. The enclosed documentation is being shared with you as another state medical board.

PUBLIC INFORMATION: Formal disciplinary action taken by the Board is public information and may be shared with the public.

CONFIDENTIAL INFORMATION: Informal non-disciplinary action, including Letters of Warning or Education, open complaints, and complaints closed by the Board with no action, are confidential under Iowa law. *This information cannot be shared with the public.* Please note that physicians with open complaint(s) on their case history may not yet be aware of the complaint(s).

If further information is needed, please contact our Compliance Unit at (515) 281-5499 or (515) 281-3779. We appreciate your cooperation in maintaining the confidentiality of our investigative material and records.

RECEIVED
BUSINESS SERVICES

APR 17 2012

IDFPR
Div. of Professional Regulation

Case History

Licensee: Vavilikolanu, Seshagiri Rao

SSN: [REDACTED]

DOB: [REDACTED]

License #: 32911

File #	Who Report	Why Report	Date Opened	Date Closed	Investigator	Action	Complainant
02-2002-0244	UNK	LD License Discipline Other State	05/20/2002	05/20/2002	MN	OSL - Out-of-State Lapsed	Unknown
<p>5/20/02 - Physician disciplined by State of New York. 5/20/02 - Full Board closed due to FB policy to close out of state cases with lapsed license. Contact Ed or Kent if reinstatement is attempted. 09/10/01 - Information that Illinois had indefinitely suspended doctor's medical license after being convicted of 57 counts of racketeering.</p>							
02-2004-0187	A	LD License Discipline Other State	04/27/2004	04/27/2004	MN	OSL - Out-of-State Lapsed	IBME
<p>License disciplinary action by State of Michigan. Defraud insurance companies. 4/27/04 - Full Board (Closed due to Iowa Board policy of closing out-of-state cases where there is a lapsed Iowa license, Contact Ed or Kent if reinstatement is attempted.)</p>							
02-2008-0147	A	LD License Discipline Other State	03/06/2008	03/06/2008	IBM	OSL - Out-of-State Lapsed	IBM

License disciplinary action by the State of Illinois. An Order Denying Motion for Rehearing dated 12/05/2007 due to lack of new evidence and license remains indefinitely suspended. Bases of action based on the conviction on or about 10/10/2001 of 57 counts of participating in a Racketeering Enterprise (fraudulent insurance maneuver) which is a felony. Dr. Vavilikolanu spent 3 years imprisoned and was on supervised release until at least March/April 2007 and is now receiving treatment for bipolar disorder.
03/06/2008 - Closed due to Iowa Board policy of closing out-of-state cases where there is a lapsed Iowa license. Contact Ed or Kent if reinstatement is attempted.



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Jane A. Rackers, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: www.pr.mo.gov/healingarts.asp

Tina Steinman
Executive Director

To:

Illinois Dept of Financial & Professional Regulation
Medical Board 320 W Washington St 3rd Flr
Springfield, IL 62786

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Seshagiri Rao Vavilikalani, M.D.

LICENSE TYPE:	Medical Physician & Surgeon
DATE OF BIRTH:	[REDACTED]
LICENSE NUMBER:	2001002361
DATE ISSUED:	2/1/2001
STATUS:	Lapsed
EXPIRATION DATE:	1/31/2002
LICENSE METHOD:	Reciprocity
MEDICAL SCHOOL:	Andhra Med Clg Andhra Univ
DISCIPLINARY ACTION:	None

RECEIVED
APR 16 2012
IDFPR - MEDICAL UNIT

[REDACTED]

Donna Ellis
Verifications Clerk

04/11/2012

Date

Vavilikalani, Seshagiri

REGISTERED ELECTRONICALLY

21



STATE OF IOWA
IOWA BOARD OF MEDICINE

MARK BOWDEN
EXECUTIVE DIRECTOR

April 10, 2012

Verification of Licensure

Illinois Department of Financial and Professional Regulation
320 W Washington, 3rd Fl
Springfield, IL 62786

This is to certify that the records of the Iowa Board of Medicine indicate the following information regarding this physician.

NAME:	Seshagiri Rao Vavilikolanu, MD
DATE OF BIRTH:	[REDACTED]
LICENSE NUMBER:	32911
LICENSE TYPE:	Permanent
ISSUE DATE:	05/20/1999
EXPIRATION DATE:	10/01/2001
HOW OBTAINED:	FLEX
STATUS:	Inactive
DISCIPLINARY ACTION:	No
HISTORY OF INVESTIGATION:	See below

RECEIVED
APR 10 2012
IDFPR - MEDICAL UNIT

This license information was last updated on: 04/09/2012

The above format is prepared for all physicians regulated by this board. All physicians are considered in good standing unless otherwise noted. If disciplinary action has been indicated or if a history of investigation exists, a copy of that information will be provided to your office in a separate mailing within ten business days.

Sincerely,

[REDACTED SIGNATURE]

Rachel Davis
Licensing Assistant

Vavilikolanu, Seshagiri



...ED ELE...CALLY
**NORTH DAKOTA STATE
BOARD OF MEDICAL EXAMINERS**

Duane Houdek
Executive Secretary and Treasurer

Lynette McDonald
Deputy Executive Secretary

Established 1890

Phone (701) 328-6500 - Fax (701) 328-6505
418 E Broadway Ave, Suite 12 - Bismarck, ND 58501-4088

www.ndbomex.com

April 10, 2012

This is to certify that a standard search of the available records of the North Dakota State Board of Medical Examiners indicates the following:

PHYSICIAN: Sehgiri Rao Vavilikolanu, M.D.
DATE OF BIRTH: [REDACTED]
LICENSE NUMBER: 8270
DATE ISSUED:
EXPIRATION DATE:
STATUS: Temporary
BASIS OF ISSUANCE: IL FLEX exam 12-84; Score FWA 75
DISCIPLINARY ACTION: No

PHYSICIAN: Sehgiri Rao Vavilikolanu, M.D.
DATE OF BIRTH: [REDACTED]
LICENSE NUMBER: PT 8270
DATE ISSUED: 07/27/1999
EXPIRATION DATE: 11/19/1999
STATUS: Provisional Temporary
DISCIPLINARY ACTION: No

This license information was last updated on: 04/10/2012

If our records above show that the license has been disciplined, photocopies from the public file are available upon written request.

The information above is the only verification provided by this board. If other information is needed, please do not hesitate to contact this office. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board.

Sincerely,

[REDACTED]
Duane Houdek
Executive Secretary and Treasurer

Mission Statement

The Board's mission is to protect the public's health, safety and welfare by regulating the practice of medicine, thereby ensuring quality health care for the citizens of this



RECEIVED ELECTRONICALLY

JENNIFER M. GRANHOLM
Governor

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
LANSING

JANET OLSZEWSKI
Director

**VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF 04/10/2012**

NAME: Seshagiri Rao Vavilikolanu

BIRTHDATE: [REDACTED]

ADDRESS: [REDACTED]

TYPE: Medical Doctor

ORIGINAL DATE: 03/15/1999

LICENSE NUMBER: 4301073686

STATUS: Lapsed -
Suspended

EXPIRATION DATE: 01/31/2006

OBTAINED BY: Endorsement

EXAM DATE

EXAM TYPE

EXAM SCORE OR RESULT

DISCIPLINARY ACTION

Summary Suspension	02/21/2002
Summary Suspension Dissolved	11/12/2003
Suspended	11/12/2003

OPEN FORMAL COMPLAINTS NONE

Our records indicate that there has been disciplinary action taken by the licensing board against the licensee in question, or that there may be a pending formal administrative complaint concerning the licensee. Under the Michigan Freedom of Information Act (FOIA), 1976 PA 442, as amended, you may request a copy of all available disciplinary documents by writing to the Department of Community Health, Bureau of Health Professions, FOIA, P.O. Box 30670, Lansing, Michigan 48909 (Fax: (517) 241-1212). You will be charged pursuant to the Bureau's FOIA policy, if the documents are more than 40 pages total.

This license information was last updated on: 04/09/2012

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

April 12, 2012

Illinois Department of Professional Regulations
Room W-072
320 W. Washington Street
Springfield, IL 62786

RE: Seshagiri Rao Vavilikolanu, M.D.

Dear Illinois Department of Professional Regulations:

In response to your request, please find the enclosed documentation regarding the above referenced practitioner. I have also included descriptive information from our website's "licensee profile and status" screen for the purpose of providing positive licensee or registrant identification and license or registration status. This information is available through the website address listed below.

The license of Seshagiri Rao Vavilikolanu, M.D. is inactive. Please see the enclosed documentation for further information.

Should you have any questions, please feel free to contact me at the telephone number or address indicated on this correspondence.

Very truly yours,



Jackie Moore
Public Information Assistant

RECEIVED

APR 19 2012

/jam IDFP - MEDICAL UNIT

Enclosure:

December 17, 2001, Surrender of Certificate to Practice Medicine and Surgery

Direct Dial: (614) 728-4640
FAX: (614) 728-5946
Website: www.med.oh.gov
E-Mail Address: jackie.moore@med.state.oh.us

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: <http://med.ohio.gov/>

VERIFICATION OF LICENSURE

This is to verify that the records of the State Medical Board of Ohio contain the following information for the indicated licensee as of 04/11/2012:

Identification Information

Name and Address: Dr. SESHAGIRI RAO VAVILIKOLANU



Date of Birth:



Place of Birth:

School of Graduation: RANGARAYA MEDICAL COLLEGE,
ANDHRA UNIVERSITY, KAKINADA

Date of Graduation:



License Information

Type of License: Doctor of Medicine

License Number: 35. 078775

How Issued: End Flex

Original Licensure Date: 10/27/2000

Expiration Date: 10/01/2001

Status: INACTIVE

Formal Disciplinary Action: Yes

(If Formal Action is YES, see attached documents)



Richard A. Whitehouse
Executive Director



Identification Information		[back]
Name	Dr. SESHAGIRI RAO VAVILIKOLANU Birth Date: [REDACTED] Birth Place: [REDACTED] Birth Country:	
Practice	No address information on file.	
Residence	[REDACTED]	
Professional Education	School: 496280-RANGARAYA MC. ANDHRA U. KAKINADA AP Graduated: [REDACTED]	

License and Registration Information				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
35.078775	Doctor of Medicine	10/27/2000	10/01/2001	INACTIVE
Specialties				
ANESTHESIOLOGY				
<small>Specialty listings are voluntarily provided by the physician. They are not verified by the State Medical Board and do not confirm that the physician is Board certified by a professional specialty organization. To find out if a physician is certified by a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this green box.</small>				

Formal Action Information
Formal action exists. The existence of a formal action may invalidate the license prior to the expiration date listed above.

The above is an accurate representation of information currently maintained by the State Medical Board of Ohio as of 4/12/2012. The JCAHO and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Ohio. Physicians initially licensed in Ohio after February 1st, 1997 have had their medical education, post-graduate training and examination history primary source verified by FCVS. Therefore, the use of this website for documentation of primary source verification (PSV) of education and training meets current NCQA guidelines for those licensed after February 1, 1997. This statement, affirming that primary source verification of medical education and post-graduate training has been performed as part of the licensure process, should be printed out and retained in your files. Prior to February 1, 1997, the State Medical Board primary source verified the post-graduate training and examination history.

Formal Action(s)
12/17/2001:VOLUNTARY SURRENDER - PERMANENT REVOCATION OF MEDICAL LICENSE AUTHORIZED BY DOCTOR IN LIEU OF FORMAL DISCIPLINARY PROCEEDINGS BASED ON PRIOR ACTION BY NEW YORK'S MEDICAL BOARD FOLLOWING DOCTOR'S ADMISSION THAT HE WAS FOUND GUILTY OF CONDUCTING AND PARTICIPATING IN THE AFFAIRS OF A RACKETEERING ENTERPRISE, A FELONY.
View Documents

State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.
Executive Director

(614) 466-3934
med.ohio.gov

CERTIFICATION

I hereby certify that the attached December 17, 2001, Surrender of Certificate to Practice Medicine and Surgery is a true and complete copy as it appears in the records of the State Medical Board of Ohio in the Matter of **Seshagiri Rao Vavilikolanu, M.D.**

This certification is made by authority of the State Medical Board and on its behalf.



Barbara A. Jacobs
Senior Executive Staff Attorney

(SEAL)

April 12, 2012

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :
:
:
SESHAGIRI R. VAVILIKOLANU, M.D. :


ENTRY OF ORDER

On December 13, 2001, Seshagiri R. Vavilikolanu, M.D., executed a Voluntary Surrender of his Certificate to practice medicine and surgery in the State of Ohio with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Dr. Vavilikolanu's express waiver of the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board members vote to revoke said certificate, it is hereby ORDERED that Certificate No. 35-078775 authorizing Seshagiri R. Vavilikolanu, M.D., to practice medicine be permanently REVOKED, effective December 17, 2001.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 17th day of December, 2001, and the original thereof shall be kept with said Journal.

(SEAL)

 M.D. /TAD
Anand G. Garg, M.D.
Secretary

December 17, 2001
Date

STATE OF OHIO
RECEIVED
A. H. 18

**STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY**

I, Seshagiri R. Vavilikolanu, M.D., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, Seshagiri R. Vavilikolanu, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 078775, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio. This Surrender of Certificate to Practice Medicine and Surgery shall be effective upon the last date of signature below.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 078775, or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, No. 078775, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, Seshagiri R. Vavilikolanu, M.D., hereby release the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and may be reported to appropriate organizations, data banks, and governmental bodies. I, Seshagiri R. Vavilikolanu, M.D., agree to provide

Surrender of Certificate
Seshagiri R. Vavilikolanu, M.D.
Page 2

my social security number to the Board and hereby authorize the Board to utilize that number in conjunction with that reporting.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(22), Ohio Revised Code, to wit: New York State Board for Professional Medical Conduct Order No. 01-285 dated November 20, 2001, a copy of which is attached hereto and incorporated herein.

Signed this 13 day of December, 2001


Seshagiri R. Vavilikolanu, M.D.


Witness



Witness


Sworn to and subscribed before me this _____ day of December, 2001.

Notary Public

SEAL (This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

 M.D. / YAD
Anand G. Garg, M.D.
Secretary

 YAD
Raymond G. Albert
Supervising Member

12/17/01
Date

12/17/01
Date

STATE OF NEW YORK

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
SESHAGIRI R. VAVILIKOLANU, M.D.

SURRENDER
ORDER
BPMC No. 01-285

Upon the proposed agreement of SESHAGIRI R. VAVILIKOLANU, M.D. (Respondent) to Surrender his license as a physician in the State of New York, which proposed agreement is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted; it is further

ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Surrender Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 11/20/01



WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER OF
SESHAGIRI R. VAVILIKOLANU, M.D.

SURRENDER
OF
LICENSE

SESHAGIRI R. VAVILIKOLANU, M.D., representing all statements herein made to be true, deposes and says:

On or about July 27, 1999, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 215078 by the New York State Education Department.

My current address is [REDACTED] and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that I have been charged with Eight Specifications of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A".

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I admit the Eighth Specification in full satisfaction of the Statement of Charges.

I hereby make this application to the State Board for Professional Medical Conduct and request that it be granted.

I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way, and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

I agree that, in the event the State Board for Professional Medical Conduct grants my application, an order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Surrender Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Surrender Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED 11/09/01



SESHAGIRI R. VAVILIKOLANU, M.D.
RESPONDENT

The undersigned agree to the attached application of the Respondent to surrender his license.

Date: 11/09/01



CATHERINE A. GALE, ESQ.
Attorney for Respondent

Date: 11/13/01



MICHAEL A. HISER, ESQ.
Associate Counsel
Bureau of Professional
Medical Conduct

Date: 11/16/01



DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

**GUIDELINES FOR CLOSING A MEDICAL PRACTICE FOLLOWING A
REVOCATION, SURRENDER OR SUSPENSION (of 6 months or more)
OF A MEDICAL LICENSE**

1. Respondent shall immediately cease and desist from engaging in the practice of medicine in accordance with the terms of the Order. In addition, Respondent shall refrain from providing an opinion as to professional practice or its application and from representing himself as being eligible to practice medicine.
2. Respondent shall have delivered to the Office of Professional Medical Conduct (OPMC) at 433 River Street Suite 303, Troy, NY 12180-2299 his original license to practice medicine in New York State and current biennial registration within thirty (30) days of the effective date of the Order.
3. Respondent shall within fifteen (15) days of the Order notify his patients of the cessation of his medical practice and will refer all patients to another licensed practicing physician for their continued care, as appropriate.
4. Respondent shall make arrangements for the transfer and maintenance of the medical records of his patients. Within thirty days of the effective date of the Order, Respondent shall notify OPMC of these arrangements including the appropriate and acceptable contact person's name, address, and telephone number who shall have access to these records. Original records shall be retained for at least six years after the last date of service rendered to a patient or, in the case of a minor, for at least six years after the last date of service or three years after the patient reaches the age of majority whichever time period is longer. Records shall be maintained in a safe and secure place which is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information on the record is kept confidential and made available only to authorized persons. When a patient or and/or his or her representative requests a copy of the patient's medical record or requests that the original medical record be forwarded to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed seventy-five cents per page.) Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of their inability to pay.
5. In the event that Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall within fifteen (15) days advise the DEA in writing of the licensure action and shall surrender his DEA controlled substance privileges to the DEA. Respondent shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 to the DEA.
6. Respondent shall within fifteen (15) days return any unused New York State official prescription forms to the Bureau of Controlled Substances of the New York State Department of Health. Respondent shall cause all prescription pads bearing his name to be destroyed. If no other licensee is providing services at his practice location, all medications shall be properly disposed.
7. Respondent shall not share, occupy or use office space in which another licensee provides health care services. Respondent shall cause all signs to be removed within fifteen (15) days and stop all advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings by which his eligibility to practice is represented.

8. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered by himself or others while barred from engaging in the practice of medicine. Respondent may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of this Order.

9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and if his license is revoked, surrendered or suspended for a term of six months or more under the terms of this Order, Respondent shall divest himself of all financial interest in the professional services corporation in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety (90) days of the effective date of this Order.

10. Failure to comply with the above directives may result in a civil penalty or further criminal penalties as may be authorized pursuant to the law. Under Section 6512 of the Education Law it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when such professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in section 230-a of the Public Health Law, which includes fines of up to \$10,000 for each specification of charges of which the Respondent is found guilty and may include revocation of a suspended license.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
SESHAGIRI RAO VAVILIKOLANU, M.D.

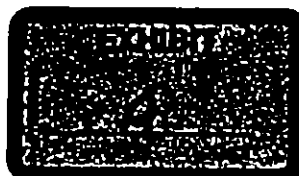
STATEMENT
OF
CHARGES

SESHAGIRI RAO VAVILIKOLANU, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 29, 1999, by the issuance of license number 215078 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent provided anesthesia care to Patient A (patients are identified in the attached Appendix), a twenty-two year old female, on or about January 7, 2000, at Champlain Valley Physician's Hospital Center, 100 Beekman Street, Plattsburgh, New York, 12901, ("CVPH"). Patient A was admitted to the labor and delivery unit on January 7, 2000 for elective induction at 41 weeks gestation. Later the same date, Patient A underwent a cesarean section for delivery, during which Respondent provided anesthesia. Respondent's medical care of Patient A failed to meet accepted standards of medical care in the following respects:

1. Respondent attempted to perform spinal anesthesia on Patient A before having adequate monitors attached and functioning, including a blood pressure cuff and EKG leads, and he attempted to perform general anesthesia on Patient A before having adequate monitors attached and functioning, including EKG leads.
2. Respondent inappropriately gave anesthetic medications to Patient A to begin general anesthesia, including an induction agent and a depolarizing drug, before the patient was fully prepared and draped for the surgery to begin.



B. Respondent provided anesthesia care to Patient B, an eighty-two year old female, on or about December 9, 1999 through January 14, 2000, at the Champlain Valley Physician's Hospital Center. Patient B was admitted for surgical care during which Respondent provided anesthesia. Respondent's medical care of Patient B failed to meet accepted standards of medical care in the following respects:

1. Respondent, during Patient B's surgery of 12/27/99, administered 600 ml of saline to the patient, which was contraindicated given her history of chronic episodic congestive heart failure, low ejection fraction, and cardiomyopathy.

C. Respondent, on or about February 11, 2000, submitted an application for privileges to Our Lady of Lourdes Hospital, Binghamton, New York, 13902. In the materials provided by the Respondent in support of his application, Respondent indicated that he had been on "vacation" from 11/22/99 through 2/13/00. He also failed to disclose his affiliation with CVPH during that or any time frame.

1. Respondent knowingly and intentionally failed to provide details regarding his employment at CVPH. Instead, Respondent falsely indicated that, during the time he was employed at CVPH, he had been on "vacation."

D. Respondent, on or about February 11, 2000, submitted an application for

privileges to Binghamton General Hospital, United Health Services, 33-39 Mitchell Avenue, Binghamton, New York, 13902.

1. Respondent, in his application and supporting materials, knowingly and intentionally failed to provide details regarding his employment at CVPH from November 1999 through January 2000.

E. Respondent, between April 20 and May 15, 2000, submitted an application for medical staff privileges to the Central Credentialing Verification Program of Oneida County Medical Society, New Hartford, New York, as part of applying for membership to the hospital medical staffs at Faxton Hospital, Utica, New York, and St. Luke's Hospital, Utica, New York. In the materials provided by the Respondent in support of his application, Respondent indicated that he had been on "vacation" from 11/22/99 through 3/12/00. He also failed to disclose his affiliation with CVPH during that or any time frame.

1. Respondent, in his application and supporting materials, knowingly and intentionally failed to provide details regarding his employment at CVPH from November 1999 through January 2000.

F. On or about May 24, 2001, in the United States District Court for the Northern District of Illinois, Eastern Division based on a plea of guilty, Respondent was found guilty of conducting and participating in the affairs of a racketeering enterprise, through a pattern of racketeering activity, consisting of racketeering acts of involving wire fraud, in violation of 18 U.S.C. Sec. 1962(c) a felony, and on or about October 10, 2001, was sentenced to thirty five (35) months imprisonment followed by three (3) years supervised release, and monetary restitution and a fine.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

1. The allegations in Paragraphs A and A.1, and/or A and A.2.

SECOND SPECIFICATION

GROSS INCOMPETENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

2. The allegations in Paragraphs A and A.1, and/or A and A.2.

THIRD SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

3. The allegations in Paragraphs A and A.1, A and A.2, and/or B and B.1.

FOURTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

4. The allegations in Paragraphs A and A.1, A and A.2, and/or B and B.1.

FIFTH SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

5. The allegations in Paragraphs C and C.1, D and D.1, and/or E and E.1.

SIXTH SPECIFICATION

FALSE REPORT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(21) by wilfully making or filing a false report, or failing to file a report required by law or by the department of health or the education department, as alleged in the facts of:

6. The allegations in Paragraphs C and C.1, D and D.1, and/or E and E.1.

SEVENTH SPECIFICATION

MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

7. The allegations in Paragraphs C and C.1, D and D.1, E and E.1., and/or F.


EIGHTH SPECIFICATION

CRIMINAL CONVICTION (Federal)

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(a)(ii) by having been convicted of committing an act constituting a crime under federal law as alleged in the facts of the following:

8. The allegations of Paragraph F.

DATED: November 13, 2001
Albany, New York



PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct