

Click the X at the upper right corner to close this window and return to the list of licensees.

#### **Person Information**

Name: KAROLINE SUZANNE PUDER

#### **Address Information**

Address(city state zipcode): Sugar Grove PA 16350

#### License Information

Temporary MD License Secondary Type: Camp Physician Number:

TMD002633

Profession: Medicine Issue Date: 5/14/2009

Status: Expires: Expired

7/19/2009

Last Renewed:

#### **Discipline Action History**

No disciplinary actions were found for this license.



Click the X at the upper right corner to close this window and return to the list of licensees.

#### **Person Information**

Name: KAROLINE SUZANNE PUDER

#### **Address Information**

Address(city state zipcode): Sugar Grove PA 16350

#### License Information

Type: Temporary MD License Secondary Type: Camp Physician Number:

TMD002786

Profession: Medicine Issue Date: 4/29/2010

Status:

Expired 7/4/2010

Expires:

Last Renewed:

**Discipline Action History** 

No disciplinary actions were found for this license.



Click the X at the upper right corner to close this window and return to the list of licensees.

#### **Person Information**

Name: KAROLINE SUZANNE PUDER

#### **Address Information**

Address(city state zipcode): Sugar Grove PA 16350

#### License Information

Temporary MD License Secondary Type: Camp Physician Number:

TMD002964

Profession: Medicine

Type:

Status:

Expired 7/10/2011

Last Renewed:

Issue Date: 5/26/2011 Expires:

Discipline Action History

No disciplinary actions were found for this license.



Click the X at the upper right corner to close this window and return to the list of licensees.

Person Information

Name: KAROLINE SUZANNE PUDER

#### **Address Information**

Address(city state zipcode): Sugar Grove PA 16350

#### **License Information**

Temporary MD License Secondary Type: Camp Physician Number:

TMD003118

Profession: Medicine Issue Date: 4/12/2012

Type:

Status: Expires:

Expired

7/15/2012

Last Renewed:

Discipline Action History

No disciplinary actions were found for this license.



Click the X at the upper right corner to close this window and return to the list of licensees.

Person Information

Name: KAROLINE SUZANNE PUDER

#### Address Information

Address(city state zipcode): Sugar Grove PA 16350

#### License Information

Temporary MD License Secondary Type: Camp Physician Number:

TMD003283

Profession: Medicine Issue Date: 4/10/2013

Status: Expires: Expired .

7/14/2013

Last Renewed:

Discipline Action History

No disciplinary actions were found for this license.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649

vww.dos.state.pa.us

April 29, 2010

KAROLINE SUZANNE PUDER CAMP STONE 2145 DEER RUN ROAD SUGAR GROVE PA 16350

## **TEMPORARY AUTHORITY TO PRACTICE**

CLASSIFICATION:

Temporary MD License Camp Physician

TEMPORARY LICENSE #:

TMD002786

DATE OF APPROVAL:

06/27/2010

**EXPIRATION DATE:** 

07/04/2010

Signature - Temporary Practice Holder

Commissioner

Bureau of Professional and Occupational Affairs

SEAL

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

APR 1 6 2010

<u>Courier Delivery Address</u> STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110

APPLICATION FOR TEMPORARY LICENSE TIME	XXX 2786
Application Fee: \$45.00 not refundable. Make check payable to the "Commo Pennsylvania." Note: A processing fee of \$20.00 will be charged for any check or meturned unpaid by your bank, regardless of the reason for non-payment.	nwealth of noney order
(PRINT OR TYPE)	130245
Applicant Information	
Name Puder Kardlinir Suzannz	
Address	
Date of BirthSocial Security Number	
Name of Medical School (s) Attended 14th Sihai School of Medicin	٧,
Date of Graduation	
Identify which state license you are using to apply for the temporary license <u>Hi Mign</u>	
Name and address of Pennsylvania Health Care Facility, Camp, or Organization of Emp	loyment
Address 2145 Doer Run Road	
Sugar Grove RA 11350	
Name and address of Attending Physician, Supervisor, or Agency Head	
Name Dr Roman Matlaga	
Address 315 Bodine Lane SIREE	
Honesdale PA 18431	-
1 DEGETUET APR 2 2 2010	

Answer the following questions. If "YES" is answered to #2 through #7, 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 or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in any jurisdiction?  If yes, list the jurisdiction(s) here:  Midnigan, Will	/	
2) Have you ever withdrawn an application for a license, certification, or registration, had an application denied or refused, or agreed not to reapply in another state, territory or country?		 
Has any disciplinary action been taken against your license, certification, or registration in another state, territory or country?		V
Have you been convicted, found guilty, or pleaded guilty or noto 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, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		V
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.)		V

#### SIGNED STATEMENT

Note that disclosing your social security number on this application is <u>mandatory</u> in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is <u>mandatory</u> in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

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 or certificate.

Signature of Applicant

DEGEJUE APR 2 2 2010

Date

# HOSPITAL, HEALTH CARE FACILITY, EMPLOYER OR CAMP VERIFICATION FORM

Serie and Address of Pennsylvania Health	Care Facility, Camp	or organization of em	ployment:
Name CAMP Stone			
Address 2145 Deer Run Sugar Grove	Street PA State	/ 6 3 5 0 Zip Code	
Name of Temporary License Applicant	Karoline	Puder	
Dates of service for the Applicant	JUNE 27-	July 4, 2010	
List in detail the anticipated practice of the ap of practice.	oplicant. This must inc	lude the type of practice	and frequency
Diagnosis and treatment of common ambulator procedure physician is skilled and comforts		but not limited to sutur	ing and any oth
Signature Mancy Leuman  Title Administrator  Date 3 24 2010	3	D) E G (	E ( W E ) 2 2 2010

5

OK

49-103 (03/08)

maik 3 0 2018

#### COLLABORATING/BACK UP DOCTOR FORM

COLLABORATING/BACK OF DOCTOR FORIN	
Collaborating/Back-Up Doctor's Name_Roman Matlaga, DO	
License Number of Collaborating/Back-Up Doctor MD 05-008779-L	<del></del>
Name of Temporary License Applicant Dr. Karoline. Puder	· ·
Dates You Will Serve as the Collaborating/Back-Up Doctor 6-27-10 to 7-4-	Ю
Name and Address of Pennsylvania Health Care Facility, Camp, or organization of emplo	yment:
Name young Tsrael Camp Stoke Address 2145 Deer Run Rd.	
Address 2145 Deer Run Rd. Street	<del></del>
Sugar Grove PA. 1635 City State Zip Cod	20 e
I Agree to Serve as the Collaborating/Back-Up Doctor for the Above Named Applicant in the Performance of the Following Listed Duties/Procedures:	
Evaluation and treatment of common ailments at camp including illness, injury or suturing. Sp and stabilization of a suspected broken or strained extremity. Appropriate prescribing of med	_
including antibiotics and pain medication. To refer to a specialist if a medical problem is i	eyond
his/her expertise or ability.	•
	,
	-
$\mathcal{O}_{mn}$	
Signature of Collaborating/Back-Up Doctor Tymes // / / / / [] [] []	WEN .
Date 5/56/50/0 APR 2 2	2010
gv	

PRODUCER'	A. M. Skier Agency 209 Main Avenue Hawley, PA 18428		ONLY AND HOLDER. ALTER THE	D CONFERS NO RI THIS CERTIFICAT IE COVERAGE AFI	ED AS A MATTER OF INFI IGHTS UPON THE CERTII E DOES NOT AMEND, EX FORDED NY THE POLICII AFFORDING COVERAGI Tance Company	FICATE TEND OR ES BELOW.
YSURED	Young Israel Camp Ston R. D. 2, Deer Run Road	e	COMPANY B			
	Sugar Grove, PA 16350		COMPANY C COMPANY			
COVERAG	F	ersent are in the paying and a	D D			
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O TR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MWDDYY)	POLICY EXPIRATION DATE	LIVITS	
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<u> </u>	AVERCIAL GENERAL LIABILITY				PRODUCTS - COMPANY AGG	\$
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- OW	NERS AND CONTRACTORS PROT				EACH OCCURRENCE	\$
$\vdash$					FIRE DAMAGE (Any one fire)	\$
<b>=</b>					MED EXP (Any one person)	\$
ANY	OBILE LIABILITY AUTO OWNEO AUTOS				COME/NED SINGLE LIMIT  BODILY INURY (Per person)	\$
HIRE	EDUXED AUTOS ED AUTOS				SODILY INURY (Per accident)	\$
NON	Comp Ded  Golf Ded				PROPERTY DAVAGE	\$
GARAGE	ELIABILITY	SIN	C E 1920		AUTO ONLY - EA ACCIDENT	\$
ANY	AUTO	A·1	<b>A·SKIER</b>	-	OTHER THAN AUTO ONLY: EACH ACCIDENT	\$
				_	AGGREGATE	\$
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	RS COMPENSATION AND YERS' LIABILITY				WC STATUTORY LIMITS EL EACH ACCIDENT	\$
THE PRO	PRIETORY/ INCL.		1		EL DISEASE - POLICY LIMIT	\$
PARTNER OFFICER	RS/EXECUTIVE EXCL		1	1	EL DISEASE - FA EMPLOYEE	
OTHER Profes	sional Liability	D35776850	11/1/2009	11/1/2010	1,000,000 per occurance	
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(Britiale)	MEHOLDERY ASSOCIATION		CANCELLA	TION: 144 4 4		
R. D. 2, De	ne Puder ael Camp Stone er Run Road ve, PA 16350	DEGETTE	EXPIRATION 10 DAY BUT FAILUR	DATE THEREOF, THE K IS WRITTEN NOTICE TO E TO MAIL SUCH NOTIC	OLICIES BE CANCELLED BEFOR SSUNG COMPANY WILL ENDEAV THE CERTIFICATE HOLDER NAM E SHALL WIPOSE NO OBLIGATIO ITS AGENT OR REPRESENTATION	TER TO MAR. MED TO THE LEFT, N OR LIABILITY
ougui Oio			13 13	EPRESENTATIVES		

# **CEIVED DIRECT**



JENNIFER M. GRANHOLM Governor -

DEPARTMENT OF COMMUNITY HEALTH LANSING

Director



**VERIFICATION OF LICENSURE** MICHIGAN BOARD OF MEDICINE **VERIFICATION OF LICENSURE AS OF 04/23/2010** 

NAME:

Karoline S Puder

BIRTHDATE:

ADDRESS:

TYPE:

**Medical Doctor** 4301059142

STATUS: Active

ORIGINAL DATE: 03/18/1992

EXPIRATION DATE: 01/31/2011

LICENSE NUMBER: OBTAINED BY:

03/01/1989

Endorsement

EXAM TYPE EXAM DATE

NBME

**EXAM SCORE OR RESULT** 

PASS

DISCIPLINARY ACTION

NONE

**OPEN FORMAL COMPLAINTS** 

NONE

This license information was last updated on: 04/23/2010

VeriDoc: Validate Verification

Page 1 of 1



|--|

Home

Contact Us | FAQs | State Boards

#### **Validation**

This confirms that the licensure verification statement for Karoline Puder, was sent to you from the VeriDoc website.

Thank you for using the VeriDoc system.

