egular Mailing Address
TATE BOARD OF MEDICINE
O. BOX 2649
ARRISBURG, PA 17105-2649
17-783-1400/717-787-2381
nedicine@pados.state.pa.us
Courier Delivery Address
TATE BOARD OF MEDICINE
24 PINE STREET, 1st FLOOR
ARRISBURG, PA 17101

MD

SELECT APPL

Amount 35.00

Date 11/21/75

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION

For Graduates of **ACCREDITED** Medical Schools

Application Fee: $35.00 *not refundable*
Make check payable to the "Commonwealth of Pennsylvania."

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

Please print or type.

NAME: *Seletz, M.D.* *Josepha* *Inez*
Last First Middle

Permanent Address: _____
Street

All correspondence and the license will be mailed to this address unless the Board is notified of a change.

_____ _____ _____
City State Zip Code

Email address: _____

Date of Birth: _____ Social Security Number: _____

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

n/a

LIST MEDICAL SCHOOL(S) ATTENDED:

Temple University School of Medicine

DATES OF ATTENDANCE

From: *09/72* to *05/76*
Mo & Yr. Mo & Yr.

From: _____ to _____
Mo & Yr. Mo. & Yr.

Date of Graduation: *May 27, 1976*

Check licensing examination(s) passed: 30008 0166

( ) FLEX - indicate state where taken _____ Date taken _____
( ) FLEX COMPONENT 1 - indicate state where taken _____ Date taken _____
( ) FLEX COMPONENT 2 - indicate state where taken _____ Date taken _____
(X) NATIONAL BOARD - PART I 1974 PART II 1976 PART III 1977
( ) USMLE - STEP 1 _____ STEP 2 _____ STEP 3 _____
( ) LMCC - Canadian
( ) STATE BOARD - indicate state where taken _____

Post Graduate Education:

PGY Hospital *San Francisco General Hospital* From *07/01/76* to *06/30/77*

PGY2 Hospital *Kaiser Permanente Medical Center* From *07/01/77* to *06/30/81*

****

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

	YES	NO
1) Do you hold licensure or certification (active or inactive, current or expired) to practice in any other jurisdiction? If yes, list each one. Active California #G35414 8/20/77	✓	
2) Have you ever withdrawn an application for a license, had an application denied or refused, or agreed not to reapply for a license in another state, territory or country? A license includes a registration or certification.		✓
3) Has any disciplinary action been taken against your license or certificate in another state, territory or country?		✓
4) Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?		✓
5) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?		✓
6) 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?		✓
7) Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "No" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		✓

SIGNED STATEMENT

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

[redacted]

SIGNATURE OF APPLICANT DATE

STATE AND CONSUMER SERVICES AGENCY GRAY DAVIS, Governor

State of California Department of Consumer Affairs

MEDICAL BOARD OF CALIFORNIA
LICENSING PROGRAM
1426 HOWE AVE, SUITE 56
SACRAMENTO CA 95825-3236
TELEPHONE: (916) 263-2382
FAX: (916) 263-2944

www.medbd.ca.gov

August 29, 2002

PENNSYLVANIA STATE BOARD OF MEDICINE
124 PINE ST
HARRISBURG PA 17101-1208

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician:	JOSEPHA INEZ SELETZ
License No.:	G 35414
Issued:	August 29, 1977
Exam Type:	A written examination
Expiration Date:	September 30, 2004
Status:	Renewed/current

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.

Lucinda James

Lucinda James
Chief, Division of Licensing

SEAL

myLicense Renewal Question Responses

License Number: MD420712

Name : JOSEPHA INEZ SELETZ

Online Submission Date : 1/29/2007 11:29:58AM

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 juristiction?	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?	Y

Online Submission Date : 12/30/2008 8:15:21AM

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 juristiction?	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?	Y