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STATE BOARD OF MEDICINE 201102619 HARRISHLAG PAST2108

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### BOARD ACTION CLEARANCE REPORT

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#### Professional Capenonce

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2505-2000 Administrative Chief Resident State Conversity of New York of Bodanc

#### Honors and Avaids

2003-2005 Wayne Johnson Excellence in Malermay old Medicant Award 2005 Chairigno's Resident Awnot Group Resident Recipiont. Guthanilling Mission: There oly delibers at Chemio 1098, 2000 thopic goldes. Edenoid Medauge and Olycalusing objections 2007

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#### Sociation

ACOCCMentine said of 2002 National Medicat Association: Member since 2005

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### BOARD ACTION CLEARANCIER PORT

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Rédular Mallinii Addresa State Hoard of Medicine P.O. ROX 7649 Harrisburg, PA 17106-7640 717-78) 1400/717-767-2381 Hmail: - al giódiches palale da cis

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## APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION For Oradinates of ACCREDITED Minilical Schools (SCHOOLS IN THE U.S. AND CANADA

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For questions about this website, please Click Here to send an E-Mail , or to contact your Board directly, Click Here.

Click the X at the upper right corner to close this window and return to the list of licensees.

**Person Information** 

Name: HUBERT GAMWO FOKA

**Address Information** 

Address(city state zipcode): NORTH VERSAILLES PA 15137

License Information

Medical Physician and Surgeon Secondary Type:

Number:

MD435506

Profession: Medicine

Type:

Status:

Active

Issue Date: 9/8/2008

Expires:

12/31/2012 Last Renewed: 12/18/2010

**Discipline Action History** 

No disciplinary actions were found for this license.

The Information above is considered primary source for verification of license credentials.

### myLicense Renewal Question Responses

License Number: MD435506

Name: HUBERT GAMWO FOKA

Online Submission Date :

12/17/2008 8:04:50AM

Renewal Question	Respons
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Υ
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing uristiction?	N
Have you met your current CE requirements?	Y·
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a nospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

Online Submission Date:

12/18/2010 12:15:57AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	N
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing juristiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	Ν
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Υ
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Y

Person Info	
Name:HUBERT GAMWO FOKA Address Info	
Fmail:	
Street Address	11 (14 (14 (14 (14 (14 (14 (14 (14 (14 (
Phone	
Fax	
CITY STREET	-
State State	
Zipcode 1888	
Country	
County	
Survey Response Summary	
Question Response Summary  Are you submitting a name change with this renewal?	N
Are you submitting a name change with this renewal?	T.A.
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against	
your license, certificate or registration issued to you in	N
any profession in any other state or jurisdiction?	
Since your initial application or last renewal, whichever	
is later, have you been convicted, found guilty or pleaded	
nolo contendere, or received probation without verdict, or	
accelerated rehabilitative disposition(ARD) as to any	
felony or misdemeanor, including any drug law	N
violations, or do you have any criminal charges pending	
and unresolved in any state or jurisdiction? You are not	
required to disclose any ARD or other criminal matter	
that has been expunged by order of a court.	
Since your initial application or last renewal, whichever	
is later, have you withdrawn an application for a license,	
certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply	N.
for a license, certificate or registration in any profession	
in any other state or jurisdiction?	
Since your initial application or last renewal, whichever	
is later, have you been arrested for criminal homicide,	
aggravated assault, sexual offenses or drug offenses in	N
any state, territory or country?	
Since your last renewal, have you been the subject of a	
civil malpractice law suit? If yes, please submit a copy of	
the entire Civil Complaint which must include the filing	
date and the date you were served. If you previously	Y
reported the complaint, email or fax the docket number to	
the Board. (email at st-medicine@state.pa.us or fax at	
717-787-7769)	
J	

Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
No education records	
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	

Requist Mailing Address

QTATE BOARD OF MEDICINE
P.O. BOX 2649
FIARRISHURG, PA 17105, 2649
717-783-1400/717-787-2381
Emails Signedicatorpside (v)

Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA. 17710 73 (11)

## APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION

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49 (0) (REV 0406) State Board of Madicinu P. O. BOX 1449 HARRISDURG, PA 17105 2649

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Return Completed Form to Applicant

G Buldery Brass State Board of Medicine P. O. BOX-2649 HARRISBURG, PA. 17106 2649

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Groutler Dyllysiy Addrass STATE DOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURO, PA-17110

### VERIFICATION OF AGGME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates

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Lo Whom It May Concern

This is to formally authorize Arminido Arroso ATD and Hivee Redgers. ADE to still all adeciments regarding the residency programpolatic Department of Gynecology-Obsteines University at Buffalo, the State University of New York, in any absence. Dr. Armyo and Dr. Redgers are permitted to sign affoliotiments requiring the Program Director's signature. This shall be inverteer from loday, February 13, 2008; and August 14, 2008.

Sincernly.

John Yeh, MD Professor and Charman Program Director





## VERIFICATION OF MEDICAL EDUCATION For Graduates of Accredited Medical Schools

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HUBERT G. FOKA, M.D



Contact Information



Education

Oct 1967 (1972) 97. Holyacony of Militais at Chicago, activity for Medicine My De

Postgraduate Training

G6/2002 LPC/CCS OBZGYN Randlant Stalk University of New York Bigliato N.Y

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LIZOOS Piesery Allending Physician

Guzstarfeid Genoral Hospital 71 f Ghoslarfiold Llighway Cheraw 5 C 2957n

Professional Experience

tions from Therefore, Gercolla, Applicant Responds (Superingual obligation). Support

2006-2006-Autoverstrative Chief Resident State University of New York in Buffalo

Honory and Awards

2003-2004 Bartex best First year Tanching Desicient Avair? 2004-2008 Wayna Johnson Excellence in Maurinal Felal Medicine Avaira 2005 Chairmains Besident Awaind Group Resident Regiptept Outstanding Manlor Thilversity of Illinois at Chicago 1008 2000 Hobors grades. Difernit Medicine and Obroyo Subjinjornship 2002 Teaching

2002-2006 Assistant Chnical Facility Moniber State University of New York at Builtile

May 2000, July 2002. Tulored premedical student and newly enrolled light year attedical students.

Licensure -

OSLMESTEP LISTEP 2 and STERG

American Board of Obstellies and Gyagoology, Board Cigipole :

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August 19, 2008

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Pennsylvanja State Hoard POD 2649 Harrisburg PA 17105-2649

Subject: Credential Verkication

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Year of Birth: 08/01/1004 Credential Number: MD.MD.00047009

Credential Type: Physician And Suigns at Johnson

Current Credential Status: ACTIVE IN RENEWAL

First Credential Date: 09/17/2006 Expiration Date: 08/61/2007

Last Renewal Data: Examination: Exam Level Score:

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DEPARTMENT OF COMMUNITY HEALTH

JANET CRAZEWSKI)

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STATE BOARD OF MEDICINE PO BOX 2649 HARRISBURG PA 17105 2649

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DANIEL J. HURNS