Disclaimer | Privacy Policy

#### **Curriculum Vitae**

#### Karoline Suzanne Puder, MD

#### Address:

Office:

Home:

6071 W. Outer Dr. Detroit, MI 48235

#### Date of Birth:

#### **Medical School:**

Mount Sinai School of Medicine New York, NY Graduation – June 1988

#### Residency:

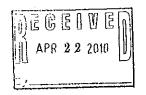
Mount Sinai Hospital Obstetrics and Gynecology New York, NY July 1988-June 1992

#### Fellowship:

Hutzel Hospital/Wayne State University Maternal-Fetal Medicine Detroit, MI July 1992-June 1994

#### Attending Physician:

Wayne State University Department of Obstetrics and Gynecology Maternal-Fetal Medicine Detroit, Mi July 1994-present

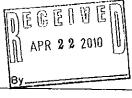


Christina Markgraf • Presenter Assistant, WC866 Coordinator 570.226.4571 • fax: 570.226.1147 ChristinaM@amskler.com

## **MEMORANDUM**

To: Re: Date:	Commonwealth Of Pennsylvania – State Board Of Medicine Pennsylvania Temporary License for Camp Doctor 4-19-10	
Name	of Applicant: Dr. Karoline Puder of Camp: Camp Stone of Service at Camp: 6-27-10 to 7-4-10	
Enclos	sed, please find:	
<b>B</b>	Completed Temporary License Application	
<b>9</b>	Check in the amount of \$45.00	
19/	Letter from Back-Up Physician	
ď	Letter from Camp Director	
<b>13</b>	Current Curriculum Vitae	
回	Medical Malpractice Insurance Certificate	
Thank y	rou, Wittia a Markgraf	
		MERETUEN





The Federation of State Medical Boards of the United States, Inc PO Box 619850 Dallas, Texas 75261-9850 Telephone: (817)868-4000 FAX (817)868-4099

#### BOARD ACTION CLEARANCE REPORT

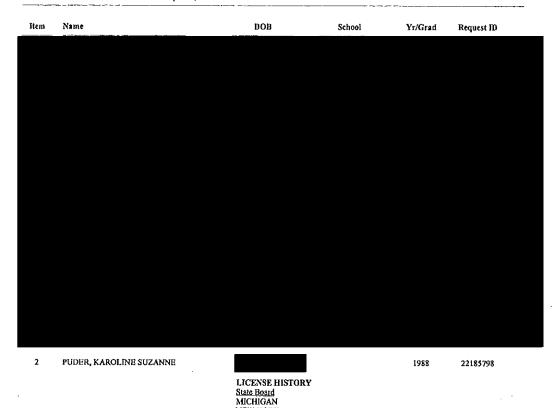
April 29, 2010

Attn: Tammy Radel, Administrator Pennsylvania State Board of Medicine PO Box 2649 Harrisburg, PA 17105

Re: Board Action Query Dated: April 29, 2010 Your Reference Number: abollinger FSMB Batch Number: BQ1753646

The following is a report of the search results from the Board Action Data Bank as of April 29, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of April 29, 2010



PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

NEW YORK

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS STATE BOARD OF MEDICINE P. O. Box 2649 Harrisburg, PA 17105-2649 www.dos.state.pa.us

May 26, 2011

KAROLINE SUZANNE PUDER CAMP STONE 2145 DEER RUN ROAD SUGAR GROVE PA 16350

## **TEMPORARY AUTHORITY TO PRACTICE**

CLASSIFICATION:

Temporary MD License Camp Physician

TEMPORARY LICENSE #:

TMD002964

DATE OF APPROVAL:

07/03/2011

**EXPIRATION DATE:** 

07/10/2011

Signature - Temporary Practice Holder

Acting Commissioner

Bureau of Professional and Occupational Affairs

SEAL

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110

## \$45.00 not refundable. Make check payable to the "Commonwealth of Application Fee: 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. 258169 (PRINT OR TYPE) **Applicant Information** Karoline Suzanne Address Date of Birth Social Security Number School Medicine DINGI Name of Medical School (s) Attended Date of Graduation Identify which state license you are using to apply for the temporary license Name and address of Pennsylvania Health Care Facility, Camp, or Organization of Employment Address 6350 Name and address of Attending Physician, Supervisor, or Agency Head Name Address

APPLICATION FOR TEMPORARY LICENSE

Answer the following questions. If "YES" is answered to #2 through #7, 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 or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in any jurisdiction?  If yes, list the jurisdiction(s) here: Michan	1	
2) Have you ever withdrawn an application for a license, certification, or registration, had an application denied or refused, or agreed not to reapply in another state, territory or country?		<b>V</b>
3) Has any disciplinary action been taken against your license, certification, or registration in another state, territory or country?		V
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, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
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.)		V
MAY	0 8 20	<u> </u>

#### SIGNED STATEMENT

Note that disclosing your social security number on this application is <u>mandatory</u> in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is <u>mandatory</u> in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true ar	nd correct to the best of my knowledge information and baller.
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 or certificate.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4/29/4
Gradu	710119
7010000	

Signature of Applicant

Date

#### HOSPITAL, HEALTH CARE FACILITY, EMPLOYER OR CAMBIVER RIGATION FORM

Name and Address of Pennsylvania Health Care Facility, Camp or organization of employment:
Name (amp Stone
Address 2145 Deer Run Rd.  Street  Sugar Grove PA 14350  City State Zip Code
Street Street
City State Zip Code
Name of Temporary License Applicant Karoline <sup>5</sup> , Puder
Dates of service for the Applicant $\frac{7/3/11-7/10/11}{}$
List in detail the anticipated practice of the applicant. This must include the type of practice and frequency of practice.
Diagnosis and treatment of common ambulatory illnesses including but not limited to suturing and any other procedure physician is skilled and comfortable performing.
MAY 0 9 2011
Signature Tancyreunkart
rille Administrator, Camp Stone
Date 3 23/11



#### COLLABORATING/BACK UP DOCTOR FORM

Collaborating/Back-Up Doctor's Name Roman Matlaga, DO
License Number of Collaborating/Back-Up Doctor MD 05-008779-L
Name of Temporary License Applicant Dr. Karoline S. Puder
Dates You Will Serve as the Collaborating/Back-Up Doctor 7/3/2011 to 7/10/2011
Name and Address of Pennsylvania Health Care Facility, Camp, or organization of employment:
Name Camp Stone
Address 2145 Deer RUN Road
Address 2145 Deer Run Road  Sugar Grove PA 16350  City State 7in Code
I Agree to Serve as the Collaborating/Back-Up Doctor for the Above Named Applicant in the Performance of the Following Listed Duties/Procedures:
Evaluation and treatment of common ailments at camp including illness, injury or suturing. Splinting and stabilization of a suspected broken or strained extremity. Appropriate prescribing of medications including antibiotics and pain medication. To refer to a specialist if a medical problem is beyond
his/her expertise or ability.
MAY 0 9 2011
Signature of Collaborating/Back-Up Doctor One
Date 4/7/4

ACORD GERTIF	ICAME (OPENAS)	ių į yans	URANOE	DATE	(M/D0YY) 5/5/2011
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Hawley, PA 18428		COMPANY	OOM! AMES	AI I ONDING GOTEIGGE	-
			CE-Indemnity insu	rance Company of North	America
SURED Camp Stone		COMPANY	•		
2145 Deer Run Road		COMPANY			
Sugar Grove, PA 16350		С			
		COMPANY			
OVERAGES SEVERAL SEVER			Lucasian de la composition della composition del		
THIS IS TO CERTIFY THAT THE POLICIE: INDICATED, NOTWITHSTANDING ANY R CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUC	EQUIREMENT, TERM OR CONDITIC PERTAIN, THE INSURANCE AFFOR	ON OF ANY CONTRA	CT OR OTHER DOCU ES DESCRIBED HER	MENT WITH RESPECT TO W EIN IS SUBJECT TO ALL TH	HICH THIS
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COMPERCIAL GENERAL LUBILITY			1	PRODUCTS - COMPYOP AGG	\$
CLANAS MADE OCCUR	•			PERSONAL AND ADVINJURY	\$
OWNERS AND CONTRACTORS PROT				EACH OCCURRENCE	\$
$\vdash$				FIRE DAYAGE (Any one fre)	\$
				MED EXP (Any one person)	\$
AUTOHIOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT	\$
ALL OWNED AUTOS SCHEDULED AUTOS				BOOKLY ENURY (Per person)	\$
HIRED AUTOS NON-OWNED AUTOS	SINCE			SOO/LY INURY (Per accident)	\$
Comp De	A·M·SK			PROPERTY DAVAGE	\$
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				EACH ACCIDENT	\$
				AGGREGATE	\$
EXCESS LIABILITY				EACH OCCURRENCE	\$
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WORKERS COMPENSATION AND				WC STATUTORY LIMITS	\$
EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$
THE PROPRIETORY/ PARTNERS/EXECUTIVE (CC)				EL DISEASE - POLICY LIMIT	\$
OFFICERS ARE EXCL				EL DISEASE - EA EMPLOYEE	\$
отнея Professional Liability	D35776850	11/1/2010	11/1/2011	1,000,000 per occuranc	e 2,000,000
SCRPTION OF OPERATIONS/LOCATIONS/VEHILL or the dates of service while at camp				MAY 0	9 2011
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r. Karoline S. Puder		2		OLICIES BE CANCELLED BEFOR	
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145 Deer Run Road ugar Grove, PA 16350		BUT FAXLUR	E TO WAIL SUCH NOTIC	THE CERTIFICATE HOLDER NAV E SHALL IMPOSE NO OBLIGATIO ITS AGENT OR REPRESENTATIV	H OR LIABILITY
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JENNIFER M. GRANHOLM Governor

# STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH LANSING

JANET OLSZEWSKI Dredor

VERIFICATION OF LICENSURE

MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF 05/10/2011

NAME:

Karoline S Puder

BIRTHDATE:

ADDRESS:

TYPE:

Medical Doctor

ORIGINAL DATE: 03/18/1992

EXPIRATION DATE: 01/31/2014

LICENSE NUMBER: OBTAINED BY: 4301059142 Endorsement

STATUS: Active

EXAM DATE

EXAM TYPE

EXAM SCORE OR RESULT PASS

03/01/1989

NBME

DISCIPLINARY ACTION

NONE

**OPEN FORMAL COMPLAINTS** 

NONE

This ficense information was last updated on: 05/10/2011

MAY 1 1 201

RECEIVED DIRECT

BUREAU OF HEALTH PROFESSIONS 611 W. OTTAWA • P.O. BOX 30670 • LANSING, MICHIGAN 46909-6170 www.michican.cov • (517) 335-0918

DCH-0201 (12/03



Home	Contact Us   FAQs   State Board
Validation	This confirms that the MI licensure verification statement for Karoline Puder, was sent to you from the VeriDoc website.  Thank you for using the VeriDoc system.
· ·	

MAY 1 1 2011

# RECEIVED DIRECT

Signature: Hall Date: April 30, 2011

#### KAROLINE SUZANNE PUDER, M.D.

#### ADDRESS:

Office:

Department of Obstetrics and Gynecology Sinai-Grace Hospital/Wayne State University 6071 West Outer Drive Detroit, MI 48235 313-966-3246 Home:

#### PERSONAL DATA:

Birth Date:

#### EDUCATION:

#### Undergraduate:

City College of New York. Sophie Davis School of Biomedical Education.

New York, New York

Seven year B.S./M.D. program.

Bachelor of Science

September 1981-June 1986

#### Medical:

Mount Sinai School of Medicine

New York, New York

Doctor of Medicine

July 1986-June 1988

#### Residency:

Mount Sinai Medical Center, Department of Obstetrics and Gynecology

New York, New York

July 1988-June 1992

#### Fellowship:

Hutzel Hospital/Wayne State University, Maternal-Fetal Medicine Detroit, Michigan July 1992-June 1994 MAY 09 2011

#### **ACADEMIC APPOINTMENTS:**

Clinical Instructor in Obstetrics and Gynecology, Wayne State University. Detroit, Michigan July 1992 - June 1994

Assistant Professor, Obstetrics and Gynecology, Wayne State University. Detroit, Michigan July 1994 – July 2009

Associate Professor, Obstetrics and Gynecology, Wayne State University. Detroit, Michigan August 2009 – present

Residency Site Coordinator, Sinai-Grace Hospital, Wayne State University. Detroit, Michigan
July 2000 – present

#### PROFESSIONAL APPOINTMENTS:

Vice Chief, Department of Obstetrics and Gynecology, Sinai-Grace Hospital. Detroit, Michigan July, 2003 to December, 2010

#### MEDICAL STAFF APPOINTMENTS:

Hutzel Hospital	1992 - present
Detroit Receiving Hospital	1992 - present
Harper Hospital	1992 - present
Sinai-Grace Hospital	1994 - present
Huron Valley Hospital	1997 - present

MAY OS COLL

#### PROFESSIONAL SOCIETY AFFILIATIONS:

American College of Obstetricians and Gynecologist - Fellow Society for Maternal Fetal Medicine - Regular Member Michigan State Medical Society - Regular Member American Institute of Ultrasound in Medicine - Regular Member

Page 3

#### LICENSURE:

State of New York Medical License - #179533 State of Michigan Medical License - #059142

#### **BOARD CERTIFICATION:**

American Board of Obstetrics and Gynecology, Maternal Fetal Medicine, 1998. Recertification 2004, 2005, 2006, 2007, 2008, 2009, 2010. #929468M valid through December 31, 2011.

American Board of Obstetrics and Gynecology, 1996. Recertification 2004, 2005, 2006, 2007, 2008, 2009, 2010. #929468M valid through December 31, 2011.

National Board of Medical Examiners

Certificate # 33603564

Step 1:

06/10/1986

Step 2:

09/29/1987

Step 3:

03/01/1989

MAY 0 8 2011



#### APPLICATION FOR A TEMPORARY LICENSE

\*To Qualify for a Temporary License, You Must Hold an Active Medical License in Another Jurisdiction. If you hold an Osteopathic License, Please Use the Application under the Osteopathic Board.

CHECK THE CIRCUMSTANCE UNDER WHICH YOU ARE SEEKING A TEI	MPORARY LICENSE:

<b>-</b>	Teaching and demonstrating advanced medical and surgical techniques. Applicant must be sponsored by a medical training facility licensed or authorized to do business in this Commonwealth.
	Participating in a medical or surgical procedure necessary for the well being of a specified patient or patients. Applicant must be sponsored by a health care facility licensed or authorized to do business in this Commonwealth and must work in collaboration with a medical doctor holding a license without restriction in this Commonwealth.
<b>A</b>	Practicing medicine and surgery in a camp or resort for no more than three months. Adequate arrangements must be made for back-up medical care if the physician is unable to continue to serve as a medical doctor for the camp or resort.
	Attending to the medical and surgical needs of a person or persons visiting the Commonwealth for a brief period of time.
<u> </u>	Serving as a short-term replacement of a doctor of medicine employed by the Federal Government in a National Health Service Corps Clinic, pursuant to the Project U.S.A. arrangements.
	Other:
REQ	JIRED DOCUMENTS
1.	Submit a \$45.00 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." <u>FEES ARE NOT REFUNDABLE</u> . 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.
2.	Arrange for the hospital, health care facility, employer or camp to complete page 3 of the application. This form must contain an original signature.

## 3.

- Arrange for the collaborating or back-up physician to complete and submit page 4 of the application indicating in detail the acceptance of specific responsibilities. This form must contain an original signature.
- Submit a letter from insurance company, which verifies malpractice insurance coverage at this facility during dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect. 4.
- Contact the State Board where you are currently practicing and request a letter of good standing to be sent directly to the Board. This letter of good standing must be sent directly to the Pennsylvania Board in an official Board envelope.
- Attach a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. 6. MAY OF ZUIT

#### **IMPORTANT INFORMATION**

- Please allow 60 days for processing of this application.
- You may not practice in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Medicine has issued your license.
- Failure to provide sufficient information and supporting documents may result in a processing delay or the return of your application.

Martha Spreen • Presenter Assistant 570.226.4571 • fax: 570.226.1147 MarthaS@amskier.com

# **MEMORANDUM**

To: Commonwealth of Pennsylvania — State Board of Medicine	•
Re: Pennsylvania Temporary License for Camp Doctor	
Date: 5/5/2011	
Name of Applicant: Dr. Karoline S. Puder  Name of Camp: Camp Stone  Dates of service at Camp: 1/3 (2011 to 7/10/2011)	
Name of Camp. Stone	
Dates of service at Camp: $\frac{1}{3}(\sqrt{3})$ to $\frac{7}{10}(\sqrt{3})$	
Enclosed, please find:	,
Completed Temporary License Application	
Check in the amount of \$ 45.00	
Letter from Back-Up Physician	
Letter from Camp Director	
Current Curriculum Vitae	
Medical Malpractice Insurance Certificate	MAY 09 20
Thank you,	
Masha Sprew	
Martha Spreen	
AMSKIER	

The Federation of State Medical Boards of the United States, Inc PO Box 619850 Dallas, Texas 75261-9850 Telephone: (317)868-4000 FAX (817)868-4099

#### BOARD ACTION CLEARANCE REPORT

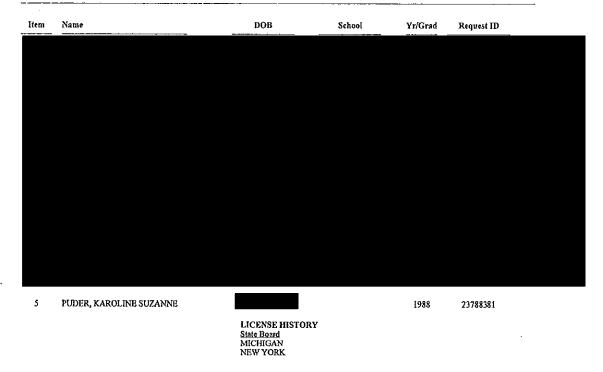
May 26, 2011

Atta: Taramy Dougherty Pennsylvania State Board of Medicine Taramy Dougherty PO Box 2649 Harrisburg, PA 17105

Re: Board Action Query Dated: May 26, 2011 Your Reference Number: ahollinger FSMB Batch Number: BQ1914864

The following is a report of the search results from the Board Action Data Bank as of May 26, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 26, 2011



PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS STATE BOARD OF MEDICINE P. O. Box 2649 Harrisburg, PA 17105-2649 www.dos.state.pa.us

April 12, 2012

KAROLINE SUZANNE PUDER CAMP STONE 2145 DEER RUN ROAD SUGAR GROVE PA 16350

### **TEMPORARY AUTHORITY TO PRACTICE**

CLASSIFICATION:

Temporary MD License Camp Physician

**TEMPORARY LICENSE #:** 

TMD003118

DATE OF APPROVAL:

07/08/2012

**EXPIRATION DATE:** 

07/15/2012

Signature - Temporary Practice Holder

Commissioner

Bureau of Professional and Occupational Affairs

SEAL

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110

ImDU03118

Make check payable to the \*Commonwealth of Application Fee: SPennsylvania.\* Note: \$45.00 not refundable. 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. (PRINT OR TYPE) **Applicant Information** Karolini uzann-Name Address Social Security Number Date of Birth Name of Medical School (s) Attended 1988 Date of Graduation Identify which state license you are using to apply for the temporary license Name and address of Pennsylvania Health Care Facility, Camp, or Organization of Employment 16350 Name and address of Attending Physician, Supervisor, or Agency Head MATLAGA ROHAN DK٠ BODINE W. Address STREET 18431 PA HONESDALE

APPLICATION FOR TEMPORARY LICENSE

🗒 MAR 1 9 2012

Answer the following questions. If "YES" is answered to #2 through #7, 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 or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in any jurisdiction?  If yes, list the jurisdiction(s) here:	/	
2) Have you ever withdrawn an application for a license, certification, or registration, had an application denied or refused, or agreed not to reapply in another state, territory or country?		/
3) Has any disciplinary action been taken against your license, certification, or registration in another state, territory or country?		<b>\</b>
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, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		<b>/</b>
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?		V
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

Note that disclosing your social security number on this application is <u>mandatory</u> in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is <u>mandatory</u> in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

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 or certificate.

Signature of Applicant

Date

MAR 1 9 2012

2

# HOSPITAL, HEALTH CARE FACILITY, EMPLOYER OR GAME VERIFICATION FORM

Name and Address of Pennsylvania Health Care Facility, Camp or organization of employment:
Name Camp Stone
Address 2145 Deer Run Rd-
Sugar Grove PA 16350 City State Zip Code
Name of Temporary License Applicant Karoline Puder
Dates of service for the Applicant 9812 - 7/15/12
List in detail the anticipated practice of the applicant. This must include the type of practice and frequency of practice.
Diagnosis and treatment of common ambulatory illnesses including but not limited to suturing and any other procedure physician is skilled and comfortable performing.
Signature Nancy Lewmark
Title Administrator
Date_ 2/15/12

MAR 1 9 2012

3



### COLLABORATING/BACK UP DOCTOR FORM

Collaborating/Back-Up Doctor's Name	Roman Matlaga, DO	
License Number of Collaborating/Back-U	Jp Doctor <u>MD</u> 05-008779-L	
Name of Temporary License Applicant	Karoline Puder	
Dates You Will Serve as the Collaborating	g/Back-Up Doctor <u>7/8/2012</u> - 7/15	5/2012
Name and Address of Pennsylvania Heali	se Applicant Karoline Puder  de Collaborating/Back-Up Doctor 7/8/2012 - 7/15/2012  Insylvania Health Care Facility, Camp, or organization of employment:  Description Street  PA 16350 State Zip Code  aborating/Back-Up Doctor for the Above Named Applicant in the graded Dutlies/Procedures:  Insulation of the Above Named Applicant in the graded Dutlies/Procedures:  Insulation of the Above Named Applicant in the graded Dutlies/Procedures of the Above Named Applicant in the graded Dutlies/Procedur	
Name Young Israel Camp Stone		16350 Zip Code Applicant in the  ng. Splinting and dications including his/her expertise or
Address_ 2145 Deer Run Rd.	Ctroot	
Sugar Grove		16350
City		
stabilization of a suspected broken or strained ex	tremity. Appropriate prescribing of medi-	cations including
Signature of Collaborating/Back-Up Doctor_ Date3/5/19		MAR 1 9 2012

ACORD CERTI	FIC	CA	TE OF LIABILI	TY INSUF	RANCE		DATE	(HUDDYY) 3/2/2012	
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	HUUI	56111	ent(s).	CONTACT					
DUCER					ier Agency, In				
A. M. Skier Agency				PHONE (A'C, No, Ext): 570-2:	26-4571; 800-2	245-2666 FAX (AC, No): 57	0-228	-1105	
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Sugar Grove, PA 16350				INSURER D:		••		1 "	
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JENNIFER M. GRANHOLM Governor

## STATE OF MICHIGAN DEPARTMENT OF COMMUNITY HEALTH LANSING

JANET OLSZEWSKI Director

## **VERIFICATION OF LICENSURE** MICHIGAN BOARD OF MEDICINE VERIFICATION OF LICENSURE AS OF 03/11/2012

NAME:

Karoline S Puder

BIRTHDATE:

ADDRESS:

TYPE:

Medical Doctor

ORIGINAL DATE: 03/18/1992

LICENSE NUMBER:

4301059142

EXPIRATION DATE: 01/31/2014

**OBTAINED BY:** 

Endorsement

STATUS: Active

EXAM DATE 03/01/1989

**EXAM TYPE** NBME

**EXAM SCORE OR RESULT** 

PASS

**DISCIPLINARY ACTION** 

NONE

**OPEN FORMAL COMPLAINTS** 

NONE

This Idense information was last updated on: 03/11/2012

RECEIVED DIRECT



BUREAU OF HEALTH PROFESSIONS 





Home	Contact Us   FAQs   State Bo
Validation	This confirms that the MI licensure verification statement for Karoline Puder, was sent to you from the VeriDoc website.
	Thank you for using the VeriDoc system.
	·



Signature: HW

Home:

Date: March 4, 2012

## KAROLINE SUZANNE PUDER, M.D.

#### ADDRESS:

Office:

Department of Obstetrics and Gynecology Sinai-Grace Hospital/Wayne State University 6071 West Outer Drive Detroit, MI 48235 313-966-3246

## PERSONAL DATA:

Birth Date:

## **EDUCATION:**

### Undergraduate:

City College of New York. Sophie Davis School of Biomedical Education.

New York, New York

Seven year B.S./M.D. program.

Bachelor of Science

September 1981-June 1986

#### Medical:

Mount Sinai School of Medicine New York, New York Doctor of Medicine July 1986-June 1988

## Residency:

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July 1988-June 1992

### Fellowship:

Hutzel Hospital/Wayne State University, Maternal-Fetal Medicine Detroit, Michigan July 1992-June 1994

MAR 1 9 2012

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National Board of Medical Examiners

Certificate # 33603564

Step 1:

06/10/1986

Step 2:

09/29/1987

Step 3:

03/01/1989



The Federation of State Medical Boards of the United States, Jac PO Box 619850 Dallas, Texas 75261-9850 Telephone: (817)868-4000 FAX (817)868-4099

#### BOARD ACTION CLEARANCE REPORT

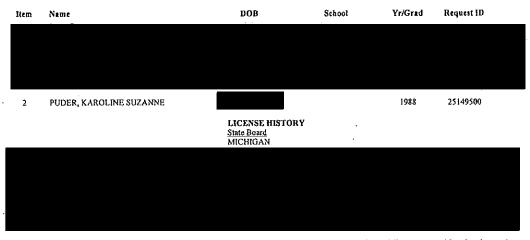
April 12, 2012

Attn: Tammy Dougherty Pennsylvania State Board of Medicine Tammy Dougherty PO Box 2649 Harrisburg, PA 17105

Re: Board Action Query Dated: April 12, 2012 Your Reference Number: ahollinger FSMB Batch Number: BQ2059119

The following is a report of the search results from the Board Action Data Bank as of April 12, 2012 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of April 12, 2012



PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

49-103 (03/08)

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CHECK THE	CIRCUMSTANCE	LINDER WHICH	YOU ARE SE	FKING A TF	MPORARY LICENSE:

	Teaching and demonstrating advanced medical and surgical techniques. Applicant must be sponsored by a medical training facility licensed or authorized to do business in this Commonwealth.
	Participating in a medical or surgical procedure necessary for the well being of a specified patient or patients. Applicant must be sconsored by a health care facility licensed or authorized to do business in this Commonwealth and must work in collaboration with a medical doctor holding a license without restriction in this Commonwealth.
Ø	Practicing medicine and surgery in a camp or resort for no more than three months. Adequate arrangements must be made for back-up medical care if the physician is unable to continue to serve as a medical doctor for the camp or resort.
	Attending to the medical and surgical needs of a person or persons visiting the Commonwealth for a brief period of time.
	Serving as a short-term replacement of a doctor of medicine employed by the Federal Government in a National Health Service Corps Clinic, pursuant to the Project U.S.A. arrangements.
Π,	Other:

#### REQUIRED DOCUMENTS

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- Submit a letter from insurance company, which verifies malpractice insurance coverage at this facility during dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.
- Contact the State Board where you are currently practicing and request a letter of good standing to be sent directly to the Board. This letter of good standing must be sent directly to the Pennsylvania Board in an official Board envelope.
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## **IMPORTANT INFORMATION**

MAR 1 9 2012

- Please allow 60 days for processing of this application.
- You may not practice in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Medicine
  has issued your license.
- Failure to provide sufficient information and supporting documents may result in a processing delay or the return of your application.

Magdalena Mozga • Workshops Coordinator 570.226.4571 • fax: 570.226.1147 MagdalenaM@amskier.com

## **MEMORANDUM**

To: Commonwealth of Pennsylvania – State Board of Medicine

Re: Pennsylvania Temporary License for Camp Doctor

Date: 3/16/2012/

Name of Applicant: Karoline Puder

Name of Camp: Camp Stone

Dates of service at Camp: 7/8/2012 – 7/15/2012

## Enclosed, please find:

☑ Completed Temporary License Application

Check in the amount of \$45.00

✓ Letter from Camp Director

√ Current Curriculum Vitae

Medical Malpractice Insurance Certificate

Thank you,

Mayor heaven

Magdalena Mozga



MAR 1 9 2017



×

## TARGET SHEET

**Board: Medicine** 

<u>Licensee Full Name:</u> KAROLINE SUZANNE PUDER

License No: TMD003283

3106129\_LIC\_1\_04/10/2013

# COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS STATE BOARD OF MEDICINE P. O. Box 2649 Harrisburg, PA 17105-2649 www.dos.state.pa.us

April 10, 2013

KAROLINE SUZANNE PUDER CAMP STONE 2145 DEER RUN RD SUGAR GROVE PA 16350

## TEMPORARY AUTHORITY TO PRACTICE

CLASSIFICATION:

Temporary MD License Camp Physician

**TEMPORARY LICENSE #:** 

TMD003283

DATE OF APPROVAL:

07/07/2013

**EXPIRATION DATE:** 

07/14/2013

Signature - Temporary Practice Holder

Commissioner

Bureau of Professional and Occupational Affairs

SEAL

7/7-7/14

(01/2012)

Regular Mailing Address
STATE BOARD OF MEDICINE

Courier Delivery Address

P.O. BOX 2649 HARRISBURG, PA 17105-2649	STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET								
717-783-1400/717-787-2381 Email: st-medicine@pa.gov	HARRISBURG, PA 17110								
Effail. Statedichie(@pa.gov	325485								
APPLICATION FOR A TEMPORARY LICENSE									
APPLICATION FEE: \$45 fee. Check or money order, made payable to the "Commonwealth of Pennsylvania."  FEES ARE NOT REFUNDABLE. Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.									
APPLICANT IN (Please Pri									
NAME: Last Puder First	Karoline Middle Suzame.								
ADDRESS: Street									
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EMAIL ADDRESS:									
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CURRENT STATE LICENSE BEING USED TO APPLY FOR A TEMPORARY LICENSE IN PA:	hican.								
NAME AND ADDRESS OF PEN FACILITY, CAMP OF	NSYLVANIA HEALTH CARE R ORGANIZATION								
NAME OF ORGANIZATION: Camp Stome									
ADDRESS: Street 2145 Deer Run Ed.									
City: Sugar Grand State PA ZIP 16350									
NAME AND ADDRESS OF BACK-UP PHYSICIAN, SUPERVISOR OR AGENCY HEAD									
NAME: Last HATLAGA First	KOHAN Middle								
ADDRESS: Street 103 SPRUCE ST.	SUITE 201								
City: HAULEY	State PA ZIP 184Z8								

Anchier

	LEGAL QUESTIONS					
	YOU MUST ANSWER THE FOLLOWING QUESTIONS.					
if you of rele	answer "YES" to #2 through #7, provide complete details on a separate sheet of paper as well as cerevant documents. Sign and date below.	tified co	pies			
		Yes	No			
1.	Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in any jurisdiction?  If yes, list the jurisdiction(s) here:  UICM 400 1	<b>V</b>				
2.	Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		/			
3.	Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		/			
Have you been convicted, found guilty or pleaded noto contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.						
5.	Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		/			
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?		V			
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 regulrements of the Pennsylvania Department of State Professional Health Monitoring Program.					
	SIGNED STATEMENT					
the C Committee li to co Prote I veri unde falsifi hosp	that disclosing your social security number on this application is <u>mandatory</u> in order for the State Board by with the requirements of the federal Social Security Act pertaining to child support enforcement, as Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child supmonwealth's licensing boards must provide to the Department of Public Welfare information prescribe censee, including the social security number. Additionally, disclosing the number is <u>mandatory</u> in order to make the requirements of the federal National Practitioner Data Bank and the Health cection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number. The statements in this application are true and correct to the best of my knowledge, informate instand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relationation to authorities and may result in the suspension or revocation of my license or certificate. I here it is institutions or organizations, my references, personal physicians, employers (past and permental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvaniticine and instrumentalities discretely by the Board.	port ord d by DP ler for the are Integ lon and iting to eby auth resent),	ented in lers, the W about is board prity and belief. I unsworn and all			

Signature of Applicant

(01/2012)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@pa.gov

Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110

## APPLICATION FOR A TEMPORARY LICENSE

icense. You Must Hold an Active Medical License in Another Jurisdiction.

	10 Quality for a Tellipotaty License, 100 illustration all Active medical accounts						
	If you hold an Osteopathic License, <u>please use the application under the Osteopathic Board</u> .						
CHE	CK THE CIRCUMSTANCE UNDER WHICH YOU ARE SEEKING A TEMPORARY LICENSE:						
0	Teaching and demonstrating advanced medical and surgical techniques. Applicant must be sponsored by a medical training facility licensed or authorized to do business in this Commonwealth.						
	Participating in a medical or surgical procedure necessary for the well being of a specified patient or patients. Applicant must be sponsored by a health care facility licensed or authorized to do business in this Commonwealth and must work in collaboration with a medical doctor holding a license without restriction in this Commonwealth.						
×	Practicing medicine and surgery in a camp or resort for no more than three months. Adequate arrangements must be made for back-up medical care if the physician is unable to continue to serve as a medical doctor for the camp or resort.						
	Attending to the medical and surgical needs of a person or persons visiting the Commonwealth for a brief period of time.						
	Serving as a short-term replacement of a doctor of medicine employed by the Federal Government in a National Health Service Corps Clinic, pursuant to the Project U.S.A. arrangements.						
	Other:						
REQUIRED DOCUMENTS							
1.	Submit a \$45.00 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." <u>FEES ARE NOT REFUