# Medicine Form 1

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000
www.op.nysed.gov

Department Use Only

60 45 737

☐ 60 $735 ER

# Application for Licensure and First Registration

Applicants Must Complete All Six Pages Of This Application *In Ink*

5/6/09 · DP Cleared Action · DP

NYS License Number # 253175

Date Issued 5/19/09

Initials KF

1 **Social Security Number** *(Leave this blank if you do not have a U.S. Social Security Number)* 158321008

2 **Birth Date** Month 02 Day 06 Year 45

DP

3 **Print Name Exactly As You Wish It To Appear On Your License**

Last Blumenfeld

First Mark

Middle Allen

5 **Telephone/E-Mail Address**

Daytime Phone 8606176222 0
Area Code Phone Number

4 **Mailing Address** (You must notify the Department promptly of any address or name changes.)

Apt./Bldg. 65

Street [redacted] Hill Rd

City Avon

State CT Zip Code [redacted]

Province/Country If not U.S.

E-Mail Address (Please print clearly)

doctormab@comcast.net

6 Name as it appears on degree or other credentials (if different from above): _____

7 Citizenship: ☑ United States ☐ Alien lawfully admitted for a permanent residence in the United States ☐ Other Immigration

Citizen of: _____

*Attach a photocopy of the front and back of your Alien Registration Card*

8 I wish to become licensed on the basis of:

☐ Acceptable examination scores *(see page 3 of this form)* ☑ Endorsement of another license *(See "Applicants Licensed in Another State" section of instructions.)*

I am using FCVS to collect my credentials: ☑ YES ☐ NO

9 Have you previously applied for a New York State License or a limited permit to practice medicine? ☐ YES ☑ NO

10 Have you ever been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? ☐ [redacted] ☑ NO

11 Are criminal charges pending against you in any court? [redacted] ☑ NO

12 Has any licensing or disciplinary authority refused to issue you a license or ever revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, refused to renew a professional license or certificate held by you now or previously, or ever fined, censured, reprimanded or otherwise disciplined you? ☑ YES ☐ NO

13 Are charges pending against you in any jurisdiction for any sort of professional misconduct? ☐ YES ☑ NO

14 Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges or have you ever voluntarily or involuntarily resigned or withdrawn from such association to avoid imposition of such measures? ☐ YES ☑ NO

**NOTE:** If you answer "Yes" to any questions numbered 10-14, submit a letter giving complete explanation. Include copies of any court records, and if you possess one, a copy of the "Certificate of Relief from Disabilities" or your "Certificate of Good Conduct."

15 In the spaces below, give an accurate record of your educational preparation. **Be sure to complete items A-E for each school.** Please print. List diploma or degree titles in original language and translate. If no diploma or degree, indicate number of credits earned. Attach additional sheets if necessary.

| A. NAME OF SCHOOLS ATTENDED AND LOCATIONS | B. NUMBER OF YEARS ATTENDED | C. ATTENDANCE | | D. TITLE OF DIPLOMA OR DEGREE OBTAINED (INDICATE YEAR OBTAINED) | E. IF NO DIPLOMA OR DEGREE, INDICATE NUMBER OF CREDITS EARNED |
|---|---|---|---|---|---|
| | | Entrance Date | Leaving Date | | |
| ***High School or Secondary School***<br>Overbrook High School<br>School Name<br>Philadelphia / PA/USA<br>City / State/Country | 4 | 09 / 1959<br>mo / yr | 06 / 1962<br>mo / yr | High School Diploma/1962 | |
| ***Postsecondary Preprofessional School(s) (Exclusive of Medical School)***<br>Penn State University<br>School Name<br>University Park / PA/USA<br>City / State/Country | 1 | 09 / 1962<br>mo / yr | 09 / 1963<br>mo / yr | | |
| Temple University<br>School Name<br>Philadelphia / PA/USA<br>City / State/Country | 5 | 09 / 1963<br>mo / yr | 02 / 1968<br>mo / yr | BA/1968 | |
| ***Medical Education (Professional, list all medical schools attended)***<br>Universidad Autonoma De Guadalajara<br>School Name<br>110 Gallery Circle / San Antonio, TX 78258<br>City / State/Country | 4 | 09 / 1970<br>mo / yr | 05 / 1974<br>mo / yr | MD/1974 | |
| School Name<br>City / State/Country | | / <br>mo / yr | / <br>mo / yr | | |

If you completed clinical clerkships in a country other than where your medical school is located, give the dates and location of these clerkships. Attach additional sheets if necessary.

| Inclusive Clerkship Dates | Clinical Area | Name of Health Care Facility And Address | Medical School with which Clerkship Affiliated and Address |
|---|---|---|---|
| | | | |

21 Provide a chronological list of all activities since graduation from professional school to the present. Include vacation periods and periods of employment. Attach additional sheets if necessary.

| DATE (mm/dd/yy) From | DATE (mm/dd/yy) To | Type of Activity, Beginning with Date of Graduation from Professional School. Include Name and Address of Employers. |
|---|---|---|
| 06/1974 | 06/1975 | Dalhousie University Faculty of Medicine Sir Charles Tupper Medical Building 5849 University Avenue Halifax, Nova Scotia Canada Canada B3H 4H7 |
| 07/1975 | 06/1978 | Saint Francis Hospital and Medical Center 114 Woodland St Hartford, CT, 06105-1208 |
| 07/1978 | 02/1981 | Private Practice |
| 02/1981 | 09/1998 | Hartford Gynecological Center 1 Main St # N1 Hartford, CT 06106 |
| 09/1998 | Present | Summit Medical Center 360 Market Street Hartford, CT 06120 |
| 09/1998 | Present | Summit Women's Center 3787 Main Street Bridgeport, CT 06606 |
| | | OK |
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22 If you hold a New York State license in another profession, indicate the profession, your license number and date of licensure below.

| Profession | License Number | Date of Initial Licensure (mm/dd/yy) |
|---|---|---|
| | | ____/____/____ |
| | | ____/____/____ |
| | | ____/____/____ |
| | | ____/____/____ |

23 **CHILD ABUSE IDENTIFICATION AND REPORTING: (check only one of the following.)**

- ☐ I graduated from a **medical school** in New York State after September 1, 1990.
- ☐ I completed the child abuse coursework and have enclosed a certificate of completion from an approved provider.
- ☐ I am filing for an exemption to the requirement and have enclosed the exemption form.
- ☑ I am going to take the Child Abuse Identification course and submit the required form.

16 Are you licensed or have you ever been licensed as a physician in any other state or country? Yes ☑ No ☐

If yes, list each jurisdiction. If appropriate, you must also submit a Form 3A or 3B. See pages 14 - 15.

| State or Country | Date License Issued | Number | Basis of Licensure | | | Any Limitations on License |
|---|---|---|---|---|---|---|
| | | | Examination (Date passed) | Endorsement | Other | |
| RI | 12/21/1983 | MD6306 | FLEX 12/1975 | | | NO |
| CT | 03/15/1976 | 17586 | | ✓ | | NO |

17 **Complete this section only if you are a graduate of a program not registered by New York State or LCME or AOA accredited.**

Have you completed all portions of the examination requirements for ECFMG certification? ☐ Yes ☑ No

Do you currently hold a valid ECFMG certificate? ☐ Yes ☑ No

***Please complete and forward the ECFMG form.***

18 Are you applying for licensure on the basis of a Fifth Pathway program? ☑ Yes ☐ No

If Yes, list name and location of medical school or hospital and the inclusive dates of attendance.

| Name and Location of Medical School or Hospital | Inclusive Dates of Attendance |
|---|---|
| Universidad Autonoma De Guadalajara 110 Gallery Circle San Antonio, TX 78258 | 09/1970 - 06/01/1974 |
| | |
| | |

19 List in English, all specialty qualifications you have earned. (i.e., Board Specialty Certification or Diplomate Certificate)

| Name of Qualifications | Name and location of organization issuing credential |
|---|---|
| | |
| | |
| | |

20 ☐ I will be applying for USMLE Step 3

OR

☑ I have successfully completed the examination combination indicated below:

**EXAMINATION COMBINATIONS**

- ☐ USMLE Steps 1, 2, and 3
- ☐ FLEX Parts I, II, and III
- ☑ FLEX Components I and II
- ☐ NBME Parts I, II, and III
- ☐ NBME Parts I and II and USMLE Step 3
- ☐ NBME Part I, USMLE Step 2 and NBME Part III
- ☐ NBME Part I, and USMLE Steps 2 and 3
- ☐ USMLE Step 1, and NBME Parts II and III
- ☐ USMLE Step 1, NBME Part II, and USMLE Step 3
- ☐ USMLE Steps 1 and 2 and NBME Part III
- ☐ USMLE Step 1, NBME Part II, and FLEX Component II
- ☐ NBME Part I, USMLE Step 2, and FLEX Component II
- ☐ USMLE Steps 1 and 2 and FLEX Component II
- ☐ NBME Parts I and II and FLEX Component II
- ☐ FLEX Component I and USMLE Step 3
- ☐ NBOME Parts I, II, and III
- ☐ Other: _____

Date examination sequence was completed 12/1975

21 Provide a chronological list of all activities since graduation from professional school to the present. Include vacation periods and periods of employment. Attach additional sheets if necessary.

| DATE (mm/dd/yy) From | DATE (mm/dd/yy) To | Type of Activity, Beginning with Date of Graduation from Professional School. Include Name and Address of Employers. |
|---|---|---|
| 06/1974 | 06/1975 | Dalhousie University Faculty of Medicine Sir Charles Tupper Medical Building 5849 University Avenue Halifax, Nova Scotia Canada Canada B3H 4H7 |
| 07/1975 | 06/1978 | Saint Francis Hospital and Medical Center 114 Woodland St Hartford, CT, 06105-1208 |
| 07/1978 | 02/1981 | Private Practice |
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| 09/1998 | Present | Summit Medical Center 360 Market Street Hartford, CT 06120 |
| 09/1998 | Present | Summit Women's Center 3787 Main Street Bridgeport, CT 06606 |
| | | N/K |
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22 If you hold a New York State license in another profession, indicate the profession, your license number and date of licensure below.

| Profession | License Number | Date of Initial Licensure (mm/dd/yy) |
|---|---|---|
| | | / / |
| | | / / |
| | | / / |
| | | / / |

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- ☐ I am filing for an exemption to the requirement and have enclosed the exemption form.
- ☑ I am going to take the Child Abuse Identification course and submit the required form.

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GENDER AND ETHNICITY: (This item is optional.)

**Information on gender and ethnicity is sought solely to allow the Education Department to collect and analyze data concerning diversity in the licensed professions. The ethnic and gender data you provide will be used only for statistical, research, and program evaluation purposes. It will not be released to the public. This information has absolutely no bearing on your qualification for licensure.**

GENDER: ☑ Male ☐ Female

ETHNICITY: ☑ White (not Hispanic) ☐ Black (not Hispanic) ☐ Asian ☐ Hispanic ☐ Native American

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STUDENT LOAN DISCLOSURE:

The State Education Department is required* to ask these questions about any student loans made or guaranteed by the New York State Higher Education Services Corporation, and to forward any "yes" responses to the New York State Higher Education Services Corporation. **Your license application is not complete without this information.**

(a) Do you have any outstanding loans made or guaranteed by the New York State Higher Education Services Corporation? ☐ Yes ☑ No

(b) If you have such a loan(s), is any part in default? ☐ Yes ☑ No

*New York State Education Law, section 6501-a

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CHILD SUPPORT OBLIGATION:

Everyone applying for or renewing a professional license, permit, or registration must file a written statement that, as of the date of the filing, he or she is, or is not, under an obligation to pay child support*. **Individuals who are four months or more in arrears in child support may be subject to suspension of their business, professional and/or driver's licenses.** The intentional submission of false written statements for the purpose of frustrating or defeating the lawful enforcement of support obligations is punishable under section 175.35 of the Penal Law.

You must complete this section before we can issue the credential for which you have applied. Individuals who are not in compliance with their obligation to pay child support can be issued a credential for no more than six months in order to comply with their child support obligations.

**Check only A or B below. If you check B, you must check one of the five statements listed below it.**

A ☑ I **am not** under an obligation to pay child support;

OR

B ☐ I **am** under an obligation to pay child support *and* (please check only one of the following)

- ☐ I am current and **am not** four months or more in arrears in the payment of child support; or,
- ☐ I am making payments by income execution or by court agreed payment plan or by a plan agreed to by the parties; or,
- ☐ The child support obligation is the subject of a pending court proceeding; or,
- ☐ I am receiving public assistance or supplemental security income; or,
- ☐ None of the above four statements apply.

*New York State General Obligations Law, section 3-503

27 I give permission to the New York State Education Department to release my examination results to my professional school for the confidential purposes of program review and institution research and planning. I may rescind this authority at any time by notifying the Division of Professional Licensing Services in writing.

☑ Yes ☐ No Please initial: _____

28 **PHOTOGRAPH REQUIREMENT:**

Date of photo: 9/25/08

29 **AFFIDAVIT WITH ACKNOWLEDGMENT** (Notarization required.)

**APPLICANT**

I declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

*Signature of the applicant:* _____

**NOTARY**

State of Connecticut County of Hartford

On the 21 day of September in the year 2008 before me, the undersigned, personally appeared Mark A Blumenfeld, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number Lynne Marie DeLorenzo

LYNNE MARIE DELORENZO
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2012

Expiration date 10 / 31 / 2012
Month Day Year

**Mail this form and appropriate fee to: New York State Education Department, Office of the Professions, Fee Section, Division of Professional Licensing Services, 89 Washington Avenue, Albany, NY 12234-1000. DO NOT SEND CASH. Make check or money order payable to the New York State Education Department.**

OFFICE OF THE PROFESSIONS
NEW YORK STATE EDUCATION DEPARTMENT

# Registration Renewal - Transaction Summary

89 Washington Avenue
Albany, NY 12234
518-474-3817



License Number : 253175
Profession : MEDICINE
Renewal Period : 05/01/2011 through 01/31/2013

We recommend that you print and keep this transaction summary. Thank you for using OP Registration Online.

BLUMENFELD MARK ALLEN
112 VALENTINE STREET
NEWINGTON CT 06111 - 0000

Renewal Status : **Paid On-line - Renewal Complete**

**Offices Selected for Renewal:**

| | Address | Fee |
|---|---|---|
| 1 ) | 112 VALENTINE STREET, NEWINGTON, CT [redacted] | $ 529 |

**Response to Questions :**

| Question | Response |
|---|---|
| 1 ) Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court? | No |
| 2 ) Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you? | No |
| 3 ) Are criminal charges pending against you in any court? | No |
| 4 ) Are charges pending against you in any jurisdiction for any sort of professional misconduct? | No |
| 5 ) Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence? | No |
| 6 ) Are you under an obligation to pay child support? | No |
| 7 ) Are you a U.S. citizen? | Yes |

**License Renewal Payment Details:**

Receipt No :VZNN2A5911B2
Payment Date :04/26/2011
Amount Paid :$ 529