

For questions about this website, please Click Here to send an E-Mall, 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: ALBERT DWORKIN

Address Information

Address(city state zipcode): Wilmington DE 19802

License Information

Type: Medical Physician and Surgeon Secondary Type:

Number: M

MD058874L

Profession: Medicine

Status:

Active

Issue Date: 6/11/1996

Expires:

12/31/2012 Last Renewed: 1/5/2011

Discipline Action History

No disciplinary actions were found for this license.

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

<u>myLicense Renewal Question Responses</u> <u>License Number:</u> MD058874L

Name: ALBERT DWORKIN

Online Submission Date :

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)?	Y
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Since your last renewal, have you withdrawn an application for licensure in another licensing uristiction?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?	Ŋ
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 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?	N
Are you submitting a name change with this renewal?	Ν
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Since your last renewal, have you withdrawn an application for licensure in another licensing uristiction?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
lave 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 lospital or health care facility?	Ν
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 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?	N

Online Submission Date:

11/21/2002 7:39:00AM

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)?	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 juristiction?	N
s your malpractice insurance coverage current?	Υ
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	Ν .
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 May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state territory or country?	N
Since May 19, 2002, have any malpractice complaints been filed against you?	N

myLicense Renewal Question Responses License Number: MD058874L

Name: ALBERT DWORKIN

Online Submission Date:

10/19/2006 8:20:38AM

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)?	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 juristiction?	N
Have you met your current CE requirements?	Υ
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?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses in any state, territory or country?	Ν
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?	N

	,
Person Info	
Name: ALBERT DWORKIN	
Address Info	
Street Address:	
Phone (ADM/01/23/4)	
Fax Collumbia	
City	
State	
Zipcode	
Country	•
County	
Survey Response Summary	
Question Response Summary	
	NT.
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or	Y
expired) to practice in any other state or jurisdiction?	±
Since your initial application or last renewal, whichever	
is later, have you had disciplinary action taken against	NT.
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
	li V
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	N
refused, or for disciplinary reasons agreed not to reapply	II
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	N
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)	

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	.2
Remarks:	
Continuing Education Information	
No CE Course records	



Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURO: PA:17105:2649 717-783:1400 717-787:2381

Courier Dalivery Address STATE BOARD OF MEDICINE 124 PINE STREET, IN FLOOR HARRISBURG, PA 17101



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Application Feet \$20,00 no<u>t religible</u>.
Make check payable to the "Commonwealth of Pennsylvania."

Official Use Only
Amount

Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment

NAME:	WORKIN ALL	JERT Morris
	Pin	Middle
Permanent Address:		
	Sirk	
City	State	χίρ Code
Date of Birthi	Social Sect	rlly Number:
li your medical/licensus	records are listed tasker recol	er rusce or names list below
LIST MEDICAL SCHOO	DL(S) ATTENDED;	DATES OF ATTENDANCE
TEATHE UNIV	Med 52 hoof	From: Jua.19/16 June.1950
and the second s		Mo.&-Yr, Mo.&-Yr, Prom: to
Date of Graduation:	June-1952	Mo. & Yr. Mo. & Yr.
medicine and surgery (ac		o ever possessed a liceuse without restriction to practice bired). If you never pussessed a liceuse, write

Check licensing examination(s):passed;		
() FLEX - indicate state where taken: Date take () FLEX COMPONENT 1 - indicate state where taken: FLEX.COMPONENT 2 - indicate state where taken: NATIONAL BOARD - PART I PART II PART II PART II STEP 1 STEP 2 STEP 3 STATE BOARD - indicate state where taken: DELAUARE	Date taken: Date taken: PART III	
Post Graduate Education:		- - - -
PGY1 Hospital: Wilm General Logital From: 9/	<u>14/5</u> 3to: <u>9,1</u>	454
PGY2 Hospital Willia General From: 10/	ゴーデー <u>多りを</u> 96: <u>1073</u>	1150
Answer the following questions, if "YES" to any of them, provide complete das certified copies of relevant documents. Sign and date below.	étails on a separate	sheet as we
1. Has:any disciplinary action been taken against your license in another state, territory or country?	YES	MO Lo
2. Have you been convicted, found guilty, or pleaded guilty or noto contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?		edite tree year.
3. Have you had practice privileges denied, revoked or restricted in a hospital or other liealth care facility?		· · · · · · · · · · · · · · · · · · ·
4. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		barn.
Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs (Note: You-may answer "NO!" if you are currently a participant in have successfully completed the requirements of the Board's Health Monitoring Program.)	12 and 12	
		· · · · · · · · · · · · · · · · · · ·
VERIFICATION STATEMENT I verify that the statements in this application are true and correct to the best of modifier. I understand that false statements are made subject to the penalties of 18 to unsworm falsification to authorities and may result in the suspension or revocutionize all hospitals, institutions or organizations, my references, personal processor, and all governmental agencies and instrumentalities (localization feder in State Board of Medicine any information, files or records request that the suspension of the second state of the second se	ny knowledge, info Pa. C.S. Section 4 ation of my licens lysicians, employer	rmation and 904 relating c. I hereby
SHINATURE OF APPLICANT 88:18 818	2-4-96	
en e	DATE	

Certification of Moral Character

To be completed by two physicians with a license without restriction in good standing in the United States or Canada.

Name of Applicants ALBERT TOWRKIN
I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotte 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 19 year(s) 2 month(s);
SIGNATURE: 2/1/26 Print or type name as algued above: 1 OS48 Hochus 2 in
Print or type name as signed above: Wasas Hochman
State in whileh licensed: PA License Number: (NO 013 LUT) C

Name of Applicants ALDERIC SPARKIN
I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the liabilitial use of a forcotic 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 19 year(a) month(a).
SIGNATURE: // Or / Alle Os of Date: 3/1/94
Print or type name as signed above:
State in which licensed: 111 License Number: 110 235910 + L

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Harmanutz (FA 17720) n. 658874 O A MAN VERIFICATION OF ACOME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates TO BE COMPLETED BY APPLICANT Name: Duckkin Albiet. . ____ Address If training began before July 1, 1987; one year of approved training at a first (PGY 1) or second (PGY 2) years level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year 2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no provious training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. See listing on back, 3. If training was completed at more than one hospital, duplicate this form and submit to each To be completed by the program director at the hospital where the graduate training occurred. If training was in Pennsylvania, information must coincide with data on graduate license. For applicants atill in the second year of training, this form may be completed and signed by the program director Onesn (15) days prior to the completion of the approved training. Forms postmarked or signed prior 10 the fineen days will not be accepted.
Name of Hospital: _willmington_concert_uceptes-(now-the steetwat-current or Delawar DE LOTIA Locateds in: 2nd Year from __/__/___/__Specially_____Level______Level_____ successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified.

Signature of Program Director: X Constant Constan

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Program: Director L. Similaris _____

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RESTUDENT CONVENTED FORM DIRECTLY TO THE MOVED BY DISPOSAL HOSPITAL DEVISIONS

WEDICALCENTER OF DELAWARE
ACEDEMIC AFFELIS

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STATE BOARD OF MEDICINE P.O. Box 2649
Barrisburg, PA 17105

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MEDIOAL DEHTEN OF DELAWARE

1779 Appletown Actinopological I'O Box dali Kendik Iktibaje

302-743-1000

Academic Affairs (302) 733-1042

April 30, 1996

State Doard of Medicine P.O. Dox 2649 Harrisburg, PA 17105-2649

REI ALBERT DWORKING

To Whom It May Concern:

Due to the date of the residency served, we are able only by way of computer database to verify that Albert Dworkin, M.D. successfully completed an appointment as Intern in our fully accredited Obstetries/Gynccology Residency Program at the Wilmington General Hospital (now the Medical Center of Delaware) from July 13:1952 through June 10, 1953. Dr. Dworkin also successfully completed a residency in the same from September 15, 1953 through September 14, 1954 and October 1, 1958 through October 3 (-1959)

Sincerely, Jack-Cle Call Child Call Leslie W. Whitney, M.D.

Director

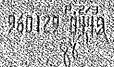
Academie Affairs

LW/sdr

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1. If training beg (PGY 2) year	an before July 1, 19 level must be verifi- albing are required.	87, one year of upprove ed. If the training bega one at first (PGY 1) yea	d training at a to n or after Jul ir level and one	irst (PGY 1) or s y 1, 1987, two (2) at second (PGY 2	ecorid years) year
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3. If training was	See listing on back completed at more	tutu olle hosbitett nabi	icaie this form	ind submit to sac	li
training was in t	eunsklauna, minimi	rector at the hospital with this form may be completed the approved training	and almost	hu the nmgram d	rector
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11 certify that successfully con-	INTO LOCATION PLANTAGE	plking 11. Medical training and f this applicant does not Lies I to	Anniniate the	nining the Board	Williber
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State Board of Medicine 717-783-1400 717-787-2381 MAR 27 1996 CESS AF SELL, A LUCATURADA TURTU DESTRUCTOR SENSEL DESTRUCTOR SENSEL DESTRUCTOR verification of medical education For Graduates of Accredited Medical Schools SECTION 1: To be completed by applicants Name: DWORKIN ALBERT Name of medical schools TEMPLE UNIVERSITY Location Philadelphia (M-

SUBMITTHIS VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL SCHOOL ENVELOPE.

SECTION.2: To be completed by Dean or Registrar of medical schools

Albert Overkin Name of medical student:

09/20/48 Date student began to attend this medical schooli MonMin/Yea

06/12/52 Date of graduation: HeckOnVen



I certify that all of the above information is correct.

Signature of

Dean or Registrar: M. Kududh Kudso (xaecton

Datol_____Harch_29, 1996

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in afficial actions envelope. DO NOT RETURN TO APPLICANT.

NAME OF THE PARTY State Board of Medicine P.O. Box 2649. Harrisbury, PA 17103-2649 U.9 A

Courier Delivery Address State Doord of Medicine 124 Pine Street, 1st Floor Harrisburg, PA 1710). U.S.A.

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STATE OF DELAWARE Division of Professional Regulation

> GANION BULUINS, BUITE 203 P.O. BOX 140 L DOVEN) DELAWANE 19803

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TELEPHONEL (302) 740 FASER FAXI (302) 749 FRAI

Opplae of the

May 2, 1996

Ponnsylvania State Board of Medicina PO Box 2649 Harrisburg, Ponnsylvania 17105-2649

TO WHOM IT MAY CONCERN:

This is to verify that Albert DworkinsM.D was granted a license to practice medicine and surgery in the State of Delaware by the Delaware Board of Medical Practice on July 23; 1953. Dr. Dworkin's certificate number is C10001264. Dr. Dworkin's license is in good standing and effective through June 30, 1997. There is no disciplinary action or derogatory information office contained or pending against Dr. Dworkin's file.

Dr. Dworkin's license was granted on the basis of a state board examination administered by Dolaware Board in July 1953. Dr. Dworklit was examined in the following areas and received the scores as recorded below:

Anatomy < 83 Surgery < 84 Obstetries < 84 Pathology < Material Medicine : 80 Profice of Medicine : 80	18
	83
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Physiology • 85 Hygiene • 89 Chemistry • 86 Diagnosis •	1.10
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If this office can be of further assistance in this matter please feel free to contact me at 302-739-4522 extension 203.

(Singeroly) & Spycholary

Rosemarie S. Vanderhoogt Office Monager

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ALDERT DWORKIN MID DATE OF DIRTH 3

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HONORABLE DISCHARGE U.S.HAVY 1945

BACHELOR OF ARTS TEMPLE UNIVERSITY FIT JULY 1948

DOCTOR OF MEDICINE TENVILEUNIVERSITY, 12 JUNE 1962

ROTÁTING INTERNSHIP: NEMORAL HOSPITAL WILNINGTON DE COUL SOOT COULS ON THE STATE OF THE STATE OF

RESIDENCY IN OBSTETRICS WILMINGTON GENERAL HOSPITAL 16 SEPTEMBER 1863 TO: 14 SEPTEMBER 1964

POST GRADUATE FELLOW: MARGARET HAGDE MATERNITY HOSPITAL
1 OCTOBER 1984-10-31 DECEMBER 1984

RESIDENCY IN GYNECOLOGY WILMINGTON GENERAL HOSPITAL 31 OCTOBER 1968 TO 31 OCTOBER 1969.

ACCREDITED FOR DELAVYANE MEDICAL LICENSE: NO.1264 23 JULY 1953 MEDICINE AND SURGERY

ACCREDITED FOR OB GYN ULTRASOUND BOVAWN GREY DIVISION WAXE FOREST UNIVERSITY TO FEBRUARY 1979

MENDERSHIP IN MEDICAL SOCIETIES
NEW CASTLE COUNTY MED SOCIETY
AMERICAN MEDICAL ASSOCIATION
AMERICAN FERTILITY SOCIETY
AMERICAN INSTITUTE OF ULTRASSOUND IN MEDICINE

NOSPITÁL AFFILIATIONS:
MEDICAL CENTER OF DELAYIARE - ASSOCIATE ON ACTIVE TEACHING STAFF
RIVERSIDE HOSPITAL - COURTESY STAFF

IN ACTIVE PRACTICE OF ODSTETRICS & GYNEGOLOGY LOCATED ENTIRELY IN WILMINGTON DELAWARE FOR OVER 30 YEARS

ALBERT DWORKIN, MIDIT P.A. ALBERT DWORKIN, M.D. MOSES HOCHMAN, M.D.

Dear Sir

My entire professional career has
been in private practice from 11/1-55

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Telke)(dhe) (doe) 788 74822 (175: 867 (doe)

Office of the . Director

TO WHOM IT MAY CONCERNY

if this office can be of further assistance in this matter please feel free to contact me at 302-739-4522 extension 203;

Sincerely,

Office Manager

Delawaro Doard of Medical Practice

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STATE OF DELAWARE DIVISION OF PROFESSIONAL REGULATION

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Terephonel: (307) 730 - afer Faxi: (308) 739 : 471)

oppier of the Director

> pace: April 26,1996 roi Boord of Medicine PO Bay 2649 Harrisburg PA 17105-2649

TO WHOM IT MAY CONCERN:

This is to verify that Mert Dworkin M.D. was issued a license to practice medicine and surgery in the State of Delaware by the Delaware Board of Medical Practice on

Dr. DWORKIN is certificate number is COM1264 Doctor's license is valid through June 30, 1997, There is no disciplinary action either contained in or pending against Doctor's file.

If this office can be of further assistance in this matter please feel free to contact me at 302-739-4522 extension 203

Sincerely,

Acsimari J. Yardinhoof

weemarie S. Vanderho Office Manager

Delaware Board of Medical Practice

BOARD SEAL

National Practitioner Data Bank P.O. Box 10832 Chanilly, VA 22021

Volce: (600) 767-6732 FAX: (703) 802-4109 TDD: (703) 802-0398 DCN# 8800000003145021 Process Date: 94718296, 103130 • Pago 11116/11 11117

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TOU ADMERT ONORKING ALBERT HONE

From: The National Practitioner Data Bank

Res Response to Your Request for Information Disclosure (Solf-Query)

The englosed information was submitted to the National Practitioner Data Bank (NPDB) under the provisions of Title IV of Public Law 90-960, the Health Care Quality improvement Act of 1986, as amended.

The logislation established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and protessional competence or conduct of physicians, dentists, and other licenced health care practitioners. Requiations governing the NPDB are codified at 45 CFR part 00. Responsibility for the NPDB resides with the Socretary of the U.S. Department of Health and Human Services, HPSA; Division of Quality Assurance: Reports received from the NPDB contain only limited summary information and should be used in conjunction with information from other sources in granting clinical privileges of making employment affiliation or decreased in conjunction. The NPDB is a flagging system and a report may be included for a variety of reasons which do not necessarily reliact adversely on the professional competence or conduct of the practitioner.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was displayed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS OF TITLE IV IS SUBJECT TO A CIVIL MONEY PENALITY OF UP TO \$10,000 FOR EACH VIOLATION. Individual health care practitioners who obtain information about themselves from the NPDB are permitted to shale that information with enyone they choose.

If you require further assistance, please confact the National Practitioner Data Bank at 1-800-767-6732 National Practitioner Data Bank P.O. Box 10832 Chanilly, VA 22021

Volco (600) 767-6732 FAX: (703) 602-4109 TOD: (703) 602-9395

RESPONSE TO INFORMATION DISCLOSURE REQUEST

A LEGUESTON

Requestor Name: Albert Dronkin; Albert Ronk

≥Address:

Pracilitoner Name: ALBERT DWORKIN, ALBERT NONE Olher Name Used: Gender:

Organization Namo! Albert Dworkin hp pa Work Address 2009, paynand blyd Wilhington, db 19802

Horne Address:

Sogini Security II:

Date of Birph;

Deconsed:

Prolossional School(s) & Grad. Year TEMPLE UNIVERGITY (1953)

License II; State; Field Code; 1264. pr

ALLOPATHIC PHYSICIAHS (HDI 1010)

Drug Enlorcoment # (DEA 7): AD2401026

C. NICE RESULT

Based on the practitioner identification information provided by you in Section B above, a search of the NPDB has located no matching reports.

Copies of these reports are enclosed for restricted with as presented by Prode Law 09 - 650. The Heath Care County Informement Act of 1980, as improved the product of the

Women to Women C

Nancy I'an, M.D. Shauna B. McIntosh, M.D.

Albert Dworklo, M.D., PA

MDOSBETYLL DWORKMISC

A BA ... (NVW) 22 NTHINN

November 20: 2002

Commonwealth of Pennsylvania
Department of State
Bureau of Professional Occupational Affairs
State Heard of medicine
P.C. Box 8414
Harrispary, PA. 17105-8414

RE: ACCOUNT NO. MD-059874-L CHANGE OF ADDRESS

io Whom Elvay Concern

This feller is to inform you that Women to Women OBIGYN Accordates, P.A., Nancy Fan, M.D., Laghauna Mointoch, M.D. and Albert Dworlds, M.D., P.A. has moved to a New Office location effective September 27, 2002 : Our NEW address and NEW phone number is as follows:

> WOMEN TO WOMEN OBIGYN ABSOCIATES; P.A. Donna Barcus; Practice Manager; 213: Greenbill Avenue, Suite B Wilmington; Delaware, 19806 (302) 778-2228 Office (302) 778-2250 Fax

Out old address was as follows:

Albert Dworkin, M.D., P.A Women To Women OB/GYN Associates, P.A 2009 Baynard Houleyard volkikkingar, DE 15862

Enclosed, please find a check in the amount of \$5.00 for a Duplicate License with the address change.

Thank you for your time and cooperation in this matter. If you have any questions, please feet free-to contact me at (302) 778-2229 Ext. 14

Sincerely

1 Valley Sales

Donna Barcus Practico Manager

MMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

M D 0 5 8 8 7 4 - L

DWORK RNEW

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE

STATE BOARD OF MEDICINE P.O. BOX 8414 HARRISBURG, PA. 17105-8414

ALBERT DWORKIN

YOUR CHARENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 11, 1998. TO REP THROUGH DECEMBER 31, 2000, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OF HONEY ORDER IN THE ANGUNT OF PAYABLE TO THE COMMONMEATTH OF PA, " WRITE YOUR LICENSE NUMBER ON THE PRONT OF THE PAYMENT. A LATE PER OF \$5.00 PER. CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 11, 1998 A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHRCK OR M INPAID BY YOUR BANK, REGARDLESS OF THE REASON IF YOU HAVE A CHANGE IN MANE AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATI DECREE OR OTHER OPPICIAL DOCUMENT.

NOTICE: IP YOU PRACTICE IN PENISYLVANIA, YOU HUST PAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED YES AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OF REVOCATION OF YOUR LICENSH.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE HOARD ON THE HIBBNIAL REHEWAL HOTICE OR WITHIN 36 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE POLICITING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2. 1, 4. OR 5 BELOW, YOU HUST PROVIDE COMPLETE DETAILS ON 8 1/2 X II SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY, VAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS,

AR2	nu.	DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER DURISDICTION? IF TES LICENSE
U	1.1	DO YOU HOLD A LICENSE TO PRACTICE HAND
1		DELAWAR TERRITORY OR COUNTRY TAKEN MY DISCIPLINARY ACTION LINCLUDES VOLUNTARY
	St. at v.	ANGUERA CRATE VERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION THE CODE
100	A. 194.	SINCE YOUR LAST REHEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN MY DISCIPLINARY ACTION LINCLUDES VOLUNTARY
74		SINCE YOUR LAST REHEWAL, MAS ANOTHER STATE, TEMETICAL OF THE TOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
(.)	. W.	SURRENDER OF A LICENSES AGAINST YOU OR PILED CHARGES AGAINST TO PLEADED HOLD CONTENDERS, MECHIVED PROBATION MITHOUT. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND QUILTY, PLEADED HOLD CONTENDERS, MECHIVED PROBATION MITHOUT STOUTTAL OR DISMISSALL, MITH ARSPECT TO ANY CRIMINAL OFFENSE.
· 94	Sec. 20.5	SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, COMMISSION OF DISMISSAL). WITH RESPECT TO ANY CRIMINAL OPPENSE. VERDICT, OR RECEIVED ANY OTHER DISSOSITION (EXCLUDING ACQUITTAL OR DISMISSAL). WITH RESPECT TO ANY CRIMINAL OPPENSE. INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CLASCYS DENGINAL OPPENSE.)
5.5		ARADA THE PROPERTY OF DEL YOU HAVE ANY CHIMINAL PROPERTY BRIDING MAINTAIN THE PROPERTY OF
		INCLUDING ANY DRUG LAW VILLOUIS AND A CRIMINAL OPPRISE.
4.1	변, 역사	INCLUDING ANY DRUG LAW VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OPPRISE.) COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OPPRISE.)
$\pm i / \ell$	in the second	COURTY IA SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSTITUENT AN APPLICATION FOR A LICENSE, HAD AN APPLICATION AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY
1	. N	SINCE YOUR LAST RENEWALL TO COUNTRY?
(***) 	1.	4. BINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE TO REAFFLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAFFLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
1.7		A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
. 2	K May	A LICENSE INCLUDES A RESISTANCE OF THE PROPERTY OF A LICENSE INCLUDED, RESTRICTED, SURRENDERED IN MACO
1, 1 1	· No	A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION. A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION. 5. SINCE YOUR LAST RENEWAL, NAVE YOU HAD PRACTICE PRIVILEGES BENTED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU 5. SINCE YOUR LAST RENEWAL, NAVE YOU HAD PRACTICE PRIVILEGES BENTED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU
.,	· 7"	5. SINGE YOUR LAST ASSESSED TERMINATED IN A HOSPITAL OR ANY BEAUTH CARE PACILITY?

OF DISCIPLING OR ENCLOYMENT TERMINATED IN A HOSPITAL OR ANY BEALTH CARE PACILITY) () Se since your last renewal, have you had your dea registration denied, revoked or restricted or have you had your PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE ROBICY FOR CAUSES

IF YOU HANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT, NO PEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

HY REPRESENTATIONS THE RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE ERST OF HY KNOWLEDGE, I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C. S. 4904, RELATING TO UNSWORN PALSIFICATION TO AUTHORITIES.

Wood From Win

DATE 10:73:98

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Sec. 2

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

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DWORK RNEW

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

STATE BOARD OF MEDICINE P.O. BOX 8414 HARRISBURG, PA. 17105-8414

ALBERT DWORKIN

YOUR CORRENT DICEUSE, TO PRACTICE MEDICINE AND SURGERY IN PERNSYLVANIA WILL EXPIRE ON DECEMBER 31, 2000 TO RENEWLYOUR.
THROUGH, DECEMBER 31, 2002, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR HONEY ORDER IN THE AMOUNT OF \$125.0
PAYABLE TO THE ICOMMONHEALTH OF PA HALTE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYABET. A LATE FEE OF \$5.00 PEE M
CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR
WHALL BY YOUR BANK, REGARDLESS OF THE REASON IF YOU HAVE A CHARGE IN MANS AND/OR ADDRESS, INDICATE THE CHARGE MEXT TO THE
FRE PRINTED MANS AND ADDRESS ABOVE. A MANE CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CHRIFTCATE, DIVORCE
DECRME OR OTHER OFFICIAN DOCUMENT.

HOTICE: IF YOU PRACTICE IN PERNAYLVANIA, YOU MUST HATHTAIN THE REQUIRED ANOUNT OF PROPESSIONAL LIABILITY INSURANCE AND VAY THE REQUIRED FER AND CAT FUND SURCHARGE: PAILURE TO DO. SO. WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SEE BE REFORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE OR WITHIN 10 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOCKED.

THE FOLLOWING QUESTIONS MUST BE ANSWERD. IF YOU ANSWER "YES" TO QUESTIONS 2: 1. 4, OR 5 DELOW, YOU MUST PROVIDE COMPLETE DETAILS ON 6 1/2 x 11 sheets of paper and include copies of legal documents. If any pailure to provide documents will delay the process.

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- SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT DEEN RESOLVED IN YOUR PAVOR?

 (1) 1 SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTEMBERE, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISHISSAL), WITH RESPECT TO ANY CHIMINAL OPENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR PROBABLE COURTY (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OPENSE.)
- () X 1 SINCE YOUR LAST REMEMAL, FOR DISCPLINARY REASONS MAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE; HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TRENITORY OR COUNTRY).

 A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
-) X 5; DINCR YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEORS DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLING OR EMPLOYMENT TERMINATED IN A MOSPITAL OR ANY HEAUTH CARE FACILITY?
-) Mis. Since Your Last Renemal. Have you had your dea registration denied, revoked or restricted or have you had your provider priviledes terminated by any hedical assistance agency for causes.

IF YOU HANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT. NO FEE 15 REQUIRED. YOU ARE STILL REQUIRED TO ANSHER THE QUESTION, SIGN AND DATE DELOW!

HY HEPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904; RELATING TO UNSHORN PALBIFICATION TO AUTHORITIES

STORE OWN DUNN

DATE 2: 10.2000

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only

M D 0 5 8 8 7 4

DWORKRN

THIS IS YOUR RENEWAL NOTICE

STATE BOARD OF MEDICINE P/O, BOX 8414 HARRISBURG, PA 17105-8

ALBERT DWORKIN 3

COUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 11. 1996

DECEMBER 11. 1998 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBBIT A CHECK OF MONEY ORDER IN THE AMOUNT OF SE

PAVABLE TO THE "COMMONWEALTH OF DD)." RECORD YOUR LICENSE NUMBER ON THE PRONT OF YOUR PAYMENT. A LATE PENALTY I

PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 11, 1996. A PROCESSING FEE OF \$20,00 WILL BE T

ANY CHECK OR MONEY ORDER RETURNED UNFAID BY YOUR BANK, REGARDLESS OF THE REASON. 18 YOU HAVE A CHARGE IN MANE A

INDICATE THE CHARGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE AND ATTACH A COPY OF LEGAL DOCUMENTATION OF 9

(NOTICE). IF YOU PRACTICE IN PENNSYLVANIA, YOU HUST MAINTAIN THE REQUIRED ANCUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FSE AND CAT FUND SURCHARGE: FAILURE TO DO SO WILL RESULT IN SUSPENSION OF REVOCATION OF YOUR DICENSE.

ANY, DISCIPLINARY, ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWALS NOTICE OR WITHIN 10 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOCHER

THE FOLCOVING QUESTIONS NUST BE ANSWERED : IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, PLEASE PROVIDE COMPLETE DETAILS ON 8,1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IE ANY

- (1) 1. DO YOU HOLD A LICENSE TO PRACTICE HEDICINE AND SURGERY IN ANY OTHER JURISDICTIONS IF YES, LIST EACH ONE ON THE BACK
 - 2 SINGE YOUR LAST RENEWAL! HAS ANY DISCIPLINARY ACTION BEEN TAKEN AVAINST YOUR LICENSE IN ANOTHER STATE; TERRITORY OF COUNTRY?
-) M 1 SINCE YOUR LAST. RENEWAL. HAVE YOU BEEN CONVICTED; FOUND QUILTY OR NOLO CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR HISDENSAND, INCLUDING ANY DRUG LAW VIOLATION. IN ANY STATE OR FEDERAL COURTY
 - DT 1 SINCE YOUR LAST RENEWAL. HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE PAGILITY:
 - 5: SINCE YOUR LAST RENEWAL. HAVE YOU HAD YOUR DEAR REGISTRATION DENIED; REVOKED ON RESTRICTED OR HAVE YOU HAD YOUR LIPED PROVIDER PRIVILEGES TERMINATED BY ANY HEDICAL ASSISTANCE AGENCY FOR CAUSE?

ir you dintiyour license placed on linactive status place an in the blank to the right. O fer is required. You are still required to anaber the questions above.

HIGH AND DATE BELOW AND PROVIDE THE REQUESTED HIPORNATION

ADATE OF BIRTH SECURITY NUMBER DATE OF BIRTH SPANE OF GRADUATION 955

CENTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CONFECT UNDER 18 PA. C.S. SECTION 1904 REBATING TO WASHOWN PAGELEPATION TO AUTHORITIES.

AGNATURE 3 CRESCO CERTO 3 ESC.