



PENNSYLVANIA
Department of State

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: STEPHEN PAUL REGEC

Address Information

Address(city state zipcode): Mullins SC 29574

License Information

Type: Medical Physician and Surgeon	Secondary Type:	Number: MD020553E
Profession: Medicine	Status: Active	
Issue Date: 4/7/1978	Expires: 12/31/2014	Last Renewed: 11/8/2012

Discipline Action History

Disciplinary action or corrective action history exists. For more information, email us at ra-prothonotary@state.pa.us.

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

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

Official Use Only

M D - 0 2 0 5 5 3

R E G E C R N

THIS IS YOUR RENEWAL NOTICE

STEPHEN PAUL REGEC
DUBOIS REGIONAL MEDICAL
CENTER EAST UNIT
DUBOIS PA 15801

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

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1996. TO RENEW
DECEMBER 31, 1996 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$30.00,
PAYABLE TO THE COMMONWEALTH OF PA. RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY F
PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1996. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR
ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS,
INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE AND ATTACH A COPY OF LEGAL DOCUMENTATION OF THE NAME CHANGE
NOTICE. IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE
REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE
OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

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

YES NO

1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE ON THE BACK.
2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR
COUNTRY?
3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND 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?
4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH
CARE FACILITY?
5. 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 AGENCY FOR CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.
NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTIONS ABOVE.

SIGN AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NAME OF MEDICAL SCHOOL

State U. of N.Y. Downstate Med. Center

YEAR OF GRADUATION

1974

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT UNDER 18 PA. C.S. SECTION 4904 RELATING TO
UNSWORN FALSIFICATION TO AUTHORITY.

SIGNATURE

Stephen P. Regec, MD

DATE 9-30-96

00000599

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

Official Use Only 013671

M.D. 020553-E

REGEC RNEW

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

STEPHEN PAUL REGEC
DUBOIS REGIONAL MEDICAL
CENTER - EAST UNIT
DUBOIS, PA 15801

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

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1998. TO RENEW THROUGH DECEMBER 31, 2000, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 PAYABLE TO THE COMMONWEALTH OF PA. WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER DAY IS CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1998. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME 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 CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

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THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS. IF ANY FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO

- () 1 DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW.
- () 2 SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- () 3 SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT VERDICT OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL) WITH RESPECT TO ANY CRIMINAL OFFENSE INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- () 4 SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE 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, TERRITORY OR COUNTRY? (A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION)
- () 5 SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- () 6 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 AGENCY FOR CAUSE?

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

MY REPRESENTATIONS 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. 1904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

Stephen Paul Regec, MD

DATE

9/23/98

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

Official Use Only

M D 0 2 0 5 5 3
R E G E C R N

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

STEPHEN PAUL REGEC
DUBOIS REGIONAL MEDICAL
CENTER EAST UNIT
DUBOIS, PA 15801

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

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 2000. TO RENEW THROUGH DECEMBER 31, 2002, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 PAYABLE TO THE COMMONWEALTH OF PA. WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

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YES NO

- (a) 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE.
- (b) 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- (c) 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED GUILTY, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL) WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- (d) 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE 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, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- (e) 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED, IN (1) OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- (f) 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DBA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

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MY REPRESENTATIONS 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. 4504, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

Stephen Paul Regec MD

DATE

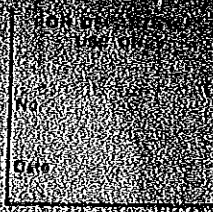
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
COMMISSIONER OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS
State Board of Medical Education and Licensure
Box 2648, Harrisburg, PA 17120

Regec, Stephen Paul
LAST NAME FIRST PRINT NAME IN FULL



1. APPLICATION TO PRACTICE MEDICINE

I hereby apply for licensure to practice medicine by regular examination Fee: \$125.00
 Endorsement Fee: \$100.00

(APPLICATION FEES ARE NOT REFUNDABLE)

in the Commonwealth of Pennsylvania, for which an affidavit concerning age, citizenship, evidence of preliminary and medical education, evidence of graduate training, a certificate of moral and ethical character, two recent unmounted photographs, and the proper fees are herewith included, as required by law.

ALL FEES MUST BE PAID BY CERTIFIED CHECK OR MONEY ORDER MADE PAYABLE TO:

COMMONWEALTH OF PENNSYLVANIA
St. Elizabeth Hospital

Address to which license is to be sent 1044 Belmont Avenue, Youngstown, Ohio 44505

Where is card of admission to examination to be sent? 1044 Belmont Avenue

Date of Birth Place of Birth Catasauqua, Pennsylvania

Are you a United States Citizen? Yes How Secured Native-born

Visa Status: Exchange Visitor _____ Immigrant _____ Immigration Petition _____

Do you intend to become a United States Citizen? _____

Name Stephen Paul Regec, MD
SIGNATURE OF APPLICANT (IN FULL)

2. MEDICAL EDUCATION

INSTITUTIONS	NUMBER OF MONTHS	DATE OF GRADUATION	DEGREE	ATTENDED FROM		
				19	to	10
State U. of N.Y. - Downstate Med Ctr	45	1974	M.D.	Sept., 1969	to	May 30, 1974

Training completed beyond medical school Residency in Obstetrics-Gynecology at St. Elizabeth Hospital, Youngstown, Ohio July 1, 1974 to June 30, 1978

3. PREVIOUS EXAMINATIONS AND LICENSES

Have you previously taken an examination for Medical License in Pennsylvania? No
If so, when? _____

Have you previously taken an examination for Medical License in another State of the United States? _____
If so, when? 1975 - National Board of Medical Examiners

Results Passed License(s) obtained? Ohio

after 6/30/78

Called 4/3/80 11/15

Has your license in another state been suspended or revoked at any time? (If so, give particulars: _____)
NO

Where and in what capacity are you now employed? St. Elizabeth Hospital,
1044 Belmont Avenue, Youngstown, Ohio 44505 I am presently a
chief resident in Obstetrics-Gynecology.

Social Security Number: [REDACTED]

4. FOR CANDIDATES WHO WISH TO BE ADMITTED TO THE EXAMINATIONS BEFORE COMPLETION OF ONE YEAR OF GRADUATE TRAINING

I hereby certify that _____ M.D. has completed six
months of graduate training in _____
from _____ to _____ at
(NAME OF HOSPITAL) (STREET ADDRESS) (CITY) (STATE)

Affidavit of Superintendent required
if hospital has no seal.

(SIGNATURE OF SUPERINTENDENT OF HOSPITAL)

detach the mimeograph blank. GRADUATE TRAINING
year of graduate training, have it certified by the

7 2 0 1 2 0 3 0 4

Commonwealth of Pennsylvania
DEPARTMENT OF STATE
Commissioner of Professional
and Occupational Affairs

CERTIFICATE OF MEDICAL
EDUCATION

State Board of Medical Examiners
and Physicians
Harrisburg

I hereby certify that Stephen Paul Regeo, M.D. has attended four
graded courses of not less than thirty-two weeks of not less than thirty-five hours each in the study of
medicine as follows:

Name of Institution	Number of Months	From 9/8 19 69 to 5/30 19 74
State University of N. Y. Downstate Medical Center	36	

and was graduated May 30, 19 74

I further certify that this applicant attended at least six obstetrical cases, assisted in at least six
surgical operations in the operating room, administered an anaesthetic at least six times, and attended
at least six autopsies prior to graduation and independent of his internship.



Janice Ollquist
Asst. Registrar

March 30, 1978
Date

NOTE: THIS CERTIFICATE PROPERLY COMPLETED AND SIGNED BY THE PRESIDENT, DEAN OR SEC-
RETARY OF THE MEDICAL SCHOOL OF WHICH THE APPLICANT IS A GRADUATE, MUST ACCOMPANY
THIS APPLICATION. SEAL OF THE INSTITUTION MUST BE IMPRESSED OVER THE SIGNATURE
OF THE CERTIFYING OFFICER.

FORM 1407 (FORMERLY FORM C)

1978
 GRADUATE TRAINING
 CERTIFICATE

1000
 and Carlisle
 Box 2649 Harrisburg, Pa 17105

Date: March 23, 1978

This is to certify that STEPHEN PAUL REGER M.D., a graduate of the
STATE UNIV. of New York - Downstate Medical School, has rendered satisfactory service as a trainee at
ST. ELIZABETH HOSPITAL Hospital at YOUNGSTOWN, OHIO
 in an approved clinical program from July 1, 1976 to June 30, 1978

We also certify that STEPHEN PAUL REGER, MD is a person of good moral character
 and that he has proven to be worthy of the medical profession.

The Trainee participated in the following type of program:

FLEXIBLE _____ CATEGORICAL _____ CATEGORICAL _____ OTHER Residency Obstetrics/Gynecology

DEPARTMENT	SPECIALTY	MONTHS	SIGNATURE OF CHIEF
Allergy-Immunology			
Anesthesiology			
Dermatology			
Family Practice			
Internal Medicine			
Neurology			
Nuclear Medicine			
Obstetrics-Gynecology	<u>Obstetrics/Gynecology</u>	<u>(12)</u>	<u>Rubenstein MD</u>
Ophthalmology			
Otolaryngology			
Pathology			
Pediatrics			
Physical Medicine			
Preventive Medicine			
Psychiatry			
Public Health			
Radiology			
Surgery			
Urology			
Other			
Remarks			

4/2/78



(Notarized affidavit) required if
 hospital has no seal
 SPOA 117 (1/76)

W. J. [Signature]
 Medical Director

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

STEPHEN PAUL REICHERT
having satisfied all the requirements and having successfully passed the examinations, is
hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: JOHN S. MILLIS
Chairman of the Board

Philadelphia, Pa.
07/01/75

SEAL

Cert. # 138419

ROBERT A. CHASE
President of the Board

It is certified that the above is a copy of the Diplomat Certificate issued to the named physician,
a graduate of S. U. N. Y. DOWNSTATE COL. MED.
MAY 1974 whose birth date is 10/21/1947, following successful completion
of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard Score	Scale Score
PART I passed 06/72		
Anatomy, incl. histology and embryology	425	76
Physiology	475	79
Biochemistry	475	79
Pathology	415	75
Microbiology, incl. immunology	430	76
Pharmacology and Materia Medica	490	80
Behavioral Sciences		
(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE	450	78
Part II passed 04/73		
Internal medicine and the medical specialties	385	76
Surgery and the surgical specialties	375	76
Obstetrics and Gynecology	520	84
Public Health and Preventive Medicine	465	81
Pediatrics	365	73
Psychiatry	415	75
(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE	405	81
PART III passed 03/75		
A General Test of Clinical Competence		
(Minimum Passing Grade 290/75) AVERAGE	380	80.6
GENERAL AVERAGE (Parts I, II, and III)		

(Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Scores (minimum passing grade 75).

**Since 1966 National Board criteria for certification are based upon candidate's total grades in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Secretary for Certification

03/17/75

SEAL

Date

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
Commissioner of Professional and Occupational Affairs
HARRISBURG

NO. _____

Candidate for Podiatry License

I hereby certify that the photograph on the reverse side to which this slip is pasted is a genuine likeness of

Stephen Paul Rosen, MD
SIGNATURE OF CANDIDATE

of Madison (COUNTY) Pa (STATE)

That he graduated May 30, 1974
and that his signature as appearing above is genuine.

Signed Anita Ollquist
DEAN, REGISTRAR, OR SUPERVISOR
State University of Pennsylvania
NAME OF INSTITUTION

This blank with photograph pasted on back must be presented to the Dean or Registrar of the institution of graduate

*Must be signed by the responsible officer of the higher institution the candidate attended. The seal of the institution should cover the photograph portion of this blank

Applicants for licensure by endorsement must submit this section either to the National Board of Medical Examiners or the Licensing Board of the state where licensure was obtained by written examination.

A verbatim copy of State License or Certificate, over Seal of State Licensing Board follows:

(SEAL OF LICENSING BOARD)

AFFIDAVIT OF SECRETARY

_____ of _____ being duly sworn

says he is Secretary of _____

and that the original of the preceding copy of state license or certificate No. _____

was issued to Dr. _____ of _____

on _____ 19____

_____ after a written examination by this Board in the following branches and upon obtaining a general rating of _____ percent on each subject as follows:

I also certify that the enclosed photograph is a likeness of _____ M.D., and that the license or certificate above referred to has never been suspended or revoked.

Sworn to before me this _____ day of _____ 19____ M.D. Secretary to _____
Seal

Notary Public
An applicant for a license by endorsement is required to have an interview with a member of the Pennsylvania Board of Medical Education and Licensure or representative of the Board.

Signature Demetrius L. Shipp Date of Interview March 21, 1972

6. AFFIDAVIT OF THE PRESIDENT OR SECRETARY OF A COUNTY MEDICAL SOCIETY

NOTE - The following affidavit must be completed for physicians who have been engaged in private practice.

State of _____

ss.

County of _____

_____, M.D., being duly sworn that he is _____ of the Medical Society _____ that he knows the applicant to be a person of good moral and ethical character and in good professional standing and that the applicant is not addicted to the intemperate use of alcohol or narcotic drugs.

Sworn to before me this _____ day of _____ 19 _____

NOTARY PUBLIC

SIGNATURE OF PRESIDENT OR SECRETARY

My commission expires _____

7. CERTIFICATE OF MORAL CHARACTER

To be signed by two physicians with unrestricted licensure in good standing in the United States.

This certifies that we have been personally acquainted with Stephen Paul Regoo, M.D. of Youngstown, Ohio for 4 and 4 years, respectively; that Stephen Regoo, MD is not addicted to the intemperate use of alcohol or narcotic drugs; that we know Stephen Regoo, MD to be of good moral character and hereby recommend Stephen Regoo, MD to be worthy of licensure to practice medicine in the Commonwealth of Pennsylvania, pursuant to law.

(1) S.W. Chasson, MD S.W. Chasson, MD 1065 Belmont Ave., Youngstown

(2) Leonard P. Caccamo, MD, FACP Leonard P. Caccamo, MD 1044 Belmont Ave.,

PLEASE TYPE OR PRINT NAME UNDER SIGNATURE

P.O. ADDRESS

Youngstown, Ohio 44505

8. AFFIDAVIT

State of OHIO

ss.

County of MAHONING

Personally appeared before me WILLIAM J. LUCAS in and for said County and State Stephen Paul Regoo, M.D. who being duly sworn says, that

(NOTARY NAME)

(APPLICANT'S NAME)

he _____ is the person referred to in the above application for licensure to practice medicine in the Commonwealth of Pennsylvania; that the statements on page one are in _____ own writing

and are strictly _____ every respect; that _____ he _____ has complied with all requirements of law, and

of _____ day of _____ 19 _____

3-80

SIGNATURE OF APPLICANT

MARCH

19 78

SEPTEMBER 24, 1979

MY COMMISSION EXPIRES

DATE: January 7, 1992

SUBJECT: Stephen P. Regac, M.D.
License No MD-020553-E

TO: Linda Widdose, Administrative Assistant
State Board of Medicine

FROM: Karen L. Stevens *Karen*
Prosecuting Attorney

Attached is the medical licensure certificate of Dr. Regac. On November 19, 1991 the criminal court ordered that he agree with the Medical Board to at least a four-month active suspension to commence January 1, 1992. A Consent Agreement is being approved and will be presented at the Medical Board's January 1992 meeting.

KLS/smd
Attachment



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
November 3, 2009

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

STEPHEN PAUL REGEC

8849

RE: MD020553E

RE: Continuing Education Audit

Dear Licensee:

The State Board of Medicine received your response to the continuing medical education audit being conducted. The information provided has been reviewed and this hereby certifies your compliance with the continuing medical education requirement for the January 1, 2007 – December 31, 2008 biennial renewal period.

Should you have any questions, please contact the Board.

Sincerely,

State Board of Medicine

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
October 15, 2009

Telephone: 717-783-1400/787-2381
Fax: 717-787-7789

STEPHEN PAUL REGEC 9849

RE: MD020553E

Dear Doctor:

You have been randomly selected for audit of the continuing education hours claimed for the renewal of your physician and surgeon license through December 31, 2008. The State Board of Medicine requires completion of 100 hours of AMA PRA Category 1 or 2 hours of continuing education as outline below:

- Twenty (20) credit hours must be completed in AMA PRA Category 1 activities.
- The remaining eighty (80) credit hours may be completed in either Category 1 or Category 2 approved activities.
- A minimum of 12 hours of the 100 must be completed in activities related to patient safety or risk management and may be completed in either Category 1 or 2.
- Details regarding continuing education accepted as Category 1 and 2 can be found on the Board's web site at www.dos.state.pa.us/med.

You must now submit copies of your continuing education documentation totaling a minimum of 100 hours for the renewal period 1/1/07 through 12/31/08. When submitting Category 1 hours, copies should be 8 1/2" x 11" and must include your name, name of sponsor, course title, date of completion and number and category of CME credits awarded. Do not submit registration receipts, course agendas, or activity sheets. These do not provide all the information necessary to determine eligibility as outlined above. If you no longer have your certificates, you must contact the course provider for duplicates. **THE DOCUMENTATION SUBMITTED WILL NOT BE RETURNED.**

Please complete the verification statement below and return this entire page with copies of your continuing education documentation no later than 30 days from the date of this audit notice. If you were exempt from the CME requirement during the required time period, please complete and return this audit notice with documentation of your exemption.

Failure to satisfactorily comply with this audit request will result in a referral to the Professional Compliance Office, which may result in disciplinary proceedings under Section 41 (6) of the Medical Practice Act of 1985 (63 P.S. 422.41 (6)). Thank you for your cooperation.

Sincerely,
State Board of Medicine

OCT 20 2009

VERIFICATION STATEMENT

I have attached copies of approved continuing education for programs I completed during the licensure period 1/1/07 through 12/31/08.

Stephen P. Regec MD
Signature (Required)

10/26/09
Date

Total Credits = ~~148~~ 222 plus additional 600 credits from music at end.

CERTIFICATE OF COMPLETION

This certifies that

STEPHEN PAUL REGEC License # MD020553E

has successfully completed the continuing education activity titled:

InforMed Pennsylvania Physician Update: Patient Safety and Risk Management
and is awarded the following AMA/PRA Approved Category 1 Credits™

Preventing Medical Errors: Quality Chasm Series (8 hours), Prevention of Wrong-Site Surgery (4 hours)

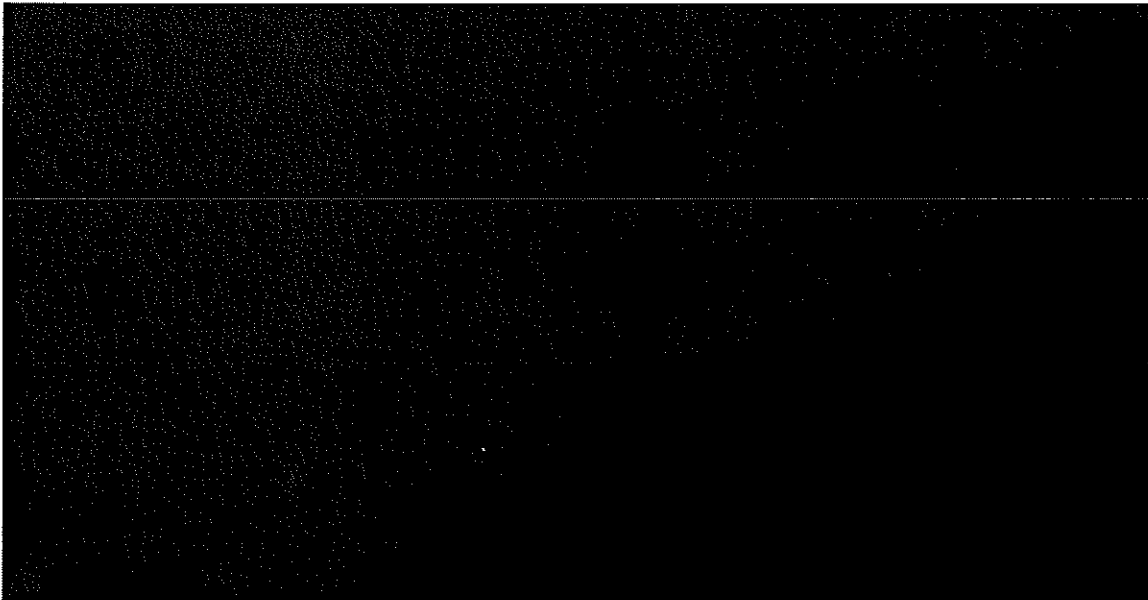
InforMed is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing education for physicians.

Date of Completion : December 11, 2008

Total AMA/PRA Category 1 Credits Earned™ : TWELVE

William J. Raloff

Director, Program Administration



2 9 2009

You did not choose to register for Directus. We hope that you will consider Directus in the future to earn CME credits for the research you already conduct to improve patient outcomes. If you decide to register for Directus at a later time, please call our office at (800) 547-0308 to take advantage of the professional courtesy discount of \$45 that was offered to you

The OSHA Bloodborne Pathogen Standard (CFR 1910.1030) mandates the completion of education on an annual basis by physicians and their staff. You elected not to order any educational materials at this time. We suggest you keep the OSHA order form and use it in the future to order the materials you will need. You may call us at (800) 547-0308 to order these materials at any time.

Payment Information

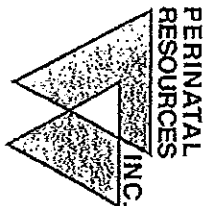
Type of Credit Card Used: Visa

Total Amount Charged: \$140.00

Date of Charge: December 11, 2008

OCT 29 2009

Perinatal Resources, Inc.



Certifies that

Stephen P. Regec, M.D.

Has participated in the educational activity titled
The 16th Annual Review

at

Disney's Coronado Springs Resort, Lake Buena Vista, Florida, October 13-19, 2007

and is awarded 61.75 *AMA PRA Category 1 Credits*™

Perinatal Resources, Inc. designates this educational activity for a maximum of 61.75 *AMA PRA Category 1 Credit(s)*™. Physicians should only claim credit commensurate with the extent of their participation in the activity. The American College of Obstetricians and Gynecologists has assigned 56 cognate credits to this program.

Perinatal Resources, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.


Frederick P. Zaspian, MD

Frederick P. Zaspian, M.D.
President, Perinatal Resources, Inc.

October 19, 2007
Date

Perinatal Resources, Inc. — A Not-for-profit Corporation for Education and Research

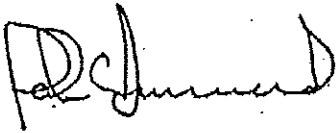
2007

 PRINT MY CERTIFICATE

Stephen P. Regec, MD



The Dannemiller Memorial Educational Foundation certifies that the above individual has participated in the educational activity-titled **The Forum: A Working Group for Women's Healthcare Vol 3 No 3** on November 29, 2007 and is awarded 2.00 *AMA PRA Category 1 Credit(s)*.™

A handwritten signature in cursive script, appearing to read "John C. Drummond".

John C. Drummond, M.D., FRCP(C)
Chairman, Education Committee

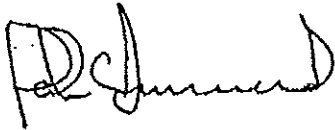
5711 Northwest Parkway | Suite 100 | San Antonio, Texas 78249-3360 | 210-641-8311 | 1-800-328-2308 | Fax 210-641-8329

 PRINT MY CERTIFICATE

Stephen P Regec, MD




The Dannemiller Memorial Educational Foundation certifies that the above individual has participated in the educational activity titled **The Forum: A Working Group for Women's Healthcare Volume Vol 4 No 1** on November 30, 2007 and is awarded 1.75 *AMA PRA Category 1 Credit(s)*.™

A handwritten signature in cursive script, appearing to read 'John C. Drummond'.

John C. Drummond, M.D., FRCP(C)
Chairman, Education Committee

5711 Northwest Parkway | Suite 100 | San Antonio, Texas 78249-3360 | 210-641-8311 | 1-800-328-2308 | Fax 210-641-8329

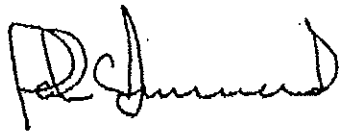
05-863-1

 PRINT MY CERTIFICATE

Stephen P Regec, MD





The Dannemiller Memorial Educational Foundation certifies that the above individual has participated in the educational activity titled **The Forum: A Working Group for Women's Healthcare, Vol 4 No 2** on November 29, 2007 and is awarded 1.75 *AMA PRA Category 1 Credit(s)*.™




John C. Drummond, M.D., FRCP(C)
Chairman, Education Committee

5711 Northwest Parkway | Suite 100 | San Antonio, Texas 78249-3360 | 210-641-8311 | 1-800-328-2308 | Fax 210-641-8329

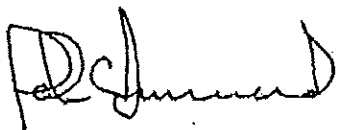
05-863-2

 PRINT MY CERTIFICATE

Stephen P Regec, MD





The Dannemiller Memorial Educational Foundation certifies that the above individual has participated in the educational activity titled **The Forum: A Working Group for Women's Healthcare, Vol 4 No 3** on November 29, 2007 and is awarded 1.75 *AMA PRA Category 1 Credit(s)*.™



John C. Drummond, M.D., FRCP(C)
Chairman, Education Committee

5711 Northwest Parkway | Suite 100 | San Antonio, Texas 78249-3360 | 210-641-8311 | 1-800-328-2308 | Fax 210-641-8329

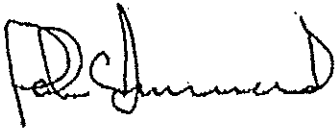
05-863-3

 PRINT MY CERTIFICATE

Stephen P Regec, MD




The Dannemiller Memorial Educational Foundation certifies that the above individual has participated in the educational activity titled **The Forum: A Working Group for Women's Healthcare, Volume 5, No. 1** on November 30, 2007 and is awarded 1.75 *AMA PRA Category I Credit(s)*.™

A handwritten signature in cursive script, appearing to read "John C. Drummond".

John C. Drummond, M.D., FRCP(C)
Chairman, Education Committee

5711 Northwest Parkway | Suite 100 | San Antonio, Texas 78249-3360 | 210-641-8311 | 1-800-328-2308 | Fax 210-641-8329

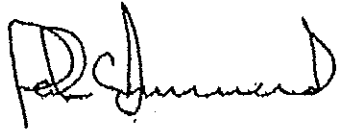
06-908-1

 PRINT MY CERTIFICATE

Stephen P. Regec, MD




The Dannemiller Memorial Educational Foundation certifies that the above individual has participated in the educational activity titled **The Forum: A Working Group for Women's Healthcare, Volume 5, No. 2** on November 29, 2007 and is awarded *1.75 AMA PRA Category 1 Credit(s)*.TM



John C. Drummond, M.D., FRCP(C)
Chairman, Education Committee

5711 Northwest Parkway | Suite 100 | San Antonio, Texas 78249-3360 | 210-641-8311 | 1-800-328-2308 | Fax 210-641-8329

06-908-2A

CERTIFICATE OF PARTICIPATION

cme² certifies that

STEPHEN REGEC

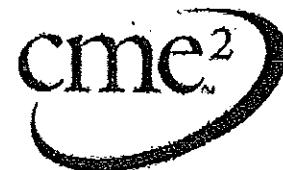
has participated in the educational activity titled

Encouraging more patients to choose an IUD on 13-DEC-07 and is awarded **1.00 AMA PRA Category 1 Credit(s)**[™].

cme² is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.



Jane Perrotta,
Clinical Director, cme²
13-DEC-07



Unique Certificate ID: 899390

CERTIFICATE OF PARTICIPATION

cme² certifies that

STEPHEN REGEC

has participated in the educational activity titled

Partner Notification for STIs on 13-DEC-07 and is awarded **1.00 AMA PRA Category 1 Credit (s)TM**.

cme² is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.



Jane Perrotta,
Clinical Director, cme²
13-DEC-07



Unique Certificate ID: 899411

**CONTINUING MEDICAL EDUCATION
CERTIFICATE**

cme² certifies that

STEPHEN REGEC

Has participated in the educational activity titled
Overcoming Obstacles to Hormone Therapy: Sorting out the Facts

Published as a supplement to the September 2008 issue of *Contemporary OB/GYN*

and is awarded 1.0 *AMA PRA Category 1 Credit(s)*TM

cme² is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.



Jane F. Perrotta
Clinical Director, cme²
December 8, 2008



Unique Certificate ID: 91810
Certificate Issued: December 8, 2008

CERTIFICATE OF PARTICIPATION

cme² certifies that

STEPHEN REGEC, MD

has participated in the educational activity titled
Dealing With Sensitive Topics: Educating Women About Vaginal Health on Dec 20, 2007
The activity was designated for 1 *AMA PRA Category 1 Credit(s)*[™].



Jane Perrotta,
Clinical Director, cme²
Dec 20, 2007



Unique Certificate ID: 47174

CERTIFICATE OF PARTICIPATION

cme² certifies that

STEPHEN REGEC, MD

has participated in the educational activity titled
Laparoscopy for adnexal masses in pregnancy? on **Dec 20, 2007**
The activity was designated for **1 AMA PRA Category 1 Credit(s)[™]**.



Jane Perrotta,
Clinical Director, cme²
Dec 20, 2007



Unique Certificate ID: 47181

CERTIFICATE OF PARTICIPATION

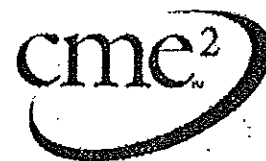
cme² certifies that

STEPHEN REGEC, MD

has participated in the educational activity titled
Use of Low-Dose Hormone Therapy in Menopause: Changing Perspectives on Dec 20, 2007
The activity was designated for 1 *AMA PRA Category 1 Credit(s)*[™].



Jane Perrotta,
Clinical Director, cme²
Dec 20, 2007



Unique Certificate ID: 47243

CERTIFICATE OF PARTICIPATION

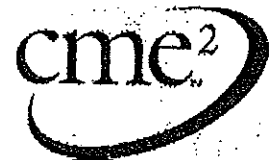
cme² certifies that

STEPHEN REGEC, MD

has participated in the educational activity titled
New concepts in nongestational acute uterine bleeding on March 13, 2008
The activity was designated for 1 *AMA PRA Category 1 Credit(s)*[™].



Jane Perrotta,
Clinical Director, cme²
March 13, 2008



Unique Certificate ID: 55750



Name: Dr Stephen Paul Regec, MD

Affiliation: Marion County Med Center

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED] Zip: [REDACTED]

Diagnosis and Management of Chronic Pelvic Pain and Endometriosis

Date: 1/31/2008

Credits: 2.50

The University of Cincinnati certifies that Dr Stephen Paul Regec, MD has participated in the educational activity titled Diagnosis and Management of Chronic Pelvic Pain and Endometriosis on 1/31/2008 and is awarded 2.50 AMA PRA Category 1 Credit(s).™



CERTIFICATE OF PARTICIPATION

The University of Cincinnati College of Medicine
Certifies that:

Stephen Regec, M.D.

participated in the CME self-study activity

Long-Term Reversible Contraception:
A Dialogue Among Drs. Andrew Kaunitz, David Grimes and Anita
Nelson
(A supplement to the journal *OBG Management*)

and is awarded one (1) *AMA PRA Category 1 credit*[™]

Material approval date: December 2006
Expiration date: December 2007

A handwritten signature in black ink, appearing to read 'John R. Kues'.

John R. Kues, Ph.D.
Assistant Dean, CME

University of Cincinnati
College of Medicine

The University of Cincinnati College of Medicine is accredited by the
Accreditation Council for Continuing Medical Education (ACCME) to sponsor
continuing medical education for physicians.

Office of CME: (513) 658-7350
e-mail: welganka@uc.edu

12/7/07



COLUMBIA UNIVERSITY

College of Physicians
and Surgeons

Center for Continuin-
Medical Education

630 West 168th Street
New York, NY 10032-
212.305.3334 Tel
212.781.6047 Fax

www.columbiacme.org

Stephen Regec, MD
[Redacted]

CENTER FOR CONTINUING EDUCATION IN THE HEALTH SCIENCES

COLUMBIA UNIVERSITY
COLLEGE OF PHYSICIANS & SURGEONS

*Confirms that the individual listed below participated in the continuing
medical education activity on the date indicated*

Stephen Regec, MD

HEART HEALTH TIMES NEWSLETTER
VOLUME 4, SUMMER 2007

Date Completed: 2008-01-25

The College of Physicians & Surgeons of Columbia University
is accredited by the Accreditation Council of Continuing
Medical (ACCME) to provide continuing medical education
for physicians.

The College of Physicians & Surgeons designates this educational activity
for a maximum of 1 AMA PRA category 1 Credit(s)[™]. Physicians should only
claim credit commensurate with the extent of their participation in the activity.

This program has been planned and produced in accordance with
the Essential Areas and Policies of the Accreditation Council for
Continuing Medical Education (ACCME).

Total Category 1 Credit Claimed: 1 (to be completed by participant)

Med-958a

Donald S. Kornfeld, M.D.

Donald S. Kornfeld, M.D.
Director, Center for Continuing Education in the Health Sciences;



cerebrio™

Name: Dr Stephen Paul Regec, MD

Affiliation: Marion County Med Center

Address: [REDACTED]

City: [REDACTED]

State: [REDACTED] Zip: [REDACTED]

Safe and Effective Management of the Overactive Bladder

Date: 1/31/2008

Credits: 1.50

Cerebrio certifies that Dr Stephen Paul Regec, MD has participated in the educational activity titled Safe and Effective Management of the Overactive Bladder on 1/31/2008 and is awarded 1.50 AMA PRA Category 1 Credit(s).™

JAMA & ARCHIVES

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Stephen Regec | My Account | E-mail Alerts | My Folder | Access Rights | Sign Out

My CME

Current Report for Stephen Regec

Display Courses:

Total credits claimed: 45.0

* = risk management article
pages 1, 2, 3, 5
(5 Credits)
[Signature]

CME Courses Completed

Course Name	Date Co
All Courses > Archives of Internal Medicine > 2008 >	
May 12, 2008: Exposure to Particulate Air Pollution and Risk of Deep Vein Thrombosis	6/23/08
<p>CME Credit Credit Category Printable Certificate</p> <p>1.0 AMA PRA Category 1 View</p> <p>Contents of this Course</p> <p>Exposure to Particulate Air Pollution and Risk of Deep Vein Thrombosis [Abstract] [Full text] [PDF]</p> <p>Exposure to Particulate Air Pollution and Risk of Deep Vein Thrombosis [Quiz]</p>	
All Courses > Archives of Internal Medicine > 2008 >	
May 26, 2008: Improving In-Hospital Cardiac Arrest Process and Outcomes With Performance Debriefing	6/23/08
<p>CME Credit Credit Category Printable Certificate</p> <p>1.0 AMA PRA Category 1 View</p> <p>Contents of this Course</p> <p>Improving In-Hospital Cardiac Arrest Process and Outcomes With Performance Debriefing [Abstract] [Full text] [PDF]</p> <p>Improving In-Hospital Cardiac Arrest Process and Outcomes With Performance Debriefing [Quiz]</p>	
All Courses > Archives of Surgery > 2008 >	
* June 2008: Indwelling Urinary Catheter Use in the Postoperative Period: Analysis of the National Surgical Infection Prevention Project Data	6/23/08
<p>CME Credit Credit Category Printable Certificate</p> <p>1.0 AMA PRA Category 1 View</p> <p>Contents of this Course</p>	

Indwelling Urinary Catheter Use In the Postoperative Period: Analysis of the National Surgical Infection Prevention Project Data [Abstract] [Full text] [PDF]

Indwelling Urinary Catheter Use In the Postoperative Period: Analysis of the National Surgical Infection Prevention Project Data [Quiz]

All Courses > JAMA > 2008 >

June 18, 2008: Association of Cholesteryl Ester Transfer Protein Genotypes With CETP Mass and Activity, Lipid Levels, and Coronary Risk 6/23/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Association of Cholesteryl Ester Transfer Protein Genotypes With CETP Mass and Activity, Lipid Levels, and Coronary Risk [Abstract] [Full text] [PDF]

Association of Cholesteryl Ester Transfer Protein Genotypes With CETP Mass and Activity, Lipid Levels, and Coronary Risk [Quiz]

All Courses > JAMA > 2008 >

June 11, 2008: The Role of Chemotherapy at the End of Life: "When Is Enough, Enough?" 6/23/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

The Role of Chemotherapy at the End of Life: "When Is Enough, Enough?" [Abstract] [Full text] [PDF]

The Role of Chemotherapy at the End of Life: "When Is Enough, Enough?" [Quiz]

All Courses > Archives of Otolaryngology--Head & Neck Surgery > 2006 >

September 2006: Intracranial Complications of Sinusitis in Children and Adolescents and Their Outcomes 6/5/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Intracranial Complications of Sinusitis in Children and Adolescents and Their Outcomes [Abstract] [Full text] [PDF]

Intracranial Complications of Sinusitis in Children and Adolescents and Their Outcomes [Quiz]

All Courses > Archives of Surgery > 2006 >

July 2006: Risk Management Observations from Litigation Involving Laparoscopic Cholecystectomy 6/5/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Risk Management Observations From Litigation Involving Laparoscopic Cholecystectomy [Abstract] [Full text] [PDF]

Risk Management Observations from Litigation Involving Laparoscopic Cholecystectomy [Quiz]

All Courses > JAMA > 2006 >

June 14, 2006: Sudden Traumatic Death In Children: "We Did Everything, But Your Child Didn't Survive" 6/5/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Sudden Traumatic Death In Children: "We Did Everything, but Your Child Didn't Survive" [Abstract] [Full text] [PDF]

Sudden Traumatic Death In Children: "We Did Everything, But Your Child Didn't Survive" [Quiz]

All Courses > JAMA > 2006 >

July 12, 2006: The Incidentalome: A Threat to Genomic Medicine 6/5/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

The Incidentalome: A Threat to Genomic Medicine [Full text] [PDF]

The Incidentalome: A Threat to Genomic Medicine [Quiz]

All Courses > JAMA > 2006 >

August 9, 2006: Refusal of Care: Patients' Well-being and Physicians' Ethical Obligations: "But Doctor, I Want to Go Home" 6/5/08



CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Refusal of Care: Patients' Well-being and Physicians' Ethical Obligations: "But Doctor, I Want to Go Home" [Abstract] [Full text] [PDF]

Refusal of Care: Patients' Well-being and Physicians' Ethical Obligations: "But Doctor, I Want to Go Home" [Quiz]

All Courses > Archives of Internal Medicine > 2008 >

March 10, 2008: A Randomized Trial of Direct-to-Patient Communication to Enhance Adherence to β -Blocker Therapy Following Myocardial Infarction 6/5/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

A Randomized Trial of Direct-to-Patient Communication to Enhance Adherence to β -Blocker Therapy Following Myocardial Infarction [Abstract] [Full text] [PDF]

A Randomized Trial of Direct-to-Patient Communication to Enhance Adherence to β -Blocker Therapy Following Myocardial Infarction [Quiz]

All Courses > JAMA > 2008 >

June 4, 2008: A 40-Year-Old Woman With Diabetes Contemplating Pregnancy After Gastric Bypass Surgery 6/5/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

A 40-Year-Old Woman With Diabetes Contemplating Pregnancy After Gastric Bypass Surgery [Abstract] [Full text] [PDF]

A 40-Year-Old Woman With Diabetes Contemplating Pregnancy After Gastric Bypass Surgery [Quiz]

All Courses > Archives of Surgery > 2008 >

February 2008: Hypertonic Resuscitation of Hypovolemic Shock After Blunt Trauma: A Randomized Controlled Trial 6/3/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Hypertonic Resuscitation of Hypovolemic Shock After Blunt Trauma: A

Randomized Controlled Trial [Abstract] [Full text] [PDF]

Hypertonic Resuscitation of Hypovolemic Shock After Blunt Trauma: A
Randomized Controlled Trial [Quiz]

All Courses > Archives of Surgery > 2008 >

May 2008: Glycemic Control and Reduction of Deep Sternal Wound Infection Rates: A Multidisciplinary Approach 6/3/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Glycemic Control and Reduction of Deep Sternal Wound Infection Rates: A Multidisciplinary Approach [Abstract] [Full text] [PDF]

Glycemic Control and Reduction of Deep Sternal Wound Infection Rates: A Multidisciplinary Approach [Quiz]

All Courses > JAMA > 2008 >

March 26, 2008: Managing an Acute Pain Crisis in a Patient With Advanced Cancer: "This is as Much of a Crisis as a Code" 6/3/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Managing an Acute Pain Crisis in a Patient With Advanced Cancer: "This Is as Much of a Crisis as a Code" [Abstract] [Full text] [PDF]

Managing an Acute Pain Crisis in a Patient With Advanced Cancer: "This Is as Much of a Crisis as a Code" [Quiz]

All Courses > JAMA > 2008 >

April 16, 2008: Palliative Care for Patients With Head and Neck Cancer: "I Would Like a Quick Return to a Normal Lifestyle" 6/3/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Palliative Care for Patients With Head and Neck Cancer: "I Would Like a Quick Return to a Normal Lifestyle" [Abstract] [Full text] [PDF]

Palliative Care for Patients With Head and Neck Cancer: "I Would Like a Quick Return to a Normal Lifestyle" [Quiz]

All Courses > JAMA > 2008 >

April 9, 2008: Effectiveness of Specialized Palliative Care: A Systematic Review 6/3/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Effectiveness of Specialized Palliative Care: A Systematic Review [Abstract] [Full text] [PDF]

Effectiveness of Specialized Palliative Care: A Systematic Review [Quiz]

All Courses > JAMA > 2008 >

April 2, 2008: A 21-Year-Old Man With Chronic Pancreatitis 6/3/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

A 21-Year-Old Man With Chronic Pancreatitis [Abstract] [Full text] [PDF]

A 21-Year-Old Man With Chronic Pancreatitis [Quiz]

All Courses > JAMA > 2008 >

May 7, 2008: A 50-Year-Old Man With Chronic Low Back Pain

6/3/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

A 50-Year-Old Man With Chronic Low Back Pain [Abstract] [Full text] [PDF]

A 50-Year-Old Man With Chronic Low Back Pain [Quiz]

All Courses > JAMA > 2008 >

May 21, 2008: Cell-Free Hemoglobin-Based Blood Substitutes and Risk of Myocardial Infarction and Death: A Meta-analysis

6/3/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Cell-Free Hemoglobin-Based Blood Substitutes and Risk of Myocardial Infarction and Death: A Meta-analysis [Abstract] [Full text] [PDF]

Cell-Free Hemoglobin-Based Blood Substitutes and Risk of Myocardial Infarction and Death: A Meta-analysis [Quiz]

All Courses > Archives of Surgery > 2007 >

March 2007: Medication Errors in the Outpatient Setting: Classification and Root Cause Analysis

6/2/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Medication Errors in the Outpatient Setting: Classification and Root Cause Analysis [Abstract] [Full text] [PDF]

Medication Errors in the Outpatient Setting: Classification and Root Cause Analysis [Quiz]

All Courses > Archives of Surgery > 2008 >

January 2008: Evaluation of a Preoperative Checklist and Team Briefing Among Surgeons, Nurses, and Anesthesiologists to Reduce Failures in Communication

6/2/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Evaluation of a Preoperative Checklist and Team Briefing Among Surgeons, Nurses, and Anesthesiologists to Reduce Failures in Communication [Abstract] [Full text] [PDF]

Evaluation of a Preoperative Checklist and Team Briefing Among Surgeons, Nurses, and Anesthesiologists to Reduce Failures in Communication [Quiz]

All Courses > JAMA > 2008 >

March 19, 2008: Delivery of Genomic Medicine for Common Chronic Adult Diseases: A Systematic Review

6/2/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Delivery of Genomic Medicine for Common Chronic Adult Diseases: A Systematic Review [Abstract] [Full text] [PDF]

Delivery of Genomic Medicine for Common Chronic Adult Diseases: A Systematic Review [Quiz]

All Courses > JAMA > 2008 >

May 14, 2008: A Family's Request for Complementary Medicine After Patient Brain Death 6/2/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

A Family's Request for Complementary Medicine After Patient Brain Death [Abstract] [Full text] [PDF]

A Family's Request for Complementary Medicine After Patient Brain Death [Quiz]

All Courses > JAMA > 2008 >

May 28, 2008: Genetic Susceptibility to Cancer: The Role of Polymorphisms in Candidate Genes 6/2/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

Genetic Susceptibility to Cancer: The Role of Polymorphisms in Candidate Genes [Abstract] [Full text] [PDF]

Genetic Susceptibility to Cancer: The Role of Polymorphisms in Candidate Genes [Quiz]

All Courses > JAMA > 2007 >

November 7, 2007: A 63-Year-Old Man With Multiple Cardiovascular Risk Factors and Poor Adherence to Treatment Plans 3/13/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

A 63-Year-Old Man With Multiple Cardiovascular Risk Factors and Poor Adherence to Treatment Plans [Abstract] [Full text] [PDF]

A 63-Year-Old Man With Multiple Cardiovascular Risk Factors and Poor Adherence to Treatment Plans [Quiz]

All Courses > JAMA > 2008 >

March 12, 2008: Does This Patient Have Bacterial Peritonitis or Portal Hypertension? How Do I Perform a Paracentesis and Analyze the Results? 3/13/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

Does This Patient Have Bacterial Peritonitis or Portal Hypertension? How Do I Perform a Paracentesis and Analyze the Results? [Abstract] [Full text] [PDF]

Does This Patient Have Bacterial Peritonitis or Portal Hypertension? How Do I Perform a Paracentesis and Analyze the Results? [Quiz]

All Courses > JAMA > 2008 >

January 23, 2008: Pulmonary Hypertension: An Increasingly Recognized Complication of Hereditary Hemolytic Anemias and HIV Infection 3/13/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

Pulmonary Hypertension: An Increasingly Recognized Complication of Hereditary Hemolytic Anemias and HIV Infection [Abstract] [Full text] [PDF]

Pulmonary Hypertension: An Increasingly Recognized Complication of Hereditary Hemolytic Anemias and HIV Infection [Quiz]

All Courses > JAMA > 2008 >

January 30, 2008: Eosinophilia in a Patient From South America 3/13/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Eosinophilia in a Patient From South America [Abstract] [Full text] [PDF]

Eosinophilia in a Patient From South America [Quiz]

All Courses > JAMA > 2008 >

February 20, 2008: Does This Patient With Diabetes Have Osteomyelitis of the Lower Extremity? 3/13/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Does This Patient With Diabetes Have Osteomyelitis of the Lower Extremity? [Abstract] [Full text] [PDF]

Does This Patient With Diabetes Have Osteomyelitis of the Lower Extremity? [Quiz]

All Courses > JAMA > 2007 >

November 21, 2007: Using Pedometers to Increase Physical Activity and Improve Health: A Systematic Review 3/11/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Using Pedometers to Increase Physical Activity and Improve Health: A Systematic Review [Abstract] [Full text] [PDF]

Using Pedometers to Increase Physical Activity and Improve Health: A Systematic Review [Quiz]

All Courses > JAMA > 2007 >

October 3, 2007: A 30-Year-Old Woman With Chronic Hypertension Trying to Conceive 3/11/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

A 30-Year-Old Woman With Chronic Hypertension Trying to Conceive [Abstract] [Full text] [PDF]

A 30-Year-Old Woman With Chronic Hypertension Trying to Conceive [Quiz]

All Courses > JAMA > 2007 >

December 5, 2007: A 93-Year-Old Man With Advanced Dementia and Eating Problems 3/11/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

A 93-Year-Old Man With Advanced Dementia and Eating Problems [Abstract] [Full text] [PDF]

A 93-Year-Old Man With Advanced Dementia and Eating Problems [Quiz]

All Courses > JAMA > 2007 >

October 24/31, 2007: Oral Drug Therapy for Multiple Neglected Tropical Diseases: A Systematic Review 3/11/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

Oral Drug Therapy for Multiple Neglected Tropical Diseases: A Systematic Review
 [Abstract] [Full text] [PDF]

Oral Drug Therapy for Multiple Neglected Tropical Diseases: A Systematic Review
 [Quiz]

All Courses > JAMA > 2007 >

November 14, 2007: Evaluation and Treatment of Chagas Disease in the United States: A Systematic Review 3/11/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

Evaluation and Treatment of Chagas Disease in the United States: A Systematic Review [Abstract] [Full text] [PDF]

Evaluation and Treatment of Chagas Disease in the United States: A Systematic Review [Quiz]

All Courses > JAMA > 2007 >

November 28, 2007: Dementia Screening in Primary Care: Is It Time? 3/11/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

Dementia Screening in Primary Care: Is It Time? [Full text] [PDF]

Dementia Screening in Primary Care: Is It Time? [Quiz]

All Courses > JAMA > 2008 >

February 13, 2008: Medical Treatment of Advanced Testicular Cancer 3/10/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

Medical Treatment of Advanced Testicular Cancer [Abstract] [Full text] [PDF]

Medical Treatment of Advanced Testicular Cancer [Quiz]

All Courses > JAMA > 2008 >

January 2, 2008: A 39-Year-Old Man With a Skin Infection 3/10/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

A 39-Year-Old Man With a Skin Infection [Abstract] [Full text] [PDF]

A 39-Year-Old Man With a Skin Infection [Quiz]

All Courses > JAMA > 2008 >

January 9/16, 2008: Dengue and Hemorrhagic Fever: A Potential Threat to Public Health in the United States 3/10/08

CME Credit **Credit Category** **Printable Certificate**
 1.0 AMA PRA Category 1 View

Contents of this Course

Dengue and Hemorrhagic Fever: A Potential Threat to Public Health in the United States [Full text] [PDF]

Dengue and Hemorrhagic Fever: A Potential Threat to Public Health in the United States [Quiz]

States [Quiz]

All Courses > JAMA > 2008 >

March 5, 2008: A 74-Year-Old Man With Memory Loss and Neuropathy Who Enjoys Alcoholic Beverages 3/10/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

A 74-Year-Old Man With Memory Loss and Neuropathy Who Enjoys Alcoholic Beverages [Abstract] [Full text] [PDF]

A 74-Year-Old Man With Memory Loss and Neuropathy Who Enjoys Alcoholic Beverages [Quiz]

All Courses > JAMA > 2007 >

October 10, 2007: Personalized Medicine in the Era of Genomics 3/10/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Personalized Medicine In the Era of Genomics [Full text] [PDF]

Personalized Medicine in the Era of Genomics [Quiz]

All Courses > JAMA > 2007 >

September 5, 2007: Physician Scores on a National Clinical Skills Examination as Predictors of Complaints to Medical Regulatory Authorities 3/6/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Physician Scores on a National Clinical Skills Examination as Predictors of Complaints to Medical Regulatory Authorities [Abstract] [Full text] [PDF]

Physician Scores on a National Clinical Skills Examination as Predictors of Complaints to Medical Regulatory Authorities [Quiz]

All Courses > JAMA > 2007 >

December 26, 2007: Does This Child Have a Urinary Tract Infection? 3/6/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Does This Child Have a Urinary Tract Infection? [Abstract] [Full text] [PDF]

Does This Child Have a Urinary Tract Infection? [Quiz]

All Courses > JAMA > 2008 >

February 6, 2008: A 32-Year-Old Woman With Chronic Abdominal Pain 3/6/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

A 32-Year-Old Woman With Chronic Abdominal Pain [Abstract] [Full text] [PDF]

A 32-Year-Old Woman With Chronic Abdominal Pain [Quiz]

All Courses > JAMA > 2008 >

February 27, 2008: Spinal Cord Compression in Patients With Advanced Metastatic Cancer: "All I Care About Is Walking and Living My Life" 3/6/08

CME Credit	Credit Category	Printable Certificate
1.0	AMA PRA Category 1	View

Contents of this Course

Spinal Cord Compression in Patients With Advanced Metastatic Cancer: "All I Care About Is Walking and Living My Life" [Abstract] [Full text] [PDF]

Spinal Cord Compression in Patients With Advanced Metastatic Cancer: "All I Care About Is Walking and Living My Life" [Quiz]

Active CME Courses

None

Expired CME Courses

None

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College of Health Professions
Marguerite Rodgers (8-328)
Clinical Education
151 - D Rutledge Avenue (MSC-962)
Charleston, SC 29425
Phone: (843) 792-3789
Fax: (843) 792-9172
E-mail: rodgersm@musc.edu

October 27, 2008

Marion Medical Center OB/GYN
Attn: Stephen Regec, MD


RE: CME Credit Hours (Proof of Hours spent in instruction of Physician Assistant Students)

Thank you for becoming a preceptor for our students during the clinical year, August 20, 2008 through August 20, 2009. Our records indicate that August 24 - September 25, 2008, you personally instructed PA Student, Emily Price, a minimum of 200 hours of one-on-one clinical training in the course, Womens Health.

We feel privileged to have you as a preceptor in this program. If I can be of help to you in any way, please feel free to contact me [REDACTED]

Sincerely,

Martha R. Green, PA-C
Clinical Coordinator
Physician Assistant Program



MUSC
COLLEGE of HEALTH
PROFESSIONS

Division of
Physician Assistant Studies
151 B Rutledge Avenue
MSC - 962
Charleston, SC 29425
(843) 792-1913
(843) 792-0506 Fax

August 13, 2008

Regec, Stephen
Marion Medical Center OB/GYN

RE: CME Credit Hours
Proof of Hours Teaching


Thank you for becoming a preceptor for our students during the clinical year, August 27, 2007 - August 8, 2008. Physician Assistant student, Lindsay McConnell, was assigned to you 2/11/2008 - 3/12/2008 for the Womens Health clerkship. Our records indicate that you instructed the student 100 hours during this clerkship.

We feel privileged to have you as a preceptor in this program. If I can be of help to you in any way, please feel free to contact me [REDACTED]

Sincerely,



Martha R. Green, PA-C
Clinical Coordinator
Division of Physician Assistant Studies



MUSC
COLLEGE of HEALTH
PROFESSIONS

Division of
Physician Assistant Studies
151 B Rutledge Avenue
MSC - 962
Charleston, SC 29425
(843) 792-1913
(843) 792-0506 Fax

August 13, 2008

Regec, Stephen
Marion Medical Center OB/GYN

RE: CME Credit Hours
Proof of Hours Teaching

Thank you for becoming a preceptor for our students during the clinical year, August 27, 2007 – August 8, 2008. Physician Assistant student, Amy McGee, was assigned to you 4/28/2008 - 5/28/2008 for the Womens Health clerkship. Our records indicate that you instructed the student 100 hours during this clerkship.

We feel privileged to have you as a preceptor in this program. If I can be of help to you in any way, please feel free to contact me [REDACTED]

Sincerely,



Martha R. Green, PA-C
Clinical Coordinator
Division of Physician Assistant Studies



Division of
Physician Assistant Studies
151 B Rutledge Avenue
MSC - 962
Charleston, SC 29425
(843) 792-1913
(843) 792-0506 Fax

August 13, 2008

Regec, Stephen
Marion Medical Center OB/GYN

RE: CME Credit Hours
Proof of Hours Teaching

Thank you for becoming a preceptor for our students during the clinical year, August 27, 2007 – August 8, 2008. Physician Assistant student, Lindsey Hall, was assigned to you 3/24/2008 - 4/23/2008 for the Womens Health clerkship. Our records indicate that you instructed the student 100 hours during this clerkship.

We feel privileged to have you as a preceptor in this program. If I can be of help to you in any way, please feel free to contact me [REDACTED]

Sincerely,

A handwritten signature in cursive script, appearing to read "Martha R. Green PA-C".

Martha R. Green, PA-C
Clinical Coordinator
Division of Physician Assistant Studies



MUSC
COLLEGE of HEALTH
PROFESSIONS

Division of
Physician Assistant Studies
151 B Rutledge Avenue
MSC - 962
Charleston, SC 29425
(843) 792-1913
(843) 792-0506 Fax

August 13, 2008

Regec, Stephen
Marion Medical Center OB/GYN

RE: CME Credit Hours
Proof of Hours Teaching

Thank you for becoming a preceptor for our students during the clinical year, August 27, 2007 -- August 8, 2008. Physician Assistant student, Mary Walden, was assigned to you 6/2/2008 - 7/2/2008 for the Womens Health clerkship. Our records indicate that you instructed the student 100 hours during this clerkship.

We feel privileged to have you as a preceptor in this program. If I can be of help to you in any way, please feel free to contact me [REDACTED]

Sincerely,

Martha R. Green, PA-C
Clinical Coordinator
Division of Physician Assistant Studies

OCT 29 2009



MUSC
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PROFESSIONS

Division of
Physician Assistant Studies
151 B Rutledge Avenue
MSC - 962
Charleston, SC 29425
(843) 792-1913
(843) 792-0506 Fax

August 13, 2008

Regec, Stephen
Marion Medical Center OB/GYN

RE: CME Credit Hours
Proof of Hours Teaching

Thank you for becoming a preceptor for our students during the clinical year, August 27, 2007 – August 8, 2008. Physician Assistant student, Haley Bartholomew, was assigned to you 1/7/2008 - 2/6/2008 for the Womens Health clerkship. Our records indicate that you instructed the student 100 hours during this clerkship.

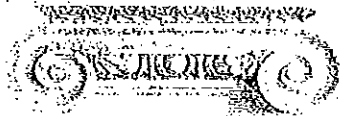
We feel privileged to have you as a preceptor in this program. If I can be of help to you in any way, please feel free to contact me [REDACTED]

Sincerely,



Martha R. Green, PA-C
Clinical Coordinator
Division of Physician Assistant Studies

OCT 29 2009



THE CHATHAM
INSTITUTE

certifies that

Stephen Regec, MD

has participated in the CME activity entitled

Anemia:

Diagnosis and Treatment Options for Women

*and is awarded 0.5 category 1 credits toward the
AMA Physician's Recognition Award.*

*The Chatham Institute is accredited by the Accreditation Council for Continuing Medical Education
(ACCME) to provide continuing medical education for physicians.*

Chad J. Beutling

*Director, Continuing Education
July 10, 2008*

Stephen Regec, MD
2845 East Highway 76
Medical Park 2, Suite 3
Mullins, SC 29574

Principles of Wound Healing and Hyperbaric Medicine

This is to certify that

Stephen Regec, MD

has completed an Introductory Wound Care and Hyperbaric Therapy Training Course
September 8 - 13, 2008, Columbus, OH

This course has been approved and accredited by the Undersea & Hyperbaric
Medicine Society for 48.5 hours of physician instruction.

Practicum for course provided at the Wound Healing Center at University Hospital Main, Ohio State University



Bob Bartlett MD, UHM - Course Director

An educational service provided by National Healing Corporation

Jack Lighton, DO, FACOS, CWS, FCCWS - Physician
Advisory Panel

OCT 29 2009



GREENVILLE HOSPITAL SYSTEM
UNIVERSITY MEDICAL CENTER

ACADEMIC SERVICES
Continuing Medical
Education

Hurschell F. Mathews, Jr.,
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Amanda L. Gillespie, BA
Greenville Postgraduate
Seminar/Events Facilitator
(864) 455-6478
(864) 455-3587 Fax
agillespie@ghs.org

March, 2009

Dear Medical Professional:

This letter is being sent to you to provide you with a listing of your 2007 - 2008 CME credits earned from programs sponsored and provided through the Greenville Hospital System University Medical Center. Recurring Conference Series do not receive individual certificates; therefore this transcript list is your official transcript. If you have sent outside *AMA PRA Category 1 Credits™*, we have placed that information on the transcripts as a courtesy. If after reviewing your CME credits, you feel that there is an error, please contact our office and we will work with you to resolve the issue.

Please note that also enclosed is a list of recurring and annual CME events that are offered for you to attend in the future to assist you in earning your necessary credits. The CME office would also like to make you aware of the fact that when you are up for reappointment at Greenville Hospital System University Medical Center, your transcript is requested by and sent to the Medical Staff Office.

Thank you for your continued support of the CME events sponsored by the Greenville Hospital System. Updates for some recurring and annual CME events are posted on www.ghs.org/cme for your convenience. If you need to contact our office, please call Tracy Carbaugh at 864 455-3546 or by email at www.tcarbaugh@ghs.org or by fax at 864 455-3587.

Sincerely,

A handwritten signature in cursive script, appearing to read "Hurschell F. Mathews, Jr.".

Hurschell F. Mathews, Jr.
Director CME and Technology

Enclosures: CME Credit Transcript 2007 - 2008
Available CME Events for 2009

CME Credit Ltr Annual/sc

OCT 29 2009



Marion County Medical Center
Stephen Regec, MD



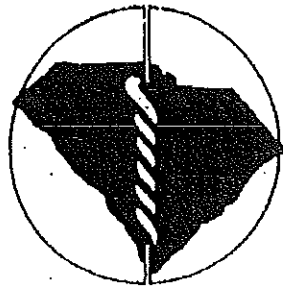
CME 1

Event Date	Conference Name	Type Credit	Credit
5/1/2007	FOCUS on Pediatrics	CME 1	0.50
			CME 1 - 0.50

Greenville Hospital System University Medical Center is accredited by the South Carolina Medical Association to sponsor continuing medical education for physicians.

Greenville Hospital System designates the credit hours listed above as *AMA PRA Category 1 Credit(s)*.™

Documentation of attendance for the above listed hours is on file with the CME Office at Greenville Memorial Hospital, Greenville, SC 864-455-3546.



This is to certify that

Stephen P Regec MD
has participated in the educational activity entitled

Diabetes Dinner Program

held 08/13/2008

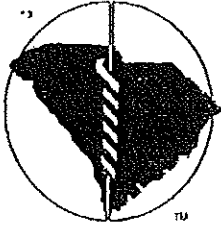
The South Carolina Medical Association (SCMA) designates this educational activity for a maximum of 1.5 *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The South Carolina Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Certified by,

Sam Kini, MD, Chair
SCMA Committee on CME

OCT 29 2009



Richard A. Schmitt, MD
President

John G. Black, MD
President-Elect

South Carolina Medical Association
Voice of One. Power of Many.

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www.scmanet.org

MEMORANDUM

TO: Attendees of the Diabetes Dinner Program on August 13, 2008

FROM: Tonya K. Heider, Director of Grant Administration

DATE: September 3, 2008

SUBJECT: CME Certificates

Thank you for attending the recent CME Dinner Program for the African American Diabetes Management Project: *Targeting Racial Disparities in the Treatment of African Americans with Type II Diabetes*, which was held on August 13th at O'Hara's Restaurant in Mullins. We hope that you found the meeting educational and worthwhile.

Enclosed is your CME certificate verifying your attendance at this educational meeting. Attendees of this educational activity are eligible for a maximum of *1.5 AMA PRA Category 1 Credits™*. Each physician should claim only those credits that he/she actually spent in the activity.

We greatly appreciate your participation in this activity and hope you will choose to partner with us. If you have any questions, please feel free to contact me at (800) 327-1021 ext. 489 or via e-mail at tonya.heider@scmanet.org.

Thank you!

OCT 29 2009



ANNENBERG CENTER FOR HEALTH SCIENCES
AT EISENHOWER

Stephen P. Regec, M. D.
[REDACTED]

The Annenberg Center for Health Sciences at Eisenhower
is accredited by the Accreditation Council for Continuing Medical Education
to provide continuing medical education for physicians.

The Annenberg Center for Health Sciences at Eisenhower certifies that
Stephen P. Regec, M. D.
has participated in the educational activity titled

JournalPlus®

**A Study of Bisphosphonate Efficacy in
Clinical Practice**

on June 30, 2007

and is awarded **1.00** AMA PRA Category 1 Credit(s)™

Gordon F. West, Ph.D.
Director, Continuing Education

Participants Signature
License #





CONTINUING MEDICAL EDUCATION

ELSEVIER Office of Continuing Medical Education

Certifies

Stephen P. Regec, M.D.

participated in the educational activity titled

The American Journal of Medicine

Congenital Coagulation Disorders

on November 6, 2007

and is awarded 2.00 AMA PRA Category 1 Credit(s)TM.

Jennifer DiBenedetto

Director, Office of Continuing Medical Education

The Elsevier Office of CME designates this educational activity for a maximum of 2.00 AMA PRA Category 1 Credit(s)TM. Physicians should only claim credit commensurate with the extent of their participation in the activity. The Elsevier Office of CME is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Secure Certificate ID: 286454-A4TB2w,286454

myLicense Renewal Question Responses

License Number: MD020553E

Name: STEPHEN PAUL REGEC

Online Submission Date : 11/9/2004 6:30:59AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	N
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	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?	Y
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?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

Online Submission Date : 12/4/2006 7:56:57AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	N
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	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?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

Online Submission Date : 12/31/2008 8:16:42AM

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 jurisdiction?	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

myLicense Renewal Question Responses

License Number: MD020553E

Name: STEPHEN PAUL REGEC

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 maintain current medical professional liability insurance in the Commonwealth? N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit? N

Online Submission Date : 12/1/2010 12:15:23AM

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 jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	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?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

Online Submission Date : 11/8/2012 12:16:15AM

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 jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	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?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

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

Commonwealth of Pennsylvania, : Docket No: 0025-MISC-92
State Board of Medicine : File No: 89-49-00534
: :
v. : :
Stephen P. Regec, M.D., Respondent :

ORDER

AND NOW, this 22nd day of February, 1994, upon consideration of Respondent's request for the reinstatement of his license to unrestricted status, the State Board of Medicine hereby finds as follows:

1. On January 28, 1992, the Board issued an order suspending Respondent's license to practice medicine and surgery for four months beginning January 1, 1992 and concluding April 30, 1992, followed by a twenty-month probationary period;
2. The order was the result of Respondent's guilty pleas in November of 1991 to misdemeanor violations of the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act;
3. By further terms of the Board's order, Respondent was provided the opportunity to seek the lifting of probationary status subsequent to the expiration of the twenty-month probationary period;

4. On February 1, 1994 Respondent successfully completed the probationary period, as well as having satisfied the terms of his criminal probation;

5. The prosecuting attorney for the Commonwealth has no objection to the reinstatement of Respondent's license;

NOW THEREFORE, Respondent's license No. MD-020553-E to practice medicine and surgery in the Commonwealth of Pennsylvania is hereby reinstated to unrestricted status.

BY ORDER:
STATE BOARD OF MEDICINE

Joshua A. Perper, M.D.

Joshua A. Perper, M.D., Chairman

Respondent's Address: DRMC-East Unit
DuBois, PA 15801

Commonwealth's Prosecuting Attorney: Karen L. Stevens, Esquire
617 Transportation & Safety
Building
Harrisburg, PA 17120

Board Counsel: April L. McClaine, Esquire

Date of Mailing: *February 25, 1994*

PROTHONOTARY

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

Commonwealth of Pennsylvania, :
State Board of Medicine :
vs. : Docket No. *0075*-Misc.-92
: File No. 89-49-00534
Stephen P. Regec, M.D., :
Respondent :

CONSENT AGREEMENT

IT IS HEREBY AGREED by the Prosecuting Attorney and Stephen P. Regec, M.D. to the following:

1. The State Board of Medicine is a departmental administrative body of the Department of State, organized under the provisions of the Medical Practice Act of 1985, the Act of December 20, 1985, P.L. 457, as amended, ("Act"), 63 P.S. §422.1-422.45.
2. The Board issued License No. MD-020553-E to Stephen P. Regec, M.D. (hereinafter "Respondent") entitling him to practice medicine and surgery in the Commonwealth of Pennsylvania on April 7, 1978.
3. The Respondent's current and registered address on file with the Board is DuBois Regional Medical Center, East Unit, DuBois, PA 15801.
4. The Respondent's date of birth is October 31, 1947, and he graduated from State University of New York, Down State Medical Center/Brooklyn in June 1974.
5. The Respondent herein knowingly and voluntarily waives the

filing of an Order to Show Cause, which would set forth the charges and allegations against the Respondent, as well as a notice of his rights to a hearing whereat the Respondent could appear to show cause why his license to practice medicine and surgery without restriction in the Commonwealth of Pennsylvania should not be revoked or suspended, or a civil penalty of up to \$1,000.00 per violation should not be imposed.

6. The Respondent has been fully advised of, and hereby knowingly and voluntarily waives, his right to a formal administrative hearing, to be represented by counsel thereat, to present witnesses and testimony in his defense and in mitigation of any sanction that may be imposed for a violation, to cross-examine witnesses and to challenge evidence presented by the Commonwealth against him, to present legal arguments by means of a Brief, and to take an appeal from any final decision adverse to his interest in his license to practice medicine and surgery without restriction in the Commonwealth of Pennsylvania.

7. The Respondent agrees to resolve the allegations that would be raised by the Commonwealth in an Order to Show Cause through this Consent Agreement.

8. The Respondent admits that the following facts are true:

a. On November 19, 1991, Respondent pleaded guilty to three misdemeanor violations of the Controlled Substance, Drug, Device and Cosmetic Act, on violation of Distribution by a Practitioner to a Drug Dependent Person, 35 P.S. §780-113(a)(13), and two violations of Refusal or Failure to Keep or Furnish Records as required

by Statute, 35 P.S. 780-113(a)(21), 35 P.S. §780-113(b).

b. On November 19, 1991, Respondent was sentenced on his guilty pleas to a total of \$10,000.00 in fines plus the costs of prosecution, that he be incarcerated for a minimum of twelve months to a maximum of 24 months which sentence was suspended and the Respondent placed on probation for twenty-four months under the supervision of the Clearfield County Probation Department, the terms of which include, inter alia, that Respondent agree with the Medical Board to at least a four-month active suspension of his medical license to commence no later than January 1, 1992, and any other appropriate discipline by that Board, to a fifteen-year suspension of his DEA Schedule II and IIN privileges, to report prescription of all Schedule III drugs for five years, to 500 hours of community service, and to have no further professional or social contact with the addict in question.

9. Based upon the facts admitted herein, Respondent admits that his license to practice medicine and surgery without restriction within the Commonwealth of Pennsylvania is subject to disciplinary action pursuant to Section 41(3) of the Act, 63 P.S. §422.41(3), being convicted of a misdemeanor relating to a health profession, and consents to the issuance by the Board of an Order actively suspending his license to practice for four (4) months, commencing January 1, 1992 and ending April 30, 1992, imposing a civil penalty of \$3,000.00 payable via certified check or money

order to the "Commonwealth of Pennsylvania" submitted at the time of signing this Consent Agreement, and placing him on probation under the supervision of the Law Enforcement Division of the Bureau of Professional and Occupational Affairs for no less than twenty months pursuant to the following terms and conditions:

- a. Respondent's probation shall commence May 1, 1992;
- b. Respondent shall abide by the terms of and successfully complete his criminal probation;
- c. Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all Rules and Regulations and laws pertaining to the practice of medicine or the distribution of drugs in this Commonwealth;
- d. Respondent at all times during the period of his probation, shall cooperate with the Board, or any of its agents or employees, in the supervision and investigation of his compliance with the terms and conditions of his probation;
- e. If Respondent should leave the Commonwealth of Pennsylvania for any period exceeding twenty (20) days, the length of the probationary term of this Consent Agreement shall be tolled until his return to the Commonwealth of Pennsylvania, unless, however, Respondent seeks and receives prior permission from the Board to continue monitoring him subject to the same conditions as enumerated above;

f. Respondent shall notify the Law Enforcement Division of the Pennsylvania Bureau of Professional and Occupational Affairs, P. O. Box 2649, Harrisburg, PA 17105, in writing, of any change of address within seventy-two (72) hours of establishing the new address;

g. Notification of a violation of the Order shall result in the immediate suspension of Respondent's license to practice medicine and surgery as follows:

1) The Board's Prosecuting Attorney shall present to the Board a Petition and Affidavit with a copy to Respondent postmarked at least five (5) days prior to the Board's action, which indicates that Respondent has violated any provision of the original Order, before which Respondent will be personally contacted to explain and justify the conduct, if he can;

2) The Board, upon a determination that Respondent has violated the terms of the original Order, the Board shall at its next scheduled Board meeting without holding a formal hearing issue a preliminary order dissolving its previous order staying the suspension, terminate the probation, and activate the suspension;

3) The Respondent shall be notified of the Board's preliminary order within three (3) days of its issuance by certified mail and

first class mail, postage prepaid, sent to the last registered address on file with the Board;

4) That within thirty (30) days of the receipt of notification of the Board's action, the Respondent may request that a formal hearing be convened concerning Respondent's violation of the original Order and to seek relief from the issuance of the preliminary order. This hearing will be scheduled within forty-five (45) days of the Board's receipt of said request. The suspension will remain in effect until the hearing is convened and the Board or Hearing Examiner enters an Adjudication and Order based on the hearing;

5) That the facts and averments in this Consent Agreement will be deemed admitted and uncontested at this hearing;

6) That if the Board makes a determination adverse to Respondent at this hearing, the Board will issue a final order;


7) That if a request for a formal hearing is not received from the Respondent within the prescribed thirty (30) day period, the Board's preliminary order will become final within thirty (30) days of its mailing.

h. The Respondent may petition to have the

probationary status of his license lifted after the expiration of twenty (20) months of probation.

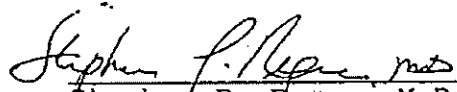
10. The parties understand that this Consent Agreement is between the Prosecuting Attorney and the Respondent only, and is to have no legal effect unless and until the contents have been approved by the Office of General Counsel as to form and legality and the Board issues an Order implementing this Consent Agreement.

11. The Respondent verifies that the facts and statements set forth in the foregoing are true and correct to the best of the Respondent's knowledge, information and belief. The Respondent understands that false statements herein are made subject to the penalties of 18 Pa. C.S. §4904 relating to unsworn falsification to authorities.



Karen L. Stevens
Prosecuting Attorney
Bureau of Professional and
Occupational Affairs

DATED: *Jan. 7, 1992*



Stephen P. Hegec, M.D.,
Respondent

DATED: *12/26/91*



Ronald E. Collins, Esquire
Attorney for Respondent

DATED: *12/26/91*

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

Commonwealth of Pennsylvania, :
State Board of Medicine :
 :
vs. : Docket No. 0025-Misc.-92
 : File No. 89-49-00534
Stephen P. Regec, M.D., :
Respondent :

ORDER

AND NOW, this 28th day of January, 1992, the State Board of Medicine, in consideration of the foregoing Consent Agreement entered into between the Prosecuting Attorney and the Respondent, Stephen P. Regec, M.D., the Board concludes that Respondent has violated the Medical Practice Act of 1985, the Act of December 20, 1985, P.L. 457, No. 112, 63 P.S. §422.41(3), as amended, having been convicted of misdemeanors relating to a health profession, in that he pleaded guilty to one misdemeanor violation of the Controlled Substance, Drug, Device and Cosmetic Act, Distribution by a Practitioner to a Drug Dependent Person, 35 P.S. §780-113(a)(13), and two misdemeanor violations of Refusal or Failure to Keep or Furnish Records as Required by Statute, 35 P.S. §780-113(a)(21), and was therefore sentenced to pay a \$10,000.00 fine, surrender his Schedule II and IIN DEA prescribing privileges, 500 hours community service, do at least a four-month active suspension of his medical license commencing January 1, 1992, and two years criminal probation. ^{nodak}

It is therefore ORDERED that the license to practice medicine and surgery in this Commonwealth, License No. MD-020553-E, issued

to Stephen P. Regec, M.D. be and it hereby is SUSPENDED (nunc pro tunc, as appropriate) for four (4) months beginning January 1, 1992 and ending April 30, 1992.

IT IS FURTHER ORDERED that the Respondent pay a civil penalty in the amount of three thousand (\$3,000.00) dollars.

IT IS FURTHER ORDERED that effective May 1, 1992 Respondent's license be and hereby is placed on probationary status for no less than twenty months pursuant to the following terms and conditions:

a. Respondent's probation shall commence immediately following his completion of the active four-month suspension of his license, i.e., May 1, 1992.

b. Respondent shall abide by the terms of and successfully complete his criminal probation;

c. Respondent shall abide by and obey all laws of the United States, the Commonwealth of Pennsylvania and its political subdivisions, and all Rules and Regulations and laws pertaining to the practice of medicine or the distribution of drugs in this Commonwealth;

d. Respondent at all times during the period of his probation, shall cooperate with the Board, or any of its agents or employees, in the supervision and investigation of his compliance with the terms and conditions of his probation;

e. If Respondent should leave the Commonwealth of Pennsylvania for any period exceeding twenty (20) days, the length of the probationary term of this Consent Agreement shall be tolled until his return to the

Commonwealth of Pennsylvania, unless, however, Respondent seeks and receives prior permission from the Board to continue monitoring him subject to the same conditions as enumerated above;

f. Respondent shall notify the Law Enforcement Division of the Pennsylvania Bureau of Professional and Occupational Affairs, P. O. Box 2649, Harrisburg, PA 17105, in writing, of any change of address within seventy-two (72) hours of establishing the new address;

IT IS FURTHER ORDERED that notification of a violation of the Order shall result in the immediate suspension of Respondent's license to practice medicine and surgery as follows:

a. The Board's Prosecuting Attorney shall present to the Board a Petition and Affidavit with a copy to Respondent postmarked at least five (5) days prior to the Board's action, which indicates that Respondent has violated any provision of the original Order, before which Respondent will be personally contacted to explain and justify the conduct, if he can;

b. The Board, upon a determination that Respondent has violated the terms of the original Order, the Board shall at its next scheduled Board meeting without holding a formal hearing issue a preliminary order dissolving its previous order staying the suspension, terminate the probation, and activate the suspension;

c. The Respondent shall be notified of the Board's preliminary order within three (3) days of its issuance

by certified mail and first class mail, postage prepaid, sent to the last registered address on file with the Board;

d. That within thirty (30) days of the receipt of notification of the Board's action, the Respondent may request that a formal hearing be convened concerning Respondent's violation of the original Order and to seek relief from the issuance of the preliminary order. This hearing will be scheduled within forty-five (45) days of the Board's receipt of said request. The suspension will remain in effect until the hearing is convened and the Board or Hearing Examiner enters an Adjudication and Order based on the hearing;

e. That the facts and averments in this Consent Agreement will be deemed admitted and uncontested at this hearing;

f. That if the Board makes a determination adverse to Respondent at this hearing, the Board will issue a final order imposing further discipline;

g. That if a request for a formal hearing is not received from the Respondent within the prescribed thirty (30) day period, the Board's preliminary order will become final within thirty (30) days of its mailing.

IT IS FURTHER ORDERED that the Respondent may petition to have

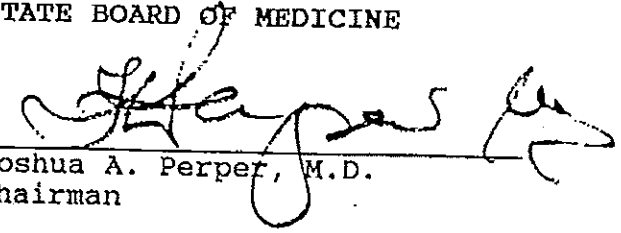
the probationary status of his license lifted after the expiration of twenty (20) months of probation.

BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS


George L. Shevlin
Commissioner

BY ORDER:

STATE BOARD OF MEDICINE


Joshua A. Perper, M.D.
Chairman

Respondent's Address:

Stephen P. Regec, M.D.
c/o Ronald L. Collins, Esquire
Sobel & Collins
120 East Pine Street
Clearfield, PA 16830

Prosecuting Attorney:

Karen L. Stevens, Esquire

File No.:

89-49-00534

Date of Mailing: