

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: BRUCE ALAN BERGER

Address Information

Address(city state zipcode): PHILADELPHIA PA 19141

License Information

Medical Physician and Surgeon Secondary Type:

Number:

MD012801E

Profession: Medicine

Status:

Active

Issue Date: 7/23/1971

Expires:

12/31/2014 Last Renewed: 10/6/2012

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: MD012801E Name: BRUCE ALAN BERGER

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)?	Ν
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Since your last renewal, have you withdrawn an application for licensure in another licensing juristiction?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?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Ÿ
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?	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Since your last renewal, have you withdrawn an application for licensure in another licensing uristiction?	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?	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?	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 uristiction?	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 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?	Υ
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Ņ

Online Submission Date:

10/30/2004 10:05:23AM

Renewal Question Response

myLicense Renewal Question Responses License Number: MD012801E Name: BRUCE ALAN BERGER

Are you submitting a name change with this renewal? Are you licensed in another licensing jurisdiction in this profession (any status)? Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you? Since your last renewal, have you been convicted of a crime? Since your last renewal, have you withdrawn an application for licensure in another licensing juristiction?	N N N 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 or drug offenses in any state, territory or country?	N
Do you provide health care services to patients within the Commonwealth of PA?	Υ
If yes, is the percentage of patients that you provide care for in the Commonwealth 20% or more of your practice?	Y
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 :

10/30/2006 8:02:52AM

Renewal Question	Response
\re 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 uristiction?	N
lave you met your current CE requirements?	Υ
ince your last renewal, have your provider privileges been terminated by any medical assistance gency for cause?	N .
ince your last renewal, have you had practice privileges denied, revoked or restricted in a ospital or health care facility?	N
ince your last renewal, have you had your DEA registration denied, revoked or restricted?	N
ince your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual ffenses or drug offenses in any state, territory or country?	N
o you maintain current medical professional liability insurance in the Commonwealth?	Υ
ledical Renewal - Since your last renewal, have you been the subject of a civil malpractice law uit?	N

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Person Info Name:	
Address Info	•
Email;	•
Street Address:	
Öri eer yaar eest	
Phone	
Fax	
City	<u> </u>
State	•
Zipcode	
Country	
County	•
o outing the same of the same	
Charles Doomone Commen	•
Survey Response Summary	
Question Response Summary	br
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or	N
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	N ~
your license, certificate or registration issued to you in	1
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	NI I
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,	l NT
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	
11. 11.	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,	N	
revoked or restricted?		
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		

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

Official Use Only

MD - 0 1 2 8 0

BERGE

THIS IS YOUR RENEWAL NOTICE

STATE BOARD OF MEDICINE P.O. BOX 8414 HARRISBURG, PA. 17105-84

BRUCE ALAN BERGER

YOUR CURRENT LICENSE TO PRACTICE HEDICINE AND SURGERY IN PERESYLVANIA WILL EXPIRE ON DECEMBER 31, 1994. TO RENE DECEMBER 11, 1996 PLEASE COMPLETE THE QUESTIONS DELOW AND SUBHIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$80.00 PAYABLE TO THE "COMMONNEAUTH OF PA. " RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY !... PER HONTH HILL DE CHARGED FOR RENEHALS POSTHARKED AFTER DECEMBER 31, 1994. A PROCESSING FEE OF \$20.00 HILL DE CHARGED FOR ANY CHECK OF HONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE HEXT TO THE PRE-PRIMTED MARE AND ADDRESS ABOVE.

YOU ARE HEREBY NOTIFIED THAT IN YOU ARE PRACTICING IN THIS COMBONNEALTH, YOU ARE REQUIRED TO FURNISH SATISPACTORY PROOF TO the oppice of the hedical professional liability catastrophe loss fund that you are in compliance with the health care SERVICES MADPRACTICE ACT.

IF, SINCE YOUR LAST RENEWAL, YOU HAVE EXPERIENCED DIFFICULTIES AS A RESULT OF ALCOHOL OR OTHER DRUGS SUCH AS DIAGNOSIS OF TREATHENT FOR CHEHICAL DEPENDENCY OR ABUSE OR ARRESTS FOR CHEHICAL-USE-RELATED OFFENSES, YOU MAY CONVACT THE DUREAU'S IMPAIRED PROPESSIONAL PROJECTI FOR CONFIDENTIAL THFORMATION AND ASSISTANCE AT 1-000-554-1420.

ANY DESCRIBINARY ACTION TAKEN IN ANOTHER STAYS, TERRITORY OR COUNTRY SHALL BE ARRORTED TO THE BOARD ON THE BLEWNIAL RENEWAL. ROTICE OR WITHIN 10 DAYS OF FINAL DISPOSITION, MITCHAURR IS SOONER.

IP YOU ANSRER *VES* TO QUESTIONS 2, 1, 4, OR 5 BRION, PLEASE PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND

INCLUDE COPIES OF LEGAL DOCUMENTS, IP ANY. THE FOLLOWING QUESTIONS MULT BE MISHERED AND YOU MUST SIGN BELOW. 1. DO YOU HOLD A LICENSE TO PRACTICE REDIGINS AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE. 2, SINCK YOUR LAST REHRHAL. HAS ANY DISCIPLINARY ACTION DEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? 3. STRUCK YOUR LAST REBERGIO, HAVE YOU DEED CONVICTED, FOUND GUILTY OR PLEADED GUILTY OR ROLO CONTENDERE, OR RECEIVED PRO-DATION WITHOUT VERDICT AS TO ANY PELONY OR MISDEMBANON, INCLUDING ANY DRUG LAW VIOLATION, IN ANY STATE OR PROBRAL COURT? 4. STRUE YOUR LAST HENRYAL, HAVE YOU HAD PRACTICE PRIVILEGES DEPIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE PACIFITY? 5: STRCK YOUR LAST REVIEWAL, MAYE YOU HAD YOUR DEA REGISTRATION DENTED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEURS TRANSMATED BY ANY HEDICAL ASSISTANCE AGENCY FOR CAUSES IP YOU SAME TO HAVE YOUR LICENSE PLACED ON "INACTIVE" STATUS, CHECK HERE. HO PER TO REQUIRED FOR INACTIVE STATUS. YOU ARE STILL REQUIRED TO AUSUER THE ABOVE QUESTIONS AND SIGN DELON.

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

PLEASE ANSWER QUESTIONS $\frac{1}{1} = \frac{1}{1} + \frac{1}{1} = \frac{1}{1}$

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

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

BRUCE ALAN BERGER

YOUR CHRISHIF LICENSE TO PRACTICE HEDICING AND SURGERY IN PERHISVLVANIA WILL EXPIRE ON DECEMBER 11, 1909. TO HEY
THROUGH DECEMBER 11, 2000; COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OF HOURY ORDER IN THE ANOUNT OF
THE *COMMONNEALTH OF FA. F WRITE YOUR LICENSE HUMBER ON THE FRONT OF THE PAYMENT. A LATE FER OF \$5.00 PER
CHARGED FOR REHINALE POSTMARKED AFTER DECEMBER 11, 1990. A PROCESSING FER OF \$20.00 UILL DE CHARGED FOR ANY CHECK OR R
UNDAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHARGE IN HAME AND/OR ADDRESS, INDICATE THE CHARGE NEXT TO
FIRE PRINTED MANE AND ADDRESS ABOVE. A MANE CHARGE REQUIRES SUBMISSION ST. S. COPY OF A COURT ORDER, MARKIAGE CERTIFICATE
PRINTED MANE AND ADDRESS ABOVE. A MANE CHARGE REQUIRES SUBMISSION ST. S. COPY OF A COURT ORDER, MARKIAGE CERTIFICATE
PRINTED MANE AND ADDRESS ABOVE. A MANE CHARGE REQUIRES SUBMISSION ST. S. COPY OF A COURT ORDER, MARKIAGE CERTIFICATE
PRICES OR OTHER OPERCIAL DOCUMENT.

NOVICE: IF YOU PRACTICE IN PRINSYLVANIA, IGU HUST PAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL BINDILITY INSURANCE AND PAY THE REQUIRED REE AND CAT FUND SURCHARDE. FAILURE TO DO SO HILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICEUSE

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, THERITORY OR COUNTRY SHALL BE REPORTED TO THE HOARD ON THE DIBURLAL REHEWAL MOTICE. OR NITHITH 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOCHER.

THE POLICHING QUESTIONS MUST DE ANSWERED. IP YOU ANSWER TYPE TO QUESTIONS 2, 3, 4, OR 5 DELCH, YOU MUST PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHRETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IP ANY. FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES 110 (** ()

(X () 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELON.

() 11 2. SINCK YOUR LAST HENEVAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY

SURRENDER OF A LICENSHI AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR PAVOR?

1. SINCE YOUR LAST REBENAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED HOLD CONTSHDERE, RECEIVED PRODATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISHIRSAL), HITH RESPECT TO ANY CRIMINAL OPPENSE, INCLUDING ANY DRUG LAM VIOLATIONE, OR BO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR PROBRAM COURTY (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFERSE.)

1. SINCE YOUR LAST REBERAL, FOR DISCIPLINARY REASONS HAVE YOU HITHDRAIN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DEVILED OR REPUSED, OR AGREED NOT TO REAUPLY FOR A LICENSE III MOTHER STATE, TERRITORY OR COUNTRY?

A LICENSE INCLUDES A REDISTRATION ON CERTIFICATION.

SINCE YOUR LAST REMEMAL, NAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR ENPLOYMENT TERMINATED IN A MOSPITAL OR MAY HEALTH CARE FACILITY?

6. SINCE YOUR LAST REMEMAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGRICY FOR CAUSE?

TP YOU HANT YOUR LICENSE PLACED OF "INACTIVE" STATUS PLACE AT "A" IN THE CLARK TO THE REGIE. NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO AUSBER THE QUESTION, SIGN AND DAYS BELOW.

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLADGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE BENDY PER PAIR FA. C.S. 4904, HELATING TO UNSHORN PAISTFEATION TO AUTHORITIES.

STEINAMINGE

DATE / U/9/9/

OMMONNEAUTH OF PENNSYLVANIA ***DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OGCUPATIONAL AFFATR

BERGEN RNEW

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE : 18125 1000

STATE BOARD OF MEDICINE ... POT FOX 8414 ... RARRISBURG OPA: 1/105.03.14

CORCURRENT LIGSHOR TO PRACTICE HEDGING AND SURGORY IN PRINCIPALITY AND EXPRESON DECEMBER OF SOCIETY BEING THE PRINCIPAL OF TH

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gince your last renewal for disciplinary reasons have you hithbran an application for a vicehous hay SINCE YOUR LAST RENEMAL FOR DISCIPLIONS MEASONS HAVE YOU'N LICHOMANN AN APPRICATION FOR A DISCIPLINE STATE TERRITORY OF CALLCENSE DERIED OR RETEXTS. OR CHRISTIAN OR CERTIFY CATURED STATE OF THE CONTROL OF CREATION OR CERTIFY CATURED STATE OF THE CONTROL OF CALLCE OF THE CALLCE OF CALLCE OF THE CALLCE OF C

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