

records that you have requested are enclosed. We redacted social security numbers, home contact information, dates of birth and legal signatures. This information is exempt from disclosure under §67.706(Redaction), §67.708(b)(1)(ii) (personal security) and §67.708(b)(6) (personal information).

More information about the requirements of the RTKL is available on our website at: [www.dos.state.pa.us](http://www.dos.state.pa.us) and at the website of the Commonwealth Office of Open Records: <http://openrecords.state.pa.us>. If you have any questions about this, please do not hesitate to call me. Thank you.

Respectfully,

A handwritten signature in cursive script that reads "Heidi L. Barry".

Heidi L. Barry  
Agency Open Records Officer  
Department of State  
Room 302, North Office Building  
401 North Street  
Harrisburg, PA 17120-0500  
717-783-3585

Enclosure

**COPY**

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE**

**Commonwealth of Pennsylvania,  
Bureau of Professional and  
Occupational Affairs**

vs.

**Ashutosh Virmani, M.D.,  
Respondent**

**Docket No. 0824-49-07  
File No. 07-49-03915**

Department of State

2007 AUG 23 PM 3:12

PROTHONOTARY

**CONSENT AGREEMENT AND ORDER**

The Commonwealth and Respondent stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board of Medicine (Board) pursuant to the Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, as amended (Act), 63 P.S. §422.1 et seq.
2. At all relevant and material times, Ashutosh Vimani (Respondent) held a license to practice medicine and surgery in the Commonwealth of Pennsylvania, License Number MD-041128-E.
3. Respondent admits that the following facts are true:
  - a. Respondent's license is current through December 31, 2008, but may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

**RECEIVED**

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RIGHT-TO-KNOW OFFICE  
DEPARTMENT OF STATE

- b. Respondent's last known address on file with the Board is 4626 Charleston Manor Drive, Charlotte, NC 28211.
- c. On or about December 16, 2005, the North Carolina Medical Board approved a Consent Order In Re: Ashutosh Virmani, M.D., Respondent, which reprimanded the Respondent.
- d. A true and correct copy of the Consent Order referenced in paragraph 3c is attached and incorporated as **Exhibit 1**.
- e. On or about March 12, 2007, the New Jersey Board of Medical Examiners approved a Final Order of Discipline In the Matter of the License of Ashutosh Virmani, M.D., License No. MA48523 to Practice Medicine and Surgery in the State of New Jersey.
- f. A true and correct copy of the Final Order of Discipline referenced in paragraph 3e is attached and incorporated as **Exhibit 2**.
4. The actions of Respondent, described above, violated the Act at 63 P.S. §422.41(4) in that disciplinary action has been taken against the Respondent by a proper licensing authority of another state.
5. Intending to be legally bound, the participants consent to issuance of the following Order in settlement of this matter:
- a. A **PUBLIC REPRIMAND** is placed on Respondent's record with the Board.
6. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and to the following rights related to that hearing: to be represented by counsel at the

hearing; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

7. This Consent Agreement is between the Commonwealth and Respondent only.

Except as otherwise noted, this Agreement is to have no legal effect unless and until the Office of General Counsel approves the contents as to form and legality and the Board issues the stipulated Order.

8. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

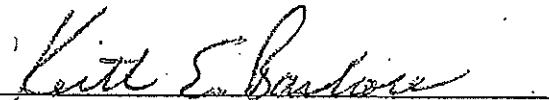
9. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division of the Department of State, Office of Chief Counsel.

10. This Agreement contains the whole agreement between the participants. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever, concerning this Agreement.

11. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent

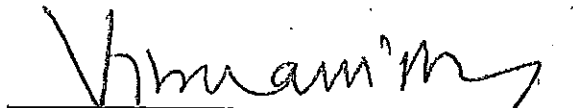
understands that statements in this Agreement are made subject to the criminal penalties of 18

Pa.C.S. §4904 relating to unsworn falsification to authorities.



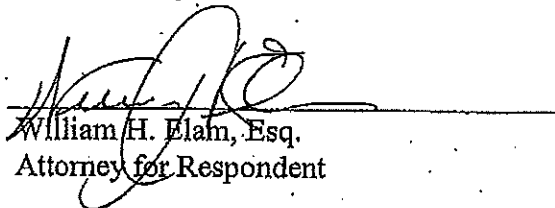
Keith E. Bashore, Esq.  
Prosecuting Attorney  
Department of State

DATED: 7/16/07



Ashutosh Virmani, M.D.  
Respondent

DATED: 6-27-2007



William H. Elam, Esq.  
Attorney for Respondent

DATED: 7-05-2007

BEFORE THE  
NORTH CAROLINA MEDICAL BOARD

In re:	)	
	)	
Ashutosh Virmani, M.D.,	)	CONSENT ORDER
	)	
Respondent.	)	

This matter is before the North Carolina Medical Board (hereafter Board) on information that Ashutosh Virmani, M.D. (hereafter Dr. Virmani) pre-signed prescriptions for medications. Dr. Virmani admits, and the Board finds and concludes, that:

Whereas the Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes and the rules and regulations promulgated thereto, and

Whereas Dr. Virmani is a Board Certified Obstetrician and Gynecologist licensed by the Board on or about December 2, 1989, license number 38567, and

Whereas, at the times relevant herein, Dr. Virmani practiced medicine in Charlotte, North Carolina,

Whereas, Dr. Virmani practiced as an independent contractor with a clinic, which was not owned, operated or managed by him,

Whereas, the employees who work with Dr. Virmani are employed by the clinic, and clinic protocols are established by the owners of the clinic, and

Whereas, between approximately March 2004 and August 2004, at the beginning of each day Dr. Virmani pre-signed prescriptions, which were prepared by the clinic's staff to be dispensed during that day to patients, per clinic protocol, and

