



State of Delaware

The Official Website for the First State



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Licensee Information

Full Name: Patricia Purcell

License Information

License No: C1-0001638	Profession: Medical Practice	License Type: Physician M.D.
License Status: Active	Issue Date: 3/7/1978	Expiration Date: 3/31/2015

Address Information

This information is from the address supplied by the licensee. For most license types, licensees may choose a residence, business or other mailing address.

City: Wilmington State: DE Zipcode: 19806 Country: United States

Discipline Information

If the licensee above has been disciplined, violations cited in the disciplinary order, consent agreement or reprimand appear below. Violations refer to a section of *The Delaware Code* (law) or Rules and Regulations, as it was numbered when the discipline occurred. (Note that section numbers sometimes change.) For example, violation T24-S-3302(6)a refers to Title 24 of *The Delaware Code*, Section 3302, subsection 6a. Violation Reg. 1.2.12 refers to section 1.2.12 of the Board's Rules and Regulations. The disciplinary actions resulting from the violations, together with the date(s) of the action, are also shown. Note that multiple violations may result in a single disciplinary action or that a single violation may result in multiple disciplinary actions. To view the law, click *The Delaware Code*. To view a profession's Rules and Regulations, click www.dpr.delaware.gov, select the profession and then click Rules and Regulations on the left.

No Discipline Information

Limits/Restriction Information

If limits/restrictions have been imposed on the licensee above, the date(s) of the limit/restriction are shown below.

No Limits/Restriction Information

Public Documents

The Division of Professional Regulation is in the process of making public disciplinary orders and consent agreements from 2006 to the present available online. If disciplinary information appears above but no documents are listed below, the Division has not yet added the documents to the webpage. To request the documents, click *Request for Public Records* form.

No Public Documents Available Online

Temp. 461
2/21/78

120.00

BOARD OF MEDICAL PRACTICE

APPLICATION FOR EXAMINATION TO PRACTICE IN DELAWARE

MEDICINE
OSTEOPATHY

To the Board of Medical Practice:

I hereby make application for a certificate to practice osteopathy medicine and surgery in the State of Delaware and submit the following statement concerning my age, moral character, preliminary and osteopathic medical education, and medical practice, and enclose a certified check or money order for the regular fee of \$120.00.

- Name (in full) Patricia Hawkins Purcell, M. D.
- Address ██████████ Wilm., De. 19809 Ph. No. (Home) ██████████
Ph. No. (Office) ██████████
- Place and date of birth ██████████ North Carolina ██████████
- Have you ever been denied a certificate or the privilege of taking an examination by any State Medical Examining Board? No
- Has any State Medical Examining Board revoked or suspended a certificate issued to you? No
- If not born in the United States are you a naturalized citizen, or have you filed a petition for naturalization, or are you a lawful permanent alien resident of the United States? ██████████
- Have you ever been convicted of a felony, been professionally penalized or convicted of drug addiction, violated the Medical Practice Act of another State, engaged in the practice of osteopathy ~~medicine~~ without a license, prescribed narcotic drugs unlawfully, willfully violated the confidence of a patient, or professionally penalized or convicted of fraud? No
- Are you physically and mentally capable of engaging in the practice of osteopathy ~~medicine~~ according to generally accepted standards and submit to such examination as the Board may deem necessary to determine such capability? Yes

If the answers to questions 4, 5, 7 or 8 are yes, please explain fully on a separate sheet. If the answer to question 6 is no, please explain fully on a separate sheet.

CERTIFICATE OF MORAL CHARACTER

Dr. Katherine Esterly and Dr. Herman Rosenblum
being duly sworn say that they have been personally acquainted with Dr. Purcell
that they know him/her to be of good moral character, and that they recommend him/her to the Board of Medical Practice of Delaware as entirely worthy to be licensed to practice osteopathy medicine and surgery in the State of Delaware pursuant to law.

Name Katherine L. Esterly M.D.
Address 1410 Delaware Ave, Wilm. Del, 19806
Graduate of Temple University Medical School 1951
Name Herman Rosenblum M.D.
Address 507 W 14th
Wilm 19829

Subscribed and sworn to before me
this ____ day of ____ 19 ____.

PRELIMINARY AND PRE-MEDICAL
OSTEOPATHIC EDUCATION

Give name and location of institutions attended, beginning with High School, with concise statement of period of study, giving date of diploma or certificates received.

Year	Year	Name of School	Location
From <u>1958</u>	to <u>1962</u>	<u>Henderson Institute</u> Diploma; June, 1962	<u>Henderson, North Carolina</u>
From <u>1962</u>	to <u>1966</u>	<u>North Carolina Central University</u> B.S. (Chemistry); May, 1966	<u>Durham, North Carolina</u>
From _____	to _____	_____	_____
From _____	to _____	_____	_____

MEDICAL-OSTEOPATHIC EDUCATION

I have spent 4 years in the study of osteopathy ~~medicine~~ in the institutions named below:

Year	Year	Name of School	Location
From <u>1970</u>	to <u>1974</u>	<u>Hahnemann Medical College</u> & Hospital	<u>Philadelphia, Pa.</u>
From _____	to _____	_____	_____
From _____	to _____	_____	_____
From _____	to _____	_____	_____

I received the degree of Medicinae Doctoris from the Hahnemann Medical College, located at Philadelphia, Pa. on the 4 day of June, 1974

I am the person named in the diploma submitted and am the lawful possessor of same. The photograph submitted herewith is a true likeness of myself and was taken within sixty days prior to the date of this application.

Dated 11/7/77 (Name in full) Patricia H. Purcell

County of New Castle State of Del.

In Wilmington in said county on this 7 day of November A.D. 1977

personally appeared before me Patricia Purcell who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions.

My commission expires My Commission Expires September 5, 1978
Notary Public

CERTIFICATE OF HOSPITAL REQUIREMENTS

Each applicant shall prove to this Board that after receiving his/~~her~~ degree, diploma or license he has served an Internship or equivalent training in an institution approved by said Board by submitting the following:

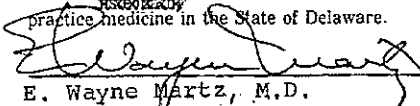
We hereby certify that Dr. Patricia H. Purcell graduate of _____ Hahnemann Medical College has rendered satisfactory service in each of the various departments as an Intern or in an equivalent training program in the Wilmington Medical Center Hospital at Wilmington, Delaware. We further certify that the following statements are true:

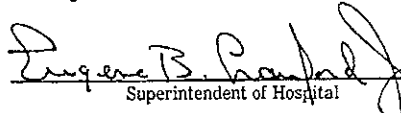
- (1) Length of training 3 years
- (2) Date applicant commenced training July 1, 1974
- (3) Date training was (will be) completed June 30, 1977
- (4) If time spent at hospital does not represent full period of training, state why. _____

(5) Describe the type and duration of training:

- (a) Laboratory: _____
- (b) Medical Wards: _____
- (c) Surgical Wards: _____
- (d) Gynecological Wards: _____
- (e) Special Services: Pediatrics - 3 years

We further certify that the applicant is, in our opinion, a person of good moral character and worthy of licensure to practice ~~osteopathy~~ medicine in the State of Delaware.

 M.D.
 E. Wayne Mertz, M.D.
 (SEAL OF HOSPITAL)


 Superintendent of Hospital

Address P. O. Box 1668

Wilmington, DE 19899

Date November 8, 1977

CERTIFICATE OF MEDICAL-OSTEOPATHIC EDUCATION

It is here certified that Patricia Ann Purcell attended
Hahnemann Medical College from 9/70 to 6/74 and received a diploma from
Hahnemann Medical College and Hospital conferring the degree of Doctor of
~~Osteopathy~~ Medicine (date) June 6, 1974

(SEAL)

 M.D.
 President, Secretary or Dean

Date November 3, 1977

Medical Council of Delaware



Resident and Intern Registration

To the Medical Council of Delaware,

DOVER, DELAWARE

From: Wilmington Medical Center Hospital July 1, 1974
Wilmington, Delaware.

Patricia H. Purcell M. D.; ~~M. D.~~, has been regularly appointed

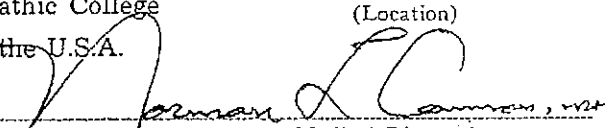
~~Resident~~
an Intern in the above named hospital.

Duty to begin July 1, 1974, for one year(s).

Credentials filed with this hospital indicates the appointee was graduated from

Hahnemann Medical College in Philadelphia, PA
Osteopathic College (Location)

in 1974 and that he is ~~(is not)~~ a citizen of the U.S.A.
(Year)


(Superintendent or Medical Director)

Norman L. Cannon, M. D.

Vice President for Medical Affairs

- (1) Annual Registration before July 1st required.
- (2) Registration required within 10 days of Appointment at anytime during year.
- (3) Notification by Hospital of Appointees Termination of Service within 10 days of such termination.

F PTCW
med.

Credit Alliance Corporation



P.O. BOX 1458, 2860 RIVER ROAD - SUITE 375
DES PLAINES, ILLINOIS 60018

TELEPHONE
312-298-5580

February 10, 1983

Office of Professional Medical
Examiners of Delaware
Margaret O'Neil Building
P.O. Box 1401
Dover, DE 19901

Gentlemen:

Per our recent telephone conversation, you gave us the following medical license verification information:

Licenses Name: Patricia H. Purcell, M.D.

Licensing State: Delaware - 3/7/78

License Number: C1001638

Origin of License: *Delaware*

Termination of License: *Expires 6/30/83*

Status: *Good, Active*

Please acknowledge the information listed above by signing where indicated below and completing this form in full.

We would appreciate your returning a signed copy of this letter to us as soon as possible. Thank you.

Sincerely,

CREDIT ALLIANCE CORPORATION

Laura-Hiller
Asst. Documentation Supervisor

AGREED TO AND ACCEPTED BY:
OFFICE OF PROFESSIONAL MEDICAL
EXAMINERS OF DELAWARE

BY: *Rosemarie J. Sketzer*

Date: *2/25/83*

Field of practice PEDIATRICS

List institutions where you hold hospital privileges:

MEDICAL CENTER of DELAWARE

St. Francis Hospital

List memberships in medical societies:

AMA, Medical Society of Delaware, NMA,

AAAP

List other states where you hold a license to practice medicine:

I hereby certify that during the last licensing period I have completed and upon request can produce proof of having completed forty (40) credit hours of Category I, AMA or AOA approved continuing education credits as required by Title 24 Delaware Code 1730(d) and Regulation 22 of the Delaware Board of Medical Practice.

SIGNATURE
OF LICENSEE

Patricia A. Purcell, M.D.

DATE 6/26/87

APPLICATION FOR RENEWAL

STATE OF DELAWARE
Division of Professional Regulation
P.O. Box 1401
Dover, DE 19903



AMOUNT ENCLOSED
\$ 70⁻

PLEASE RETURN THIS PORTION WITH YOUR CHECK

PURCELL PATRICIA

████████████████████
████████████████████
WILM, DE 19806

PAY LATE CHARGE
IF NOT RECEIVED BY
DUE DATE
06/30/87

ACTIVITY	RENEWAL FEE	LATE CHARGE	I.D. NUMBER
PHYSICIAN M.D.	70.00	70.00	C1001638

PLEASE X IF ADDRESS CHANGES ON REVERSE SIDE

Field of practice PEDIATRICS

List institutions where you hold hospital privileges:

MEDICAL CENTER OF DELAWARE
ST. FRANCIS HOSPITAL

List memberships in medical societies: (3) AMERICAN MEDICAL SOCIETY

(1) NEW CASTLE COUNTY MEDICAL SOCIETY (4) NATIONAL MEDICAL SOCIETY

(2) DELAWARE STATE MEDICAL SOCIETY (5) AMERICAN ACADEMY OF PEDIATRICS

List other states where you hold a license to practice medicine:

I hereby certify that during the last licensing period I have completed and upon request can produce proof of having completed forty (40) credit hours of Category I, AMA or AOA approved continuing education credits as required by Title 24 Delaware Code 1730(d) and Regulation 22 of the Delaware Board of Medical Practice.

Have you actively practiced medicine in the State of Delaware within the past two years? Yes

Signature

of Licensee Patricia D. Purcell, M.D. Date 6/11/89

APPLICATION FOR RENEWAL

STATE OF DELAWARE
Division of Professional Regulation
P.O. Box 1401
Dover, DE 19903



AMOUNT ENCLOSED
\$

PLEASE RETURN THIS PORTION WITH YOUR CHECK

06/16/89 2801288 \$110.00

PAY LATE CHARGE \$110.00

IF NOT RECEIVED BY

DUE DATE

06/30/89

PURCELL, PATRICIA

WILM, DE 19806

0000575

ACTIVITY	RENEWAL FEE	LATE CHARGE	I.D. NUMBER
PHYSICIAN M.D.	\$110.00	\$0.00	C1-0001638

PLEASE X IF ADDRESS CHANGES ON REVERSE SIDE

Field of practice PEDIATRICS
 List institutions where you hold hospital privileges:
Medical Center of Delaware
St. Francis Hospital
 List memberships in medical societies:
AMA State of Delaware Medical Society
NMA American Academy of Pediatrics
 List other states where you hold a license to practice medicine:

Social Security Number [REDACTED]

I hereby certify that during the last licensing period I have completed and upon request can produce proof of having completed forty (40) credit hours of Category I, AMA or AOA approved continuing education credits as required by Title 24 Delaware Code 1730(d) and Regulation 22 of the Delaware Board of Medical Practice.

Have you actively practiced medicine in the State of Delaware within the past two years? Yes

Signature of Licensee Patricia A. Purcell, M.D. Date 5/1/91

APPLICATION FOR RENEWAL 06/30/91 2801235 81127

STATE OF DELAWARE
 Division of Professional Regulation
 P.O. Box 1401
 Dover, DE 19903



AMOUNT ENCLOSED
 \$

PLEASE RETURN THIS PORTION WITH YOUR CHECK

PURCELL, PATRICIA
 [REDACTED]
 WILM, DE 19806

PAY LATE CHARGE
 IF NOT RECEIVED BY
 DUE DATE

06/30/91
 0002641

ACTIVITY	RENEWAL FEE	LATE CHARGE	I.D. NUMBER
PHYSICIAN M.D.	\$110.00	\$0.00	C1-0001638

PLEASE X IF ADDRESS CHANGES ON REVERSE SIDE

Field of practice PEDIATRICS

List institutions where you hold hospital privileges:

MEDICAL CENTER of DELAWARE
ST FRANCIS HOSPITAL

List memberships in medical societies:

NEW CASTLE & DELAWARE STATE MEDICAL SOCIETY American Academy of
NATIONAL MEDICAL SOCIETY PEDIATRICS

List other states where you hold a license to practice medicine:

Social Security Number [REDACTED]

I hereby certify that during the last licensing period I have completed and upon request can produce proof of having completed forty (40) credit hours of Category I, AMA or AOA approved continuing education credits as required by Title 24 Delaware Code 1730(d) and Regulation 22 of the Delaware Board of Medical Practice.

Have you actively practiced medicine in the State of Delaware within the past two years? Yes

Signature

of Licensee

Patricia St. Purcell, M.D. Date 5/11/93

APPLICATION FOR RENEWAL

STATE OF DELAWARE
Division of Professional Regulation
P.O. Box 1401
Dover, DE 19903



AMOUNT ENCLOSED

\$

163-

05/19/93 288434 \$163.00

05/19/93 28 40 \$163.00

PLEASE RETURN THIS PORTION WITH YOUR CHECK

PAY LATE CHARGE
IF NOT RECEIVED BY
DUE DATE

06/30/93

0005437

PURCELL, PATRICIA

[REDACTED ADDRESS]

WILM, DE 19806

ACTIVITY	RENEWAL FEE	LATE CHARGE	I.D. NUMBER
PHYSICIAN M.D.	\$163.00	\$81.50	C1-0001638

PLEASE X IF ADDRESS CHANGES ON REVERSE SIDE



Division of Professional Regulation
 Cannon Building, Suite 203
 P.O. Box 1401
 Dover, DE 19903-1401

**RENEWAL
 NOTICE**

0001130

ACTIVITY PHYSICIAN M.D.	AMOUNT DUE \$141.85	LATE CHARGES ARE ADDED IF NOT RECEIVED BY DUE DATE.	I.D. NUMBER C1-0001638
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DUE DATE

PURCELL, PATRICIA
 [REDACTED]
 [REDACTED]
 WILM, DE 19806

DATE PAID 06/30/95
 AMOUNT PAID \$141.85
 CHECK NO. 9790

DETACH AND RETAIN THIS PORTION FOR YOUR RECORDS

BIENNIAL LICENSE FEE IS \$160.50 HOWEVER, ALL RENEWALS ARE SUBJECT TO A ONE -TIME REBATE OF \$18.65 FROM THE PREVIOUS LICENSE PERIOD. THE NET FEE DUE 6-30-95 IS \$141.85

FIELD OF PRACTICE PEDIATRICS
 Specialty board certified? YES NO
 Hospital (s) where you have staff privileges: Trans. Care Center of DE, St. Francis Hospital
 Other states where licensed None

Have you actively practiced medicine (done medically related work) in Delaware within the past 2 years? Yes Do you plan to in the next 2 years? Yes (If neither, your license will be listed as inactive though the fee and the CME requirement stays the same)

Please sign certification below if true.

I hereby certify that I have completed, and on request can verify, at least 40 hours of Category I Continuing Medical Education within the past 2 years as required by law
 Signature Patricia A. Purcell M.D. Date 6/31/95
 Social Security Number [REDACTED] Date of Birth [REDACTED]

STATE OF DELAWARE
 Cannon Building, Suite 203
 P.O. Box 1401
 Dover, DE 19903



AMOUNT ENCLOSED
 \$ 372.25

PLEASE RETURN THIS PORTION WITH YOUR CHECK

PAY LATE CHARGE
 IF NOT RECEIVED BY
 DUE DATE

PURCELL, PATRICIA
 [REDACTED]
 [REDACTED]
 WILM, DE 19806

06/30/95

0001130

ACTIVITY PHYSICIAN M.D.	RENEWAL FEE \$141.85	LATE CHARGE \$80.25	I.D. NUMBER C1-0001638
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PLEASE X IF ADDRESS CHANGES ON REVERSE SIDE

HOME PHONE [REDACTED]

BUSINESS PHONE

302/428-1142

BUSINESS ADDRESS

1508 PENNSYLVANIA AVE, SUITE 2-C, WILM, DE 19806

HAVE YOU ACTIVELY PRACTICED MEDICINE (DONE MEDICALLY RELATED WORK) IN DELAWARE WITHIN THE PAST 2 YEARS? YES NO

SOCIAL SECURITY # [REDACTED]

DATE OF BIRTH [REDACTED]

SOLO PRACTICE OR GROUP

Solo

BOARD CERTIFIED YES NO

AREA OF SPECIALIZATION

PEDIATRICS

LIST HOSPITALS WHERE YOU HAVE PRIVILEGES

MEDICAL CTR of DE, St. Francis Hospital

LIST OTHER STATE LICENSES

PLEASE SIGN THE CERTIFICATION BELOW IF TRUE.

I HEREBY CERTIFY THAT I HAVE COMPLETED, AND ON REQUEST CAN VERIFY, AT LEAST 40 HOURS OF CATEGORY I CONTINUING MEDICAL EDUCATION WITHIN THE PAST 2 YEARS AS REQUIRED BY LAW.

SIGNATURE

Patricia H. Purcell

DATE

5/1/97

2458

APPLICATION FOR RENEWAL

STATE OF DELAWARE
Division of Professional Regulation
P.O. Box 1401
Dover, DE 19903



AMOUNT ENCLOSED
\$ 204 -

PLEASE RETURN THIS PORTION WITH YOUR CHECK

PURCELL, PATRICIA

WILM, DE 19806

PAY LATE CHARGE
IF NOT RECEIVED BY
DUE DATE

06/30/97

ACTIVITY PHYSICIAN M.D.	RENEWAL FEE \$204.00	LATE CHARGE \$105.00	I.D. NUMBER C1 0001638
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PLEASE X IF ADDRESS CHANGES ON REVERSE SIDE

Biennial renewal fee is \$142.00. However, all renewals are subject to a one-time rebate of \$6.00 from the previous license period. The net fee due March 31, 2001 is \$136.00

Primary Phone: 302/429-1142 Secondary Phone: [REDACTED] (PRIVATE #)

Business Address: (same as below)

Social Security Number: [REDACTED]

Area of Specialization: PEDIATRICS Board Certified: YES NO Eligible

Have you had any disciplinary action taken by an appropriate licensing authority in any state or territory?
YES NO

Have you voluntarily surrendered your license to practice medicine in any state or territory while under investigation?
YES NO

Do you have a felony conviction? YES NO

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I ALSO CERTIFY THAT I HAVE COMPLETED, AND UPON REQUEST, CAN VERIFY AT LEAST 40 HOURS OF CATEGORY I CONTINUING MEDICAL EDUCATION APPROVED BY THE AMA OR AOA WITHIN THE PAST 2 YEARS AS REQUIRED BY LAW.

SIGNATURE: Patricia W. Purcell, M.D. DATE: 2/26/01

APPLICATION FOR RENEWAL

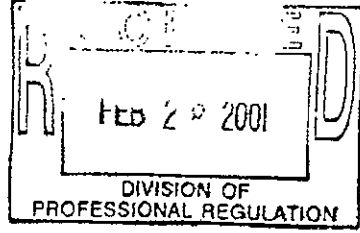
STATE OF DELAWARE
Division of Professional Regulation
861 SILVER LAKE BOULEVARD
CANNON BUILDING, SUITE 203
DOVER, DELAWARE 19904



AMOUNT ENCLOSED
\$ 136 -

PLEASE RETURN THIS PORTION WITH YOUR CHECK

PATRICIA PURCELL
[REDACTED]
WILMINGTON DE 19806



PAY LATE CHARGE
IF NOT POSTMARKED BY
DUE DATE
03/31/2001

ACTIVITY Physician M.D.	RENEWAL FEE \$136.00	LATE CHARGE \$71.00	LICENSE NUMBER C1-0001638
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FOR NEW ADDRESS, CHECK BOX AND COMPLETE REVERSE

Primary Phone: 302/428-1142 Secondary Phone: _____ E-mail: _____

Business Address*: _____ Social Security: _____

Area of Specialization: PEDIATRICS Board Certified: Yes No Eligible

Since your last license renewal:

- A. Have you had any disciplinary action taken by an appropriate licensing authority in any state or territory? Yes _____ No
- B. Have you voluntarily surrendered your license to practice medicine in any state or territory while under investigation? Yes _____ No
- C. Have you had a felony conviction? Yes _____ No

Are you aware that you have a duty to report to the Board of Medical Practice, in writing, any information you have reason to believe that a licensee is or may be medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine, pursuant to 24 Delaware Code Section 1731A (see attached)? Yes No

Are you aware that there is a separate reporting requirement for malpractice actions and other matters as set forth in 24 Delaware Code Section 1728(c) (see attached)? Yes No

I hereby certify that the above information is true and correct. I also certify that I have completed and can verify at least forty (40) hours of continuing medical education in Category I courses approved by the American Medical Association or the American Osteopathic Association within the past two years, as required by Rule 22.0 of the Board's Rules and Regulations.

Signature: [Handwritten Signature] Date: 2/10/03

*Pursuant to 24 Delaware Code Section 1714, it is the responsibility of the licensee to keep his or her address current with the Division of Professional Regulation.

Disclosure of a social security number is mandatory in accordance with 29 Del. C. § 8807 and 42 U.S.C. § 405 for the purpose of child support obligation enforcement. Disclosure may also occur: 1) to a governmental agency for civil or criminal law enforcement if authorized by law; 2) to a State agency for purposes related to the administration of any tax; or 3) for any purpose permitted or authorized under 42 U.S.C. § 405.

APPLICATION FOR RENEWAL

²⁴⁶³
 STATE OF DELAWARE
 Division of Professional Regulation
 861 SILVER LAKE BOULEVARD
 CANNON BUILDING, SUITE 203
 DOVER, DELAWARE 19904



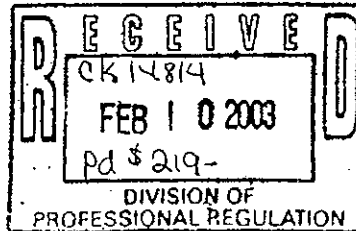
AMOUNT ENCLOSED
\$ 219 -

PLEASE RETURN THIS PORTION WITH YOUR CHECK

PURCELL, PATRICIA



WILMINGTON DE 19806



PAY LATE CHARGE
 IF NOT POSTMARKED BY
 DUE DATE
 March 31, 2003

ACTIVITY Physician M.D.	RENEWAL FEE \$219.00	LATE CHARGE \$109.50	LICENSE NUMBER C1-0001638
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FOR NEW ADDRESS, CHECK BOX AND COMPLETE REVERSE



STATE of DELAWARE

DEPARTMENT OF ADMINISTRATIVE SERVICES

Division of Professional Regulation

CANNON BUILDING
861 SILVER LAKE BLVD. - SUITE 203
DOVER, DE 19904-2467

Phone: 302-744-4500
Fax: 302-739-2711
Delaware Helpline: 800-464-4357

James Collins: Director
Kay Warrea: Deputy Director

[Reports Home Page](#)


Renewal Questions for License Number C1-0001638

Question	Answer	Date
Are you aware that there is a separate reporting requirement for malpractice actions and other matters as set forth in <u>24 Del. C. Section 1730 (c)</u> ?	Y	1/10/2007
Are you aware that there is a separate reporting requirement for malpractice actions and other matters as set forth in <u>24 Del. C. Section 1730 (c)</u> ?	Y	1/10/2007
Are you aware that there is a separate reporting requirement for malpractice actions and other matters as set forth in <u>24 Del. C. Section 1730 (c)</u> ?	Y	1/10/2007
Are you aware that you have a duty to report to the Board of Medical Practice, in writing, any information that you have reason to believe indicates that a licensee is, or may be, medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine, pursuant to <u>24 Del. C. Section 1731A</u> ?	Y	1/10/2007
Are you aware that you have a duty to report to the Board of Medical Practice, in writing, any information that you have reason to believe indicates that a licensee is, or may be, medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine, pursuant to <u>24 Del. C. Section 1731A</u> ?	Y	1/10/2007
Are you aware that you have a duty to report to the Board of Medical Practice, in writing, any information that you have reason to believe indicates that a licensee is, or may be, medically incompetent, guilty of unprofessional conduct, or mentally or physically unable to engage safely in the practice of medicine, pursuant to <u>24 Del. C. Section 1731A</u> ?	Y	1/10/2007
Do you need to change the name on your license record? • If yes, submit a copy of the legal document changing your name (e.g., marriage certificate, divorce decree).	N	1/10/2007
Do you need to change the name on your license record? • If yes, submit a copy of the legal document changing your name (e.g., marriage certificate, divorce decree).	N	1/10/2007
Do you need to change the name on your license record? • If yes, submit a copy of the legal document changing your name (e.g., marriage certificate, divorce decree).	N	1/10/2007
Do you need to change the name on your license record? • <i>If yes, submit a copy of the legal document changing your name (e.g., marriage certificate, divorce decree).</i>	N	1/21/2011
Do you need to change the name on your license record? • <i>If yes, submit a copy of the legal document changing your name (e.g., marriage certificate, divorce decree).</i>	N	1/15/2013

During each renewal period, you are required to complete training on

- recognizing child sexual and physical abuse, exploitation and domestic violence, and
- your reporting obligations under 16 Del. C. §903 and the Delaware Medical Practice Act.

Y 1/15/2013

Have you completed the mandatory training as required by 24 Del. C. §1723 (c) ?

During each renewal period, you are required to complete training on

- recognizing child sexual and physical abuse, exploitation and domestic violence, and
- your reporting obligations under 16 Del. C. §903 and the Delaware Medical Practice Act.

Y 1/21/2011

I certify that I meet the training requirements in 24 Del. C. §1723 (c) .

Has your license to practice been suspended, revoked, otherwise disciplined, or under investigation in any jurisdiction since your last renewal in Delaware?

N 1/15/2013

- *If yes, submit an explanation or documentation.*

Has your license to practice been suspended, revoked, otherwise disciplined, or under investigation in any jurisdiction since your last renewal in Delaware?

N 1/21/2011

- *If yes, submit an explanation or documentation.*

Have you been convicted of or entered a plea of *nolo contendere* (no contest) to any felony, misdemeanor, or any other criminal offense in any jurisdiction since your last renewal?

N 1/10/2007

- **If yes, submit a copy of your criminal history record.**

Have you been convicted of or entered a plea of *nolo contendere* (no contest) to any felony, misdemeanor, or any other criminal offense in any jurisdiction since your last renewal?

N 1/10/2007

- **If yes, submit a copy of your criminal history record.**

Have you been convicted of or entered a plea of *nolo contendere* (no contest) to any felony, misdemeanor, or any other criminal offense in any jurisdiction since your last renewal?

N 1/10/2007

- **If yes, submit a copy of your criminal history record.**

Have you been convicted of or entered a plea of *nolo contendere* (no contest) to any felony, misdemeanor, or any other criminal offense in any jurisdiction since your last renewal?

N 1/21/2011

- *If yes, submit a copy of your criminal history record.*

Have you been convicted of or entered a plea of *nolo contendere* (no contest) to any felony, misdemeanor, or any other criminal offense in any jurisdiction since your last renewal?

N 1/15/2013

- *If yes, submit a copy of your criminal history record.*

Have you been the subject of an investigation by a licensing authority, medical association, hospital or other healthcare facility since your last renewal?

N 1/21/2011

- *If yes, submit a statement fully explaining what occurred.*

Have you been the subject of an investigation by a licensing authority, medical association, hospital or other healthcare facility since your last renewal?

N 1/15/2013

- *If yes, submit a statement fully explaining what occurred.*

Have you had a license to practice suspended, revoked, otherwise disciplined, or under investigation in any state since your last renewal in

N 1/10/2007

Delaware?

- **If yes, submit an explanation or documentation.**

Have you had a license to practice suspended, revoked, otherwise disciplined, or under investigation in any state since your last renewal in Delaware?

N 1/10/2007

- **If yes, submit an explanation or documentation.**

Have you had a license to practice suspended, revoked, otherwise disciplined, or under investigation in any state since your last renewal in Delaware?

N 1/10/2007

- **If yes, submit an explanation or documentation.**

Have you voluntarily surrendered your license to practice medicine from any state or jurisdiction while under investigation?

N 1/10/2007

- **If yes, provide a certified copy of the final decision and order accepting the voluntary surrender.**

Have you voluntarily surrendered your license to practice medicine from any state or jurisdiction while under investigation?

N 1/10/2007

- **If yes, provide a certified copy of the final decision and order accepting the voluntary surrender.**

Have you voluntarily surrendered your license to practice medicine from any state or jurisdiction while under investigation?

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Have you voluntarily surrendered your license to practice medicine from any state or jurisdiction while under investigation?

N 1/21/2011

- *If yes, provide a certified copy of the final decision and order accepting the voluntary surrender.*

Have you voluntarily surrendered your license to practice medicine from any state or jurisdiction while under investigation?

N 1/15/2013

- *If yes, provide a certified copy of the final decision and order accepting the voluntary surrender.*

I certify that I have completed the required continuing education (CE) according to the requirements summarized above.

Y 1/21/2011

- *If this is your first renewal and you are not required to complete any CE, click "Yes."*

I certify that I have completed the required continuing education (CE) according to the requirements summarized above.

Y 1/15/2013

- *If this is your first renewal and you are not required to complete any CE, click "Yes."*

I certify that I have completed the required continuing education, if I am not exempt, in accordance with the requirements summarized above.

Y 1/10/2007

I certify that I have completed the required continuing education, if I am not exempt, in accordance with the requirements summarized above.

Y 1/10/2007

I certify that I have completed the required continuing education, if I am not exempt, in accordance with the requirements summarized above.

Y 1/10/2007

Since your last renewal, has a hospital, healthcare facility, HMO or alternative health care system:

- denied your application for privileges or failed to renew your privileges?
- limited, restricted, suspended or revoked your privileges in any way?
- *If yes, submit a statement fully explaining what occurred.*

N 1/21/2011

Since your last renewal, has a hospital, healthcare facility, HMO or alternative health care system:

- denied your application for privileges or failed to renew your privileges?
- limited, restricted, suspended or revoked your privileges in any way? N 1/15/2013
- *If yes, submit a statement fully explaining what occurred.*

To renew your license, you must certify that you understand that you are required to file a written report with the Board of Medical Licensure and Discipline if you have any reason to believe that a medical practitioner *other than yourself* is (or may be)

- medically incompetent
- guilty of unprofessional conduct Y 1/21/2011
- mentally or physically unable to engage safely in the practice of medicine.

(24 Del. C. § 1731A)

I certify that I understand my *duty to report*.

To renew your license, you must certify that you understand that you are required to file a written report with the Board of Medical Licensure and Discipline if you have any reason to believe that a medical practitioner *other than yourself* is (or may be)

- medically incompetent
- guilty of unprofessional conduct Y 1/15/2013
- mentally or physically unable to engage safely in the practice of medicine.

Have you read 24 Del. C. § 1731A and do you understand your duty to report?

To renew your license, you must certify that you understand that you have a **mandatory** obligation to **self report** the following:

- All information concerning medical malpractice claims settled or adjudicated to final judgment, as provided in Chapter 68 of Title 18, within 60 days. (24 Del. C. §1730 (c)) Y 1/15/2013
- Each final judgment, settlement, or award against you, regardless whether you have malpractice insurance, within 30 days of the final judgment, settlement, or award. (24 Del. C. §1731A (f))

Have you read the sections above and do you understand your duty to self report?

To renew your license, you must certify that you understand that you have a **mandatory** obligation to **self report** the following:

- All information concerning medical malpractice claims settled or adjudicated to final judgment, as provided in Chapter 68 of Title 18, within 60 days. (24 Del. C. §1730 (c))
- Each final judgment, settlement, or award against you, regardless whether you have malpractice insurance, within 30 days of the final judgment, settlement, or award. (24 Del. C. §1731A (f)) Y 1/21/2011

I certify that I have read the sections above and understand my *duty to self report*.

To renew your license, you must certify that you understand that you have a **mandatory** obligation to **self report** the following:

- Any change in hospital privileges and any disciplinary action taken by any medical society against you within 30 days (24 Del. C. §1730(b)(1))
- Any civil or criminal investigation in any jurisdiction which concerns your certification or license or other authorization to practice medicine within 30 days (24 Del. C. §1730(b)(2)) Y 1/15/2013

Have you read the Delaware Medical Practice Act, including the sections above, and do you understand your duty to self report?

To renew your license, you must certify that you understand that you have a **mandatory** obligation to **self report** the following:

- Any change in hospital privileges and any disciplinary action taken by any medical society against you within 30 days (24 Del. C. §1730(b)(1))
- Any civil or criminal investigation in any jurisdiction which concerns your certification or license or other authorization to practice medicine within 30 days (24 Del. C. §1730(b)(2))

Y 1/21/2011

I certify that I have read and understand the Delaware Medical Practice Act, including the sections above, and understand my *duty to self report*.

To renew your license, you must certify that you understand that you have a **mandatory** obligation to **self report** the following:

- Any reports filed against you with the Department of Services for Children, Youth and Their Families under Chapter 9 of Title 16 concerning child abuse or neglect
- Any reports filed against you to the Division of Long Term Care Residents Protection under Chapter 85 of Title 11 concerning adult abuse, neglect, mistreatment or financial exploitation.

Y 1/15/2013

Have you read 24 Del. C. §1730 (d) and do you understand your *duty to self report*?

To renew your license, you must certify that you understand that you have a **mandatory** obligation to **self report** the following:

- Any reports filed against you with the Department of Services for Children, Youth and Their Families under Chapter 9 of Title 16 concerning child abuse or neglect
- Any reports filed against you to the Division of Long Term Care Residents Protection under Chapter 85 of Title 11 concerning adult abuse, neglect, mistreatment or financial exploitation.

Y 1/21/2011

I certify that I have read and understand (24 Del. C. §1730 (d)) of the Delaware Medical Practice Act and understand my *duty to self report*.

To renew your license, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

Y 1/15/2013

Have you read 16 Del. C. §903 and do you understand your *duty to report*?

To renew your license, you must certify that you understand that you have a **mandatory** obligation to make an immediate oral report to the Department of Services for Children, Youth and Their Families if you know of, or you suspect, child abuse or neglect under Chapter 9 of Title 16 and to follow up with any requested written reports.

Y 1/21/2011

I certify that I have read and understand 16 Del. C. §903 and that I understand my *duty to report*.