



STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649  
717-783-1400

OFFICIAL USE ONLY

M	D							
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Trans. No. \_\_\_\_\_  
Amount \_\_\_\_\_  
Date \_\_\_\_\_

## APPLICATION FOR REGISTRATION AS A PHYSICIAN ASSISTANT SUPERVISOR

INSTRUCTIONS - If written agreement and drug list (if applicable) are identical for all supervisors, submit one application for each physician assistant. Complete and sign this application. Attach fee and written agreement along with drug list, if applicable.

FEE - \$45.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional supervisor listed.

MAKE CHECK PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA." FEE IS NOT REFUNDABLE.

NOTE: A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR FINANCIAL INSTITUTION, REGARDLESS OF REASON FOR NON-PAYMENT.

PLEASE PRINT OR TYPE ALL INFORMATION

PRIMARY PHYSICIAN ASSISTANT SUPERVISOR NAME/LICENSE NUMBER:

Anastasi, Jr. James N MD-056874-1

PHYSICIAN ASSISTANT NAME/CERTIFICATION NUMBER:

Lyons Mary Ellen MA-001524-1

PRACTICE ADDRESS

Planned Parenthood of North East PA  
63 North Franklin St

Winkles, Babette PA 18701

PRACTICE TELEPHONE (717)

824 8921

## Primary Physician Assistant Supervisor must complete:

List Specialties: Ob/GynDo you hold a membership in any American Boards of Medical Specialties YES NOIf yes, list Board(s) Ob/Gyn, Reproductive Endocrinology

If you have hospital staff privileges, indicate hospital name(s).

St. Lukes Hospital, Bethlehem PA

## VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application, written agreement and drug list (if applicable) are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my registration.

The physician assistant identified in this application will only assist the primary physician assistant supervisor and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

Signature of Primary Physician Assistant Supervisor

Date

Name of Substitute Physician Assistant Supervisor

Signature

Date

MD#

Name of Substitute Physician Assistant Supervisor

Signature

Date

MD#

Name of Substitute Physician Assistant Supervisor

Signature

Date

MD#

Name of Substitute Physician Assistant Supervisor

Signature

Date

MD#

a 8 1/2 x 11 sheets with additional names if needed.)



1150 11 92  
990058 0296WRITTEN AGREEMENTJames N. Anastasi, Jr. MD

PRIMARY PHYSICIAN ASSISTANT SUPERVISOR

Tracy Ellen Madgana

PHYSICIAN ASSISTANT SIGNATURE

**INSTRUCTIONS:** Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. Describe the functions/tasks to be delegated to the physician assistant, including the manner in which the physician assistant will be assisting each named physician, functions/tasks and medical regimens to be administered or relayed by the physician assistant.
2. Describe the time, place and manner of supervision and direction you will provide the physician assistant, including the frequency of personal contact with the physician assistant.

Identify the location and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.

Planned Parenthood of North East PA

63 N. Franklin St. Wilkes Barre, PA 18701

The name(s) of physician(s) who is/are willing to act as a substitute physician assistant supervisor in your absence are all listed on page 2 of this application?

☒ YES ☐ NO

Will the physician assistant prescribe and dispense drugs?

☒ YES ☐ NO If yes, please complete page 4.

If yes, will Schedule III, IV and/or V controlled substances be prescribed and dispensed? ☐ YES ☒ NO

**NOTE:** The Regulations of the State Board of Osteopathic Medicine do not permit a physician assistant to prescribe or dispense drugs when practicing under the supervision of an osteopathic physician.

# PRESCRIBING AND DISPENSING DRUGS BY PHYSICIAN ASSISTANT

Print or type name

James N. Anad, Jr. MD

PRIMARY PHYSICIAN ASSISTANT SUPERVISOR

Marg Ellen Lyons

PHYSICIAN ASSISTANT

If you answered "YES" to question number 5 in the written agreement, please check those categories which the physician assistant will be permitted to prescribe and dispense drugs.

1. Categories from which a physician assistant may prescribe and dispense without limitation are as follows:

- ☒ (i) Antihistamines.
- ☒ (ii) Anti-infective agents.
- ☒ (iii) Cardiovascular drugs.
- ☒ (iv) Contraceptives - for example, foams and devices.
- ☒ (v) Diagnostic agents.
- ☒ (vi) Disinfectants - for agents used on objects other than skin.
- ☒ (vii) Electrolytic, caloric and water balance.
- ☒ (viii) Enzymes.
- ☒ (ix) Antitussives, expectorants and mucolytic agents.
- ☒ (x) Gastrointestinal drugs.
- ☒ (xi) Local anesthetics.
- ☒ (xii) Serums, toxoids and vaccines.
- ☒ (xiii) Skin and mucous membrane agents.
- ☒ (xiv) Smooth muscle relaxants.
- ☒ (xv) Vitamins.

2. Categories from which a physician assistant may prescribe and dispense subject to exclusions and limitations listed:

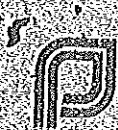
- ☐ (i) Autonomic drugs. Drugs excluded under this category:
  - ☐ (A) Sympathomimetic (adrenergic) agents.
  - ☐ (B) Blood formation and coagulation. Drugs excluded under this category:
    - ☐ (A) Anti-coagulants and coagulants.
    - ☐ (B) Thrombolytic agents.
- ☐ (iii) Central nervous system agents. Drugs excluded under this category:
  - ☐ (A) General anesthetics.
  - ☐ (B) Monoamine oxidase inhibitors.
- ☐ (iv) Eye, ear, nose and throat preparations. Drugs limited under this category: Miotics and mydriatics used as eye preparations require specific approval from the physician assistant supervisor for a named patient.
- ☐ (v) Hormones and synthetic substitutes. Drugs excluded under this category:
  - ☐ (A) Pituitary hormones and synthetics.
  - ☐ (B) Parathyroid hormones and synthetics.

## PLEASE NOTE:

Categories from which a physician assistant may not prescribe or dispense are as follows:

- ☐ (i) Antineoplastic agents.
- ☐ (ii) Dental agents.
- ☐ (iii) Gold compounds.
- ☐ (iv) Heavy metal antagonists.
- ☐ (v) Oxytocics.
- ☐ (vi) Radioactive agents.
- ☐ (vii) Unclassified therapeutic agents.
- ☐ (viii) Devices.
- ☐ (ix) Pharmaceutical aids.





# Planned Parenthood<sup>®</sup> of North East Pennsylvania

Stroudsburg Center  
20 N. Seventh St.  
Stroudsburg, PA 18360  
(717) 424-0112 Fax (717) 426-4500



Generations in Caring  
To Keep the Choice Yours

1. Takes and/or reviews and interprets a complete health history, including obstetric, gynecological, sexual, contraceptive, medical, surgical, family health and psychosocial and records findings accurately, legibly and succinctly. Performs physical examinations with special emphasis on the reproductive system including heart and lung assessment, thyroid, abdominal, breast and pelvic examination, pregnancy sizing and appropriate screening procedures. Interprets finding of examination and records same. Prescribes and provides appropriate contraceptive methods and/or treatments for specified medical conditions following protocols and tailored to the clients' maintenance. Consults Medical Director or designated community gynecologist, or refers clients with normal findings or in need of further care according to clinical judgement and standing orders. Responsible for follow-up pertaining to referrals, medical problems, lab tests, etc. with staff assistance.

2. Maintain adequate direct communication from the site to supervising physician, periodic visits and personal review of records of patients seen by the physicians assistant.



990058 11286

PHYSICIAN ASSISTANT Lyons Mary Ellen

PRIMARY PHYSICIAN Amos, James

SUBSTITUTE PHYSICIAN Lawrence, Craig

APPROVED

PENDING

FEE

7/6/98

-meds only  
a.p.

APPLICATION

7/27/98

7/6/98

#2 - will be made sup.  
- answer #4  
#1 - send clauf

WRITTEN AGREEMENT

7/27/98

7/6/98

- med PS 4  
- answer 2nd  
pt #5

DRUG LIST

7/27/98

7/6/98

Y OR (N) SCHED 3, 4, &/OR 5

TEMP APPROVAL LTR SENT

APPROVAL LTR ISSUED 7/27/98



SP 3A (11) (REV. 3/75)



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

Courier Delivery Address  
STATE BOARD OF MEDICINE  
124 PINE STREET, 13<sup>th</sup> FLOOR  
HARRISBURG, PA 17101

250259 0016

OFFICIAL USE ONLY

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ANAST

APPL

APPLICATION FOR A LICENSE TO PRACTICE  
MEDICINE WITHOUT RESTRICTION  
For Graduates of ACCREDITED Medical Schools

Official Use Only

Amount 20

Date 2/6/85

Application Fee: \$20.00 not refundable  
Make check payable to the "Commonwealth of Pennsylvania."

11070

*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.*

Please print or type.

NAME:

Anast

James

Nunore

Last

First

Middle

Permanent Address:

[Redacted]

Street

[Redacted]

City

State

Zip Code

Date of Birth:

[Redacted]

Social Security Number:

[Redacted]

*If your medical/licensure records are listed under another name, or names list below:*

LIST MEDICAL SCHOOL(S) ATTENDED:

DATES OF ATTENDANCE

Temple University School of Medicine

From: 09/78 to 05/82

Mo. & Yr.

Mo. & Yr.

From: to

Mo. & Yr.

Mo. & Yr.

Date of Graduation: 05/82

List all states, territories and countries in which you have ever possessed a license without restriction to practice medicine and surgery (active or inactive, current or expired). If you never possessed a license, write "NONE."

"NONE" Maryland (active); Ohio (expired)

Check licensing examination(s) passed:

- ( ) FLEX - indicate state where taken: \_\_\_\_\_ Date taken: \_\_\_\_\_  
( ) FLEX COMPONENT 1 - indicate state where taken: \_\_\_\_\_ Date taken: \_\_\_\_\_  
( ) FLEX COMPONENT 2 - indicate state where taken: \_\_\_\_\_ Date taken: \_\_\_\_\_  
(X) NATIONAL BOARD - PART I ☒ PART II ☒ PART III ☒  
( ) USMLE - STEP 1 \_\_\_\_\_ STEP 2 \_\_\_\_\_ STEP 3 \_\_\_\_\_  
( ) LMCC - Canadian \_\_\_\_\_  
( ) STATE BOARD - indicate state where taken: \_\_\_\_\_

Post Graduate Education:

PGY1 Hospital: Johns Hopkins Hospital

From: 08/1/82 to: 07/1/83

PGY2 Hospital: Johns Hopkins Hospital

From: 07/1/83 to: 07/1/84

Answer the following questions, if "YES" to any of them, provide complete details on a separate sheet as  
as certified copies of relevant documents. Sign and date below.

- |   | YES | NO                                  |
|---|-----|-------------------------------------|
| 1. Has any disciplinary action been taken against your license in another state, territory or country?  |     | <input checked="" type="checkbox"/> |
| 2. Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict, as to any felony or misdemeanor, including any drug law violation, in any state or federal court?  |     | <input checked="" type="checkbox"/> |
| 3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?  |     | <input checked="" type="checkbox"/> |
| 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?   |     | <input checked="" type="checkbox"/> |
| 5. 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 or have successfully completed the requirements of the Board's Health Monitoring Program.) |     | <input checked="" type="checkbox"/> |

VERIFICATION STATEMENT

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

SIGNATURE OF APPLICANT

DATE



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

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**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 Applicant: James N. Anast

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 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 3 year(s) 0 month(s).

SIGNATURE: Edmond Moy / Edmond Moy Date: 6/27/95

Print or type name as signed above: Edmond Moy

State in which licensed: New York License Number: 170782

Name of Applicant: James N. Anast

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 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 5 year(s) 0 month(s).

SIGNATURE: Lawrence A. Nelson Date: 6/28/95

Print or type name as signed above: LAWRENCE A. NELSON

State in which licensed: VA License Number: 0101028417

Return Completed form to Applicant



Regular Mailing Address  
State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649

Courier Delivery Address  
State Board of Medicine  
124 Pine Street, 1st floor  
Harrisburg, PA 17101

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**VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING**  
Accredited Medical School Graduates  
**TO BE COMPLETED BY APPLICANT**

NAME: Anast James N  
Last First Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year 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 level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous 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 hospital.

*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 still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.*

Name of Hospital: Johns Hopkins Hospital

Located: Baltimore MD  
City State

1st Year from 07 / 01 / 82 To 06 / 30 / 83 Specialty OB/GYN Level (PGY) 1

2nd Year from 07 / 01 / 83 To 06 / 30 / 84 Specialty OB/GYN Level (PGY) 2

→ "I certify that James N. Anast successfully completed with/

(Name of Applicant)  
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."

→ "I further certify that the above program was ACGME accredited at the time James N. Anast completed the training."

(Seal of Hospital) Signature of Program Director: [Signature]  
Date: 8/1/85  
(Name of Applicant)

If the hospital has no seal complete the following section and have this form notarized:

I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature:

Date:

[notary seal]

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.





# Entry Level Special

- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Practice
- General Surgery
- Internal Medicine
- Neurology

The following specialties  
to entry and would not

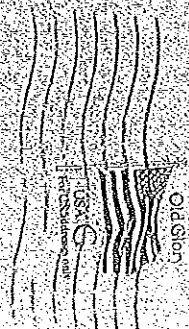
- Adult Reconstructive S
- Aerospace Medicine
- Allergy and Immunolog
- Blood Banking
- Cardiovascular Disease
- Chemical Pathology
- Child Neurology
- Child and Adolescent P
- Colon and Rectal Surge
- Critical Care
- Dermatopathology
- Diagnostic Laboratory
- Endocrinology and Me
- Forensic Pathology
- Gastroenterology
- Geriatrics
- Hand Surgery
- Hematology
- Immunopathology
- Infectious Diseases
- Medical Microbiology
- Medical Oncology
- Musculoskeletal Oncol
- Neonatal-Perinatal Me
- Nephrology
- Neurosurgery
- athology

adopted April 2

17105-2649

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



JOHNS HOPKINS

School of Medicine  
500 N. Wolfe Street  
Baltimore, MD 21287  
Department of Gynecology and Obstetrics

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State Board of Medicine  
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**VERIFICATION OF MEDICAL EDUCATION**  
For Graduates of Accredited Medical Schools.

OFFICE OF FACULTY AND STUDENT RECORDS  
TEMPLE UNIVERSITY  
SCHOOL OF MEDICINE

**SECTION 1: To be completed by applicant.**

Name: Anast James N D56879  
Last First Middle  
Name of medical school: Temple University School of Medicine  
Location: Phila, Pa

**SUBMIT THIS 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 school.**

Name of medical student: James N. Anast

Date student began to attend this medical school: 09/05/78  
Month/Day/Year

Date of graduation: 05/27/82  
Month/Day/Year

[Seal of School]

I certify that all of the above information is correct.

Signature of M. Judith Russo DIRECTOR

Dean or Registrar:

Date: July 11, 1995

OFFICE OF FACULTY AND STUDENT RECORDS

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

Regular Mailing Address  
State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
U.S.A.

Courier Delivery Address  
State Board of Medicine  
124 Pine Street, 1st Floor  
Harrisburg, PA 17101  
U.S.A.





# NATIONAL BOARD OF MEDICAL EXAMINERS®

## ENDORSEMENT OF CERTIFICATION

Note: The embossed seal of the National Board of Medical Examiners (NBME) in the lower left corner certifies the authenticity of this document.

Diplomate Name: James N. Anas, MD

RECEIVED DIRECT

Date of Birth: 01/15/1956

Certification Date: 07/01/1983

Certificate #: 267591

It is certified that the physician named above has successfully completed the examination, education, and training requirements for certification by the NBME as of the certification date shown above.

Exam	Test Date	Total Test	Min. Pass	Pass/Fail	Anat	Phys	Bio	Path	Midr	Phar	Beh Sci
NBME PART I	Jun 1980	495 80	380 75	PASS	525 82	450 77	530 82	510 81	485 80	575 85	365 72
					Med	Surg	Ob/Gyn	PM/PH	Ped	Psych	
NBME PART II	Sep 1981	490 81	290 75	PASS	540 84	510 83	430 79	395 77	570 86	500 82	
NBME PART III	Mar 1983	455 80.5	290 75	PASS							

SEE OTHER SIDE FOR SCORE INFORMATION

DATE: 07/05/1995

PAGE: 1 of 1

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CURRICULUM VITAE

NAME:

James Nuncle Anastasi, Jr., M.D.

June 26, 1995

DATE OF BIRTH:

[REDACTED]

ADDRESS:

Home:

[REDACTED]

Work:

Developmental Endocrinology Branch  
National Institute of Child Health and  
Human Development  
National Institutes of Health  
Building 10, Room 10N262  
9000 Rockville Pike  
Bethesda, MD 20892  
Phone: (301) 496-4686  
Fax: (301) 402-0574

MARITAL STATUS:

Married, three children

SOCIAL SECURITY NUMBER:

[REDACTED]

EDUCATION:

- 1978 B.S., Villanova University (Chemistry)  
Villanova, PA  
1982 M.D., Temple University School of Medicine,  
Philadelphia, PA

TRAINING:

- 1982-1986 Residency, Obstetrics and Gynecology, Johns Hopkins  
Hospital, Baltimore, MD  
1990-1993 Fellowship, Reproductive Endocrinology,  
Developmental Endocrinology Branch, NICHD  
NIH, Bethesda, MD

PROFESSIONAL HISTORY:

- 1985-1986 Chief Resident, OB/GYN, Johns Hopkins Hospital,  
Baltimore, MD  
1985 Microsurgical Training, Johns Hopkins Hospital,  
Baltimore, MD  
1986 Urodynamics Training, Johns Hopkins Hospital,



250299-0016

Baltimore, MD

1986-1990 Director, OB/GYN Services, Community Health Services, Fremont, OH, US Public Health Corps

1987-1988 Director, Perinatal Services, Ottawa County, OH

1987-1988 Director, Family Planning Services, Ottawa County, OH

1988 Board Certified OB/GYN

1989-1990 Chairman, Department of OB/GYN, Memorial Hospital, Fremont, OH

1990-1993 Fellowship, Reproductive Endocrinology, Developmental Endocrinology Branch, NICHD, NIH

1993-present Senior Clinical Specialist, Developmental Endocrinology Branch, NICHD, NIH

1992-Present Assistant Professor, OB/GYN, Uniformed Services University of the Health Sciences, Bethesda, MD

1991-Present Lieutenant Commander, Research Officer Group, US Public Health Service

1992-Present Gyn Endocrinologist Staff Attending, Walter Reed Army Medical Center

1992-Present Consultant Gyn Endocrinologist, National Naval Medical Center, Bethesda, MD

1992-Present Staff OB/GYN, National Institutes of Health Clinical Center, Bethesda, MD

1995 Board Certified Reproductive Endocrinology

#### RESEARCH EXPERIENCE

1977-1978 Organic Analysis, NMR structure determinations

1985-1986 TRH in rat uterus, in vivo and in vitro responses

1986 Ultrasound versus Pelvic Exam accuracy determination

1990-Present Associate Investigator, Premature Ovarian Protocol 91-OH-127

1991-Present Principle Investigator, Stein Leventhal



250259 0016

Protocol 92-CH-027

1991-Present Molecular Cloning and Function of human gonadotropin and MSH receptor

1992-present Associate Investigator, POR laparoscopic Ovarian Biopsy Protocol 92-CH-0223

1992-Present Principle Investigator, Laparoscopic Aspiration Follicular Protocol 92-CH-0153

1993-Present Principle Investigator, Effects of suppressing the late fetal and neonatal gonadotropin and androgen surges on subsequent reproductive function, growth and bone mass accretion of the male cynomolgus monkey, Protocol 87-016

#### CURRENT HOSPITAL PRACTICES

MEDICAL LICENSURE: Maryland # D31950

HOSPITAL PRIVILEGES: NIH Clinical Center  
Bethesda, MD

Walter Reed Army Medical Center,  
Washington, DC

National Naval Medical Center  
Bethesda, MD

#### AWARDS

Cum Laude graduate in Chemistry with GPA of 3.71/4.00, 1978

Phi Kappa Phi Honor Society (Villanova equivalent to Phi Beta Kappa), 1977

National Health Corps Service Scholarship, 1978-1982

#### PUBLICATION

Anasti, J., Buscema, J., Genadry, R., Woodruff, J.D.: Rectal Serosal Hematoma: An Unusual Complication of Culdocentesis. Obstet. Gynecol. 65:728, 1985.

Cullins, V., Anasti JN, Higgins G.: Vaginal Evisceration with Pneumoperitoneum: A Case Report. J. Reprod. Med. 34(6):426, 1989.

Medeiros LJ, Anasti JN, Gardner KL, Pass HI, Nieman LK: Virializing adrenal cortical neoplasms arising ectopically in the thorax. J Clin Endocrinol Metab 75:1522, 1992.



250249-0016

MARYLAND BOARD OF PHYSICIAN QUALITY ASSURANCE  
P.O. Box 2571  
4201 Patterson Avenue  
Baltimore, MD 21215-0095

July 03, 1995

Requested by: PA BD

This is to verify that the records of the Board of Physician  
Quality Assurance indicate the following information regarding

ANASTAS JR, JAMES NUNCIE  
[REDACTED]

License number	D0031950
Date issued	85-02-21
Current status	Active
Expiration date	September 30, 1996
Medical school code	
Licensed by	National Board Cert
Specialty	
Charges	0
Disciplinary actions	NONE ON RECORD

Details of disciplinary action will be made available by  
photocopy from the public file upon written request only  
and with a signed release from the physician.  
See attached

*Sylvia H. Montgomery*  
Verification Clerk

Date

This is a computer generated form which is acceptable by other States.  
Licensing examination scores should be requested directly from  
the examining authority.





STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43260-0916 • (614) 466-3934

Date: July 7, 1995

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

RE: James N. Anastasi Jr., M.D.

Please be advised that James N. Anastasi Jr.  
was licensed to practice Medicine and Surgery in the  
State of Ohio. James N. Anastasi Jr.'s certificate  
number is 53717, issued June 20, 1986.

James N. Anastasi Jr.'s license expired on 12/31/92  
upon failure to register. While current James N. Anastasi Jr.'s  
license was in good standing.

The following actions have been taken concerning Doctor Anastasi's  
license to practice: NONE

Sincerely,

Debra L. Jones, Chief  
C.M.E., Records & Renewal

DLJ:men

NOT VALID WITHOUT BOARD SEAL



16-95259-16

National Practitioner Data Bank  
P.O. Box 10832  
Chantilly, VA 20101

Voice: (800) 767-6732  
FAX: (703) 802-4109  
TDD: (703) 802-9395

DCN# 5500000000004061  
Process Date: 08/14/95 3:06:47  
Page: 1 of 1

## RESPONSE TO INFORMATION DISCLOSURE REQUEST

### A. REQUESTOR IDENTIFICATION

Requestor Name: ANASTI, JAMES NUNCIE JR

Address: [REDACTED]

Type of Query: SELF-QUERY

### B. PRACTITIONER ON WHOM DISCLOSURE IS REQUESTED

Practitioner ID (PIN):

Practitioner Name: ANASTI, JAMES NUNCIE JR  
Other Name Used:

Organization Name: NATIONAL INSTITUTE OF HEALTH  
Work Address: UNITED STATES PUBLIC HEALTH SERVICE  
BETHESDA, MD 20892

Home Address: [REDACTED]

Social Security #: [REDACTED]

Date of Birth: [REDACTED]

Professional School(s) & Grad. Year: TEMPLE UNIVERSITY SCHOOL OF MEDICINE (1982)

License #, State, Field Code: D31950 MD  
ALLOPATHIC PHYSICIANS (MD) (010)

Drug Enforcement # (DEA #): NONE

### C. NPDB SEARCH 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/limited use as prescribed by Public Law 99-660 The Health Care Quality Improvement Act of 1986, as amended. Recipients should verify that the practitioner identified in Section B of the report(s) is, in fact, the practitioner of interest. Reports from the NPDB are confidential; disclosure or use for any purpose other than that for which it was disclosed is subject to a civil money penalty of \$10,000 for each violation.