Whereas, these prescriptions were filled out with the names of medications and dosage amounts but not the patients' names,

Whereas, as each patient was ready to leave the facility, the clinic staff would place the patient name on the prescriptions, pursuant to standing orders, and give them to the patient, and

Whereas, Dr. Virmani did not write the prescriptions for particular patients and relied upon the clinic's staff to appropriately complete the prescriptions for medications that he had previously authorized for existing patients, and

Whereas, without Dr. Virmani's knowledge, a member of the clinic's office staff obtained several pre-signed prescriptions and used the prescriptions to obtain medication for non-patients, and

Whereas pre-signing prescriptions, as described above, constitutes unprofessional conduct within the meaning of N.C. Gen. Stat. §90-14(a)(6), and grounds exist under that section of the

North Carolina General Statutes for the Board to suspend or revoke the license issued to Dr. Virmani by the Board or to deny any application he might make in the future, and

Whereas, upon learning that a member or members of the clinic's office staff were using the pre-signed prescriptions to order or dispense medications to non-patients, Dr. Virmani communicated this information to the clinic's owners and additional steps were taken to secure the prescriptions and prevent their future misuse, including terminating the involved clinic employees, properly securing blank prescription pads, and authorizing each individual patient prescription, and

Whereas Dr. Virmani would like to resolve this matter without the need for more formal proceedings, and

Whereas the Board has determined that it is in the public interest to resolve this case as set forth below;

Now, therefore, with Dr. Virmani's consent, it is ORDERED that:

1. Dr. Virmani is hereby REPRIMANDED.
2. Dr. Virmani shall comply with the Board's Position Statement entitled "Writing of Prescriptions."
3. This Consent Order shall take effect immediately upon its execution by both Dr. Virmani and the Board.



4. Dr. Virmani hereby waives any requirement under any law or rule that this Consent Order be served on him.

5. Upon execution by Dr. Virmani and the Board, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it will be reported to persons, entities, agencies, and clearinghouses, as required and permitted by law, including, but not limited to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

By Order of the North Carolina Medical Board this the 29th  
day of December, 2005.

NORTH CAROLINA MEDICAL BOARD

By: Robert C. Moffatt, M.D.  
Robert C. Moffatt, M.D.  
President

Consented to this the 16<sup>th</sup> day of December, 2005.

Virmani M.D.

Ashutosh Virmani, M.D.

State of North Carolina

Mecklenburg County

I, Vicki P. Gettys, a Notary Public for the above named County and State, do hereby certify that Ashutosh Virmani, M.D., personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal  
this the 16<sup>th</sup> day of December, 2005.

Vicki P. Gettys

Notary Public

(SEAL)

My Commission expires: 9/3/2008

**EXHIBIT  
2**

STUART RABNER  
ATTORNEY GENERAL OF NEW JERSEY  
Division of Law 5th Floor  
124 Halsey Street  
P.O. Box 45029  
Newark, New Jersey 07101  
Attorney for the State Board  
of Medical Examiners

**FILED**

March 12, 2007

**NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE  
LICENSE OF

ASHUTOSH VIRMANI, M.D.  
License No. MA48523

TO PRACTICE MEDICINE AND  
SURGERY IN THE STATE OF  
NEW JERSEY

Administrative Action

FINAL ORDER  
OF DISCIPLINE

This matter was opened to the New Jersey State Board of Medical Examiners (Board) upon receipt of information which the Board has reviewed and on which the following findings of fact and conclusions of law are made;

FINDINGS OF FACT

1. Respondent, Ashutosh Virmani, M.D., License No. MA48523, is a physician licensed in the State of New Jersey and has been licensed at all times relevant hereto.
2. On or about December 29, 2005, the North Carolina Medical Board (North Carolina Board) filed a Consent Order reprimanding Respondent for engaging in unprofessional conduct within the

**CERTIFIED TRUE COPY**

meaning of N.C. Gen. Stat. §90-14(a)(6), by issuing pre-signed prescriptions. Pursuant to the Consent Order, Respondent admitted and the North Carolina Board found that between approximately March 2004 and August 2004, while acting as an independent contractor at a clinic, Respondent pre-signed prescriptions which were prepared by the clinic's staff to be dispensed during the day to patients, per clinic protocol. The prescriptions were filled out with the names of the medications and dosage amount but not the patients' names. Respondent admitted that he did not write the prescriptions for particular patients and relied upon the clinic's staff to appropriately complete the prescriptions for medications that he had previously authorized for existing patients. Respondent further admitted and the North Carolina Board found that, without Respondent's knowledge, a member of the clinic's office staff obtained several pre-signed prescriptions and used the prescriptions to obtain medication for non-patients.

#### CONCLUSION OF LAW

1. The above disciplinary action taken by the sister state of North Carolina provides grounds to take disciplinary action against Respondent's license to practice medicine and surgery in New Jersey pursuant to N.J.S.A. 45:1-21(e), in that Respondent has engaged in professional misconduct.

#### DISCUSSION

Based on the foregoing findings and conclusions, a Provisional Order of Discipline (POD) "reprimanding" Respondent was entered on May 16, 2006 and a copy served on Respondent. The POD was subject to finalization by the Board at 5:00 p.m. on the 30<sup>th</sup> business day following entry unless Respondent requested a modification or dismissal of the stated Findings of Fact or Conclusions of Law by submitting a written request for modification or dismissal setting forth in writing any and all reasons why said findings and conclusions should be modified or dismissed and submitting any and all documents or other written evidence supporting Respondent's request for consideration and reasons therefor.

In response to the POD, Respondent submitted written correspondence dated August 2, 2006, for the Board's review. In his correspondence Respondent requested that the Board dismiss the POD or alternatively, modify the POD to reflect Respondent's assertions that the pre-signing of prescriptions is commonplace in women's health clinics; the pre-signing procedure was a required protocol of the clinic in which he worked as an independent contractor; he was obligated to follow this owner established protocol; and the North Carolina Board never defined pre-signing of prescriptions, thus making it unclear to Respondent that he was in violation of any North Carolina directives.

Respondent's submissions were reviewed by the Board, and the Board determined that further proceedings were not necessary and

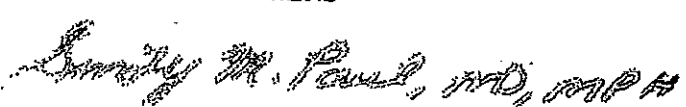
that no material discrepancies had been raised. The Board was not persuaded that the submitted materials merited further consideration, as Respondent did not dispute the Findings of Fact or Conclusions of Law.

ACCORDINGLY, IT IS on this 12th day of March, 2007,  
ORDERED THAT:

1. Respondent shall be and is hereby reprimanded by the New Jersey State Board of Medical Examiners.

NEW JERSEY STATE BOARD OF  
MEDICAL EXAMINERS

By:

  
Sindy Paul, M.D.  
Board President

ORDER

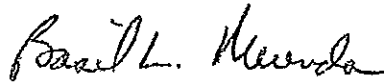
AND NOW, this <sup>28<sup>th</sup></sup> day of August, 2007, the State Board of Medicine adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

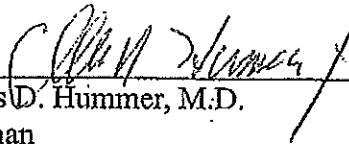
BY ORDER:

BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

STATE BOARD OF MEDICINE



Basil L. Merenda  
Commissioner



Charles D. Hummer, M.D.  
Chairman

Date of mailing:

File No. 07-49-03915

For the Commonwealth:

For Respondent:

August 29, 2007

Keith E. Bashore, Esquire  
P. O. Box 2649  
Harrisburg, PA 17105-2649

William H. Elam, Esquire  
Elam & Rousseaux, P.A.  
P.O. Box 30457  
Charlotte, NC 28230

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE

7-27-94

Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

vs.

Ashutosh Virmani, M.D.  
Respondent

Docket No. 0364-49-93  
File No. 92-49-03711

CONSENT AGREEMENT

IT IS HEREBY stipulated by the parties to the above-captioned matter that the following statements are true:

1. The State Board of Medicine is a departmental administrative body of the Department of State, organized under the provisions of the Medical Practice Act of 1985, Act of December 20, 1985, P.L. 457, No. 112, 63 P.S. 422.1 et seq.

2. Respondent, Ashutosh Virmani, M.D., is a licensed physician in the Commonwealth of Pennsylvania, holding license no. MD-041128-E.

3. Respondent's last known address on file with the Board is 4626 Charlestown Manor Drive, Charlotte, North Carolina 28211.

4. On October 18, 1993, an Order to Show Cause, setting forth certain charges and allegations was issued against Respondent.

5. Respondent has been fully advised of his right to an administrative hearing, to be represented by counsel, to present witnesses and testimony, to cross-examine witnesses and to challenge evidence presented by the Commonwealth, to present legal arguments by means of a brief before the Board, and to take an



appeal from any decision adverse to his interest in his license to practice as a physician in the Commonwealth of Pennsylvania.

6. Respondent knowingly and voluntarily waives his right to a formal hearing in this matter and agrees to resolve through this Consent Agreement the allegations that would have been raised in the Order to Show Cause.

7. Respondent admits that the following facts are true:

a. On June 29, 1992, Respondent entered a Consent Order with the North Carolina State Board of Medical Examiners based on his admission to having engaged in an improper personal liaison with a patient.

b. The Consent Order called for Respondent to: (1) be issued a temporary license to practice medicine in North Carolina; (2) obtain a psychiatric evaluation in the area of boundary problems; (3) enter therapy if recommended by the evaluation; (4) execute and follow a contract with the North Carolina Physician Health and Effectiveness Program; and (5) obtain not less than 25 hours of continuing medical education.

c. On January 29, 1993, the North Carolina Board adopted a motion to reinstate Respondent's full and unrestricted license in that state. That motion also called for Respondent to: (1) enter marriage counseling within 3 months; (2) maintain 150 hours of continuing medical education every three years; (3) continue to abide by his PHEP contract; and (4) notify the Board of his address.

d. On December 1, 1993, Respondent appeared before a committee of the New Jersey State Board of Medical Examiners and presented proof of his compliance with and completion of his Physician's Health and Effectiveness Program. He also presented proof of his ongoing attendance and participation in counseling. The New Jersey Board thereupon issued an Order imposing on Respondent's license in that state certain terms and conditions similar to those prescribed at paragraph 8, below.

8. Based upon the foregoing, Respondent admits that his license is subject to disciplinary action pursuant to the Medical

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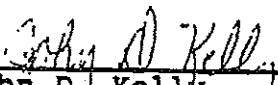
Practice Act of 1985, Act of December 20, 1985, P.L. 457, No. 112, 63 P.S. 422.41(4), and consents to the indefinite suspension of his license, stayed in favor of a three-year period of probation commencing February 3, 1993, as described below:

1. Respondent shall adhere to all of the instructions contained in a letter from the North Carolina Board to him dated February 3, 1993 and incorporated by reference herein.
2. Respondent shall authorize and cause his marriage counsellor to provide the Board with written verification that he entered into marriage counseling within three months of the North Carolina Board's letter of instruction and of his compliance with the requirements of counselling on a semi-annual basis. Upon the cessation of counselling, Respondent shall authorize and cause a final report to be issued to this Board. The Board may, at its discretion, request more detailed reports as may be necessary to determine Respondent's progress in counseling and need for continuing counseling.
3. Respondent shall provide the Board with proof of his completion of 150 hours of continuing medical education during the period of probation. This proof shall be submitted on or before February 28, 1996.
4. Respondent shall authorize and cause the North Carolina PHEP to provide the Board with the semi-annual reports and the final report regarding Respondent's compliance with his PHEP contract.
5. Prior to commencing a full time practice in Pennsylvania, Respondent shall provide proof of his compliance with the requirements embodied in the North Carolina Board's letter of instruction and shall, if Ordered to do so by the Board, appear before the Board for the purposes of discussion Respondent's professional plans, and the necessity, if any, of additional licensure restrictions.
6. Respondent shall notify the Board of any employment in the field of medicine in the Commonwealth of Pennsylvania that exceeds one week in duration.
9. I, Ashutosh Virmani, M.D., do verify that the facts and statements set forth in the foregoing are true and correct to the best of my knowledge, information, and belief. I understand that false statements herein are made subject to the penalties of 18 Pa.

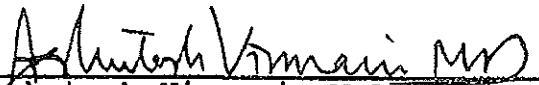
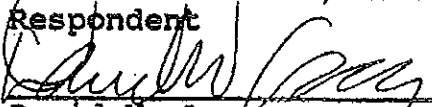
C.S. §4904 relating to unsworn falsification to authorities.

10. The parties understand that this Consent Agreement is between the Prosecuting Attorney and the Respondent only, and is to have no legal effect unless and until the Board issues an Order adopting the aforementioned sanction and the Office of General Counsel approves the contents of the Consent Agreement and the Board's Order as to legality.

11. Furthermore, should this Consent Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

  
\_\_\_\_\_  
John D. Kelly  
Prosecuting Attorney  
Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

DATED:

  
\_\_\_\_\_  
Ashutosh Virmani, M.D.  
Respondent  
  
\_\_\_\_\_  
David W. Long  
Attorney for Respondent

DATED:

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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE

Commonwealth of Pennsylvania,  
Bureau of Professional and  
Occupational Affairs

vs.

Ashutosh Virmani, M.D.  
Respondent

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Docket No. 0364-49-93  
File No. 92-49-03711

ORDER

AND NOW, this 26<sup>th</sup> day of April, 1994, the State Board of Medicine, having duly convened and considered the foregoing Consent Agreement and based thereon, hereby finds that Respondent, Ashutosh Virmani, M.D., license number MD-011139-E, has violated the Medical Practice Act of 1985, Act of December 20, 1985, P.L. 457, No. 112, 63 P.S. 422.41(4). Based upon that finding, the Board hereby ORDERS the indefinite suspension of Respondent's license, stayed in favor of a three-year period of probation commencing February 3, 1993, as described below:

1. Respondent shall adhere to all of the instructions contained in a letter from the North Carolina Board to him dated February 3, 1993 and incorporated by reference herein.
2. Respondent shall authorize and cause his marriage counsellor to provide the Board with written verification that he entered into marriage counseling within three months of the North Carolina Board's letter of instruction and of his compliance with the requirements of counselling on a semi-annual basis. Upon the

cessation of counselling, Respondent shall authorize and cause a final report to be issued to this Board. The Board may, at its discretion, request more detailed reports as may be necessary to determine Respondent's progress in counseling and need for continuing counseling.

3. Respondent shall provide the Board with proof of his completion of 150 hours of continuing medical education during the period of probation. This proof shall be submitted on or before February 28, 1996.

4. Respondent shall authorize and cause the North Carolina PHEP to provide the Board with the semi-annual reports and the final report regarding Respondent's compliance with his PHEP contract.

5. Prior to commencing a full time practice in Pennsylvania, Respondent shall provide proof of his compliance with the requirements embodied in the North Carolina Board's letter of instruction and shall, if Ordered to do so by the Board, appear before the Board for the purposes of discussion Respondent's professional plans, and the necessity, if any, of additional licensure restrictions.

6. Respondent shall notify the Board of any employment in the field of medicine in the Commonwealth of Pennsylvania that exceeds one week in duration.

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This Order shall take effect in thirty (30) days.

BY ORDER:

BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

  
Richard H. Utley  
Commissioner

STATE BOARD OF MEDICINE

  
Joshua A. Perper, M.D.  
Chairman

For the Commonwealth:

John D. Kelly  
Prosecuting Attorney

Respondent's Address:

4626 Charlestown Manor Drive  
Charlotte, NC 28211

Respondent's Attorney's  
Address:

P. O. Box 10096  
Raleigh, NC 27605-0096

File Number:

92-49-03711

DATE OF MAILING:

4/29/94

JDK/bls

COPY

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE

11/22/98

Commonwealth of Pennsylvania, :  
Bureau of Professional and :  
Occupational Affairs :  
vs. : Docket No. 0823-49-98  
: File No. 97-49-03592  
Ashutosh Virmani, M.D., :  
Respondent :

CONSENT AGREEMENT AND ORDER

The Commonwealth and Respondent stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board of Medicine ("Board") pursuant to the Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, as amended ("Act"); 63 P.S. §422.1 et seq.

2. At all relevant and material times, Ashutosh Virmani, M.D. ("Respondent") held a license to practice medicine in the Commonwealth of Pennsylvania, license number MD-041128-E.

3. Respondent admits that the following facts are true:

a. Respondent's license is current through December 31, 2000 and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known address on file with the Board is 4626 Charleston Manor Drive, Charlotte, NC 28211.

c. On or about July 18, 1997, the North Carolina Medical Board (North Carolina Board) issued a Consent Order in which Respondent was reprimanded with regard to a Notice of Charges dated September 13, 1996. A true and correct copy of the North Carolina Board Order is attached and incorporated herein by reference as Exhibit 1.

d. The North Carolina Board's discipline was based upon the following:

(1) On or about September 1, 1995, Respondent's medical staff privileges at Presbyterian Hospital, Charlotte, NC, were summarily suspended after peer review, finding "24 problematic charts."

(2) Respondent contested the validity of the suspension of his hospital privileges in a civil action in the Mecklenburg County Superior Court.

(3) In a motion filed in the Mecklenburg County Superior Court by Respondent's attorney



and verified by Respondent, it was alleged that the North Carolina Board had concluded its investigation of the hospital charts in question and determined that no disciplinary action would be taken.

(4) Respondent admits that at the time he verified the motion, the statements in the motion regarding the status of the North Carolina Board's investigation were not true.

4. The actions of Respondent, described above, violated the Act at 63 P.S. §422.41(4).

5. The participants consent to issuance of the following Order in settlement of this matter:

a. Respondent violated the Act at 63 P.S. §422.41(4) in that disciplinary action has been taken against Respondent in another state.

b. A **PUBLIC REPRIMAND** is placed on Respondent's permanent Board record.

6. Respondent acknowledges the filing, service and receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and to the following rights related to that hearing: to be represented by counsel at the hearing; the right to present

witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

7. This Consent Agreement is between the Commonwealth and Respondent only. Except as otherwise noted, this Agreement is to have no legal effect unless and until the Office of General Counsel approves the contents as to form and legality and the Board issues the stipulated Order.

8. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. The participants waive any objection to a Board member's consideration of this Agreement in the event that the member participated in a prior decision to prosecute this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

9. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement

without first obtaining the express written concurrence of the Prosecution Division.

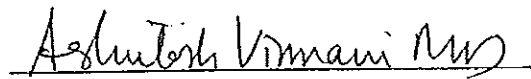
10. This agreement contains the whole agreement between the participants. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

11. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Agreement are made subject to the criminal penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.



Anita P. Shekletski  
Prosecuting Attorney  
Bureau of Professional and  
Occupational Affairs

DATED: 6/21/99



Ashutosh Virmani, M.D.  
Respondent

DATED: June 16, 1999



David W. Long, Esquire  
Respondent's Attorney

DATED: June 14, 1999

BEFORE THE  
NORTH CAROLINA MEDICAL BOARD

In re: )  
 )  
Ashutosh Virmani, M.D., ) CONSENT ORDER  
 )  
Respondent. )

This matter is before the North Carolina Medical Board (hereinafter Board) on the Notice of Charges dated September 13, 1996, and the Notice of Charges dated January 2, 1997, against Ashutosh Virmani, M.D. (hereinafter Dr. Virmani).

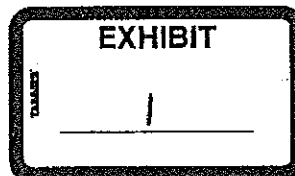
Whereas the Board issued Dr. Virmani a license to practice medicine and surgery on December 2, 1989, license number 38567, and

Whereas Dr. Virmani currently practices obstetrics and gynecology in Charlotte, North Carolina, and

Whereas the Board began an investigation after it received a report required by law that Dr. Virmani's staff privileges at Presbyterian Hospital, Charlotte, North Carolina, were summarily suspended after a peer review finding of "24 problematic charts", and

Whereas, Dr. Virmani contested the validity of the suspension of his hospital privileges in an action filed in the Mecklenburg County Superior Court styled A. Ron Virmani, M.D. v. Presbyterian Health Services Corp., 96 CVS 644 ("Mecklenburg County Action"), and

Whereas on July 19, 1996, Dr. Virmani and his attorney, Mr. William L. Sitton, Jr. ("Mr. Sitton") were parties to an informal



interview by members of the Board into various matters pertaining to the "24 problematic charts" and his medical practice, and

Whereas on August 21, 1996, Dr. Virmani verified a motion authored by Mr. Sitton which was filed in the Mecklenburg County Action ("the Motion"), and

Whereas the Motion, among other things, alleged the Board had concluded its investigation of the hospital charts in question and determined that no disciplinary action would be taken against Dr. Virmani, and

Whereas Dr. Virmani admits that at the time he verified the Motion, the statements in the Motion regarding the status of the Board's investigation were not true, and

Whereas Dr. Virmani admits that the foregoing conduct constitutes an attempt to obtain practice, money, or anything of value by false representation in violation of N.C. Gen. Stat. § 90-14(a)(8), and

Whereas Dr. Virmani would like to resolve this case without the need for more formal proceedings and the Board has determined that it is in the public interest to resolve this case as set forth below,

Now, therefore, with Dr. Virmani's consent, it is ORDERED that:

1. Dr. Virmani is hereby REPRIMANDED with regard to the Notice of Charges dated September 13, 1996.

2. The Board hereby DISMISSES the Notice of Charges dated January 2, 1997.

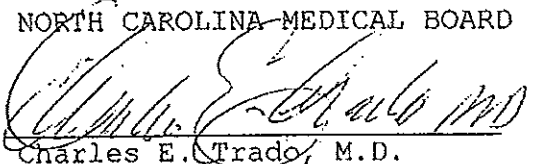
4. Dr. Virmani hereby waives any requirement under any law or rule that this Consent Order be served on him.

5. Upon execution by Dr. Virmani and the Board, this Consent Order shall become a public record.


By order of the North Carolina Medical Board this the 18<sup>th</sup> day of July, 1997.

NORTH CAROLINA MEDICAL BOARD

By:

  
Charles E. Trado, M.D.  
Vice President

ATTEST:

  
Bryant D. Paris, Jr.  
Executive Director


ORDER

AND NOW, this 27<sup>th</sup> day of July, 1999, the State Board of Medicine adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

BY ORDER:

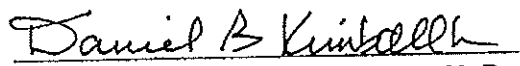
BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS

  
Dorothy Childress  
Commissioner

For the Commonwealth:

For Respondent:

STATE BOARD OF MEDICINE

  
Daniel B. Kimball, Jr., M.D.  
Chairman

Anita P. Shekletski, Esquire  
P. O. Box 2649  
Harrisburg, PA 17105-2649

David W. Long, Esquire  
POYNER & SPRUILL  
P. O. Box 10096  
Raleigh, NC 27605-0096

## APPLICATION FOR GRADUATE LICENSE

STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105

Please see instructions on cover page for completion of this application.

Complete the entire application and submit at least sixty (60) days before the beginning date of training.

Please type or print clearly.

1. Name VERMAN ASHUTOSH Date 11.25.87  
Last First Middle

2. Date of Birth [REDACTED]

3. List all medical schools attended: (053)  
Medical School  
(Full Name) NEW JERSEY MEDICAL SCHOOL Dates of Attendance AUGUST 1981

Location NEWARK NJ U.S.A Date of Graduation THRU MAY 1985  
City State Country

Medical School (Full Name) \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Location \_\_\_\_\_ Date of Graduation \_\_\_\_\_

4. Training Approval Requested (To be completed by hospital)

Name of Hospital Temple University Hospital HS-L (239)

Address of Hospital Broad and Chestnut Streets, Phila Pa 19106

Specialty Ophthalmology and Otorhinolaryngology Level in Specialty 3rd P.G.Y.

Dates of Training Requested 12/1/87 (OK) to 12/1/88  
Beginning Date Ending Date

Name of Program Director Larry Thompson, M.D.

Signature of Program Director [Signature]

5. List all states, territories and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive). NEW JERSEY

6. Are you, or have you ever been, addicted to the immoderate use of alcohol or the habitual use of narcotics or other habit-forming drugs? NO

7. Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or any other country? NO

8. Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or any other country? NO



9. Have you ever possessed a license to practice medicine and surgery or other professional license, or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions? NO
10. Have you ever had provider privileges denied or restricted by the Drug Enforcement Administration, a medical assistance agency, or other authority? NO
11. Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility? NO

If you have answered yes to 6, 7, 8, 9, 10, or 11, please provide details on an addendum sheet. The failure to provide sufficient information for these items may result in a delay in processing the application or require the return of the application.

#### CURRICULUM VITAE

Complete if training requested is any other than first year after medical school. All activities for all years since graduation from medical school. Use additional sheets if necessary.

#### Previous Training

Dates	Name of Hospital	Location of Hospital	Specialty
7/85 to 12/87	UNIVERSITY HOSPITAL	NEWARK, NJ	Internal Medicine
to			

#### Other Activities

Dates	Name of Hospital	Location of Hospital	Specialty
to			
to			

#### AFFIDAVIT

State of NEW JERSEY

County of ESSEX

ASHUTOSH VIRMANI, M.D. (applicant) being duly sworn according to law, dep and says that he/she is the person making the foregoing application, that he/she is a person of good moral character, and that the statements made therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this

30th day of November, 1987.

Ashutosh Virmani M.D.  
Signature of Applicant

Maria A. Castillo  
Notary Public  
MARIA A. CASTILLO  
A NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Dec. 8, 1991

97018112

00

STATE OF NEW JERSEY  
DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS

THIS IS TO CERTIFY THAT  
BOARD OF MEDICAL EXAMINERS  
HAS REGISTERED

ASHUTOSH VIRMANI

FOR PRACTICE IN NEW JERSEY AS A(N) PHYSICIAN MD

07/01/87

EFFECTIVE DATE

06/30/89

EXPIRATION DATE

MA48523

LICENSE NO

*Ashutosh Virmani MD*

SIGNATURE OF REGISTRANT

*James J. McGee, Jr.*

DIRECTOR

REQUEST TO CHANGE CERTIFICATE

IF THE INFORMATION ON THE ATTACHED CERTIFICATE IS INCORRECT, OR SHOULD  
CHANGE, PLEASE PRINT THE CORRECT DATA ONLY BELOW AND MAIL TO:

06122

DIVISION OF CONSUMER AFFAIRS  
25 MARKET ST, 3RD FLOOR, CN151,  
TRENTON, NJ 08625

LICENSE NUMBER MA48523

DEAR CURRENT LICENSE EXPIRES:

CORRECT NAME

(FIRST)

(M)

(LAST)

(MAIDEN IF APPLICABLE)

CORRECT ADDRESS

(STREET)

(CITY)

(STATE)

(ZIP CODE)

(COUNTY IF ONLY)

NAME OF EMPLOYER

EMP STREET ADDRESS

EMPL CITY, STATE, ZIP

SEE REVERSE SIDE FOR INSTRUCTIONS



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF MEDICAL EXAMINERS

W. GARY BOWARD  
ATTORNEY GENERAL

20 WEST STATE STREET  
TRENTON, NEW JERSEY 08646  
(609) 292-1941

JAMES J. BARNETT  
DIRECTOR

March 7, 1986

PENNSYLVANIA STATE BOARD OF MEDICINE  
DIVISION OF LICENSING  
P.O. BOX 2649  
HARRISBURG PA 17105-2649

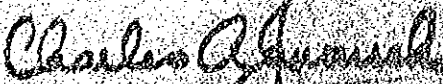
RE: ASHUTOSH VIRMANI, M.D. # 48523

To whom it may concern:

The files of the State Board of Medical Examiners of New Jersey indicate that license number 48523 was issued on 7/30/80 to ASHUTOSH VIRMANI, M.D. to practice all branches of Medicine and Surgery in the State of New Jersey. Dr. VIRMANI is currently registered and our files reveal no derogatory information.

Very truly yours,

NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS



Charles A. Jancousek  
Executive Director

CAJ/mak

STATE BOARD OF MEDICINE  
P.O. BOX 2049  
HARRISBURG, PA 17105-2049  
(717) 767-2301

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**APPLICATION FOR A LICENSE  
TO PRACTICE MEDICINE WITHOUT RESTRICTION**

**APPLICATION FEE: \$20.00** Make check payable to the COMMONWEALTH OF PENNSYLVANIA  
Application fee is not refundable.

COMPLETE THE ENTIRE APPLICATION AND ALL ADDITIONAL REQUIREMENTS; Type or Print

NAME:

VERMANI

ASHUTOSH

ADDRESS:

0795ET

CITY

**ADVICE**

DATE OF BIRTH:

SOCIAL SECURITY NUMBER

TELEPHONE NUMBER

NAME OF MEDICAL SCHOOL(S) ATTENDED

NEW JERSEY MEDICAL SCHOOL

NEWARK, NEW JERSEY

DATE OF ATTENDANCE

From: 9/8/13 to: 9/8/13

From: \_\_\_\_\_ 10

### TYPE OF EXAMINATIONS:

National Board  
FLEX

L.M.C.C. - Cancellation  
State Board

Name                     

List all states, territories, and countries in which you have ever practiced a license to practice medicine and surgery (active, inactive, current or expired).

NEW JERSEY



1. Are you, or have you ever been, addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs? NO
2. Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or other country? NO
3. Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or any other country? NO
4. Have you ever possessed a license to practice medicine and surgery or other professional license, or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions? NO
5. Have you ever had provider privileges denied, revoked or restricted in a hospital or other health care facility? NO
6. Have you ever had provider privileges denied or restricted by a drug enforcement agency, medical assistance agency or other authority? NO

If you have answered yes to any of the above questions, give details on a separate 8 1/2 x 11 sheet.

### AFFIDAVIT

State of: PA

County of: Philadelphia

I, ASHUTOSH VIRMANI M.D. being duly sworn according to law, depose and say I am the person completing this application, that I am of good moral character, and that all statements therein are true and complete to the best of my knowledge and belief.

Ashutosh Virmani MD  
(signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME THIS

29 DAY of January, 19 88

MY COMMISSION EXPIRES:

DONALD N. REDMOND  
Notary Public, Phila., Phila. Co.  
My Commission Expires Oct 20, 1989  
(Notary seal)

DONALD N. REDMOND  
Notary Public, Phila., Phila. Co.  
My Commission Expires Oct 20, 1989

Signature of notary

08 JAN 29 4 11 PM '88

# CERTIFICATION OF MORAL CHARACTER

COMMONWEALTH OF PENNSYLVANIA

STATE BOARD OF MEDICINE

HARRISBURG

To be completed by two physicians with an unrestricted license in good standing in the United States.

Name of Applicant: ASHUTOSH VIRMANI M.D.

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 6 year(s) 0 month(s).

SIGNATURE: [Signature] DATE: 1/13/88

Print or type name as signed above:

SUSAN A. RECH, MD

State in which licensed:

PENNSYLVANIA

License Number:

MD03517215

Name of Applicant: ASHUTOSH VIRMANI M.D.

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 6 year(s) 0 month(s).

SIGNATURE: [Signature] DATE: 1/12/88

Print or type name as signed above:

MARK D. KUHIN

State in which licensed:

Pennsylvania

License Number:

MD-036442

Return this form to the applicant.

This form must be submitted with the other parts of the application.



APPLICATION FOR A LICENSE TO PRACTICE MEDICINE  
VERIFICATION OF GRADUATE MEDICAL TRAINING

COMMONWEALTH OF NEW JERSEY  
STATE BOARD OF MEDICAL EXAMINERS

HARRISON, N.J. 07033

TO BE COMPLETED BY APPLICANT

NAME: VIRMANI ASHUTOSH

Last

First

ADDRESS:  
Street

City State Zip Code

NAME OF HOSPITAL: UNIVERSITY OF MEDICINE & DENTISTRY

ADDRESS OF HOSPITAL: 100 BERGEN ST.  
NEWARK NJ 07103

VERIFICATION -- TO BE COMPLETED BY THE PROGRAM DIRECTOR

I certify that Ashutosh Ron Virmani, M.D. has successfully completed graduate medical training at the training facility listed above and is a person of good moral character.  
(name of applicant)

Beginning date: July 1, 1985

Ending date: December 31, 1987

Check specialty:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Anesthesiology       | <input type="checkbox"/> Internal Medicine                  | <input type="checkbox"/> Preventive Medicine   |
| <input type="checkbox"/> Dermatology          | <input type="checkbox"/> Neurology                          | <input type="checkbox"/> Psychiatry            |
| <input type="checkbox"/> Diagnostic Radiology | <input checked="" type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> Therapeutic Radiology |
| <input type="checkbox"/> Emergency Medicine   | <input type="checkbox"/> Pathology                          | <input type="checkbox"/> Transitional Year     |
| <input type="checkbox"/> Family Practice      | <input type="checkbox"/> Pediatrics                         | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> General Surgery      | <input type="checkbox"/> Physical Medicine & Rehab          |  |

(HOSPITAL SEAL)

Notarized statement  
required if hospital  
has no seal

Signature of Program Director

NOTE: Training cannot be verified until after ending date.

\*\* Resident completed 2 1/2 years of training at UMDNJ-RNJ  
Jersey Medical School/University Hospital

Upon completion Program Director must return this form to the applicant.  
This form must be submitted with other parts of the application.

Dept. OB/GYN

University of Medicine & Dentistry of New Jersey  
New Jersey Medical School  
85 South Orange Avenue  
Newark, New Jersey 07102-2727



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
Harrisburg, pa 17105-2649



PROF. & DR. AFFAIRS



APPLICATION FOR A LICENSE TO PRACTICE MEDICINE  
VERIFICATION OF GRADUATE MEDICAL TRAINING

COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF REGULATION

HARRISBURG, PA

TO BE COMPLETED BY APPLICANT

NAME: VERMANI ASHUTOSH  
Last First

ADDRESS: [REDACTED]  
Street

City/State/Zip Code

NAME OF HOSPITAL: UNIVERSITY OF MEDICINE & DENTISTRY

ADDRESS OF HOSPITAL: 100 BERGEN ST.  
NEWARK, NJ 07103

VERIFICATION -- TO BE COMPLETED BY THE PROGRAM DIRECTOR

I certify that Ashutosh Ron Vermani, M.D. has successfully completed graduate medical training at the training facility listed above and is a person of good moral character.  
(name of applicant)

Beginning date: July 1, 1985 Ending date: December 31, 1987

Check specialty:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Anesthesiology       | <input type="checkbox"/> Internal Medicine                  | <input type="checkbox"/> Preventive Medicine   |
| <input type="checkbox"/> Dermatology          | <input type="checkbox"/> Neurology                          | <input type="checkbox"/> Psychiatry            |
| <input type="checkbox"/> Diagnostic Radiology | <input checked="" type="checkbox"/> Obstetrics & Gynecology | <input type="checkbox"/> Therapeutic Radiology |
| <input type="checkbox"/> Emergency Medicine   | <input type="checkbox"/> Pathology                          | <input type="checkbox"/> Transitional Year     |
| <input type="checkbox"/> Family Practice      | <input type="checkbox"/> Pediatrics                         | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> General Surgery      | <input type="checkbox"/> Physical Medicine & Rehab          |  |

(HOSPITAL SEAL)

Signature of Program Director

Notarized statement  
required if hospital  
has no seal

NOTE: Training cannot be verified until after ending date.

\*\* Resident completed 24 years of training at UMDNJ-New Jersey Medical School/University Hospital

Upon completion Program Director should return this form to the applicant.  
This form must be submitted with other parts of the application.

VERIFICATION OF GRADUATION  
FROM MEDICAL SCHOOL

8 20 0 6 0

OFFICE OF THE BOARD OF MEDICAL EXAMINERS  
P.O. BOX 5040  
HARRISBURG, PA 17105

To be completed  
by applicant

NAME:

LAST: VIRMANI FIRST: ASHUTOSH MIDDLE:

ADDRESS:

[REDACTED]

[REDACTED]

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

NAME OF MEDICAL SCHOOL: NEW JERSEY MEDICAL SCHOOL

ADDRESS: NEWARK, NEW JERSEY

If the school is unaccredited (foreign) an official transcript must accompany this verification. Please request the transcript at the same time you request completion of this verification. The transcript must be in English or an official translation must be submitted to the Board.

To be completed  
by Dean or Registrar

VERIFICATION

I certify that Ashutosh Virmani, M.D. has successfully completed  
(name of applicant)  
all the required courses and examinations and has graduated from the above named school  
this date: May 22, 1985

The applicant began attendance at this school on this date: September 14, 1981

( SEAL OF SCHOOL)

[Signature]  
Signature of Dean or Registrar  
John P. [Name], Assistant Dean for Student Affairs  
DATE: November 30, 1987

UPON COMPLETION, SCHOOL MUST RETURN THIS FORM IMMEDIATELY TO THE PENNSYLVANIA BOARD OF MEDICINE. DO NOT RETURN TO THE APPLICANT.





University of Medicine & Dentistry of New Jersey  
New Jersey Medical School  
Office of the Registrar - Room B-640  
85 Saint George Avenue  
Newark, NJ 07103-2757

Commonwealth of Pennsylvania  
State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649



Postage and Fees Paid  
UMDNJ  
Permit No. 1000  
Newark, NJ 07103

**VERIFICATION OF GRADUATION  
FROM MEDICAL SCHOOL**



COMMONWEALTH OF PENNSYLVANIA  
BOARD OF MEDICAL PRACTICE  
HARRISBURG, PA 17133

To be completed  
by applicant  
NAME:

VIRMANI

ASHUTOSH

Last

First

ADDRESS:

[Redacted Address Line]

Street

[Redacted Address Line]

City

State

NAME OF MEDICAL SCHOOL: NEW JERSEY MEDICAL SCHOOL

ADDRESS: 100 BERGEN ST., NEWARK, NJ 07103

If the school is unaccredited (foreign) an official transcript must accompany this verification. Please request the transcript at the same time you request completion of this verification. The transcript must be in English or an official translation must be submitted to the Board.

To be completed  
by Dean or Registrar

**VERIFICATION**

I certify that Ashutosh Virmani, M.D. has successfully completed all the required courses  
(Name of applicant) and examinations and has graduated from the above named school on this date: May 22, 1986  
The applicant began attendance at this school on this date: September 14, 1981

(SEAL OF SCHOOL)

Mary P. Mahoney  
Secretary of Board or Registrar  
Mary P. Mahoney, Asst. Registrar  
DATE: January 13, 1986

UPON COMPLETION, SCHOOL MUST RETURN THIS FORM DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF MEDICINE. DO NOT RETURN TO THE APPLICANT.





**WIND**  
ENTERTAINERS

University of Medicine & Dentistry of New Jersey  
New Jersey Medical School  
Office of the Registrar - Room E-640  
185 South Orange Avenue  
Newark, NJ 07103-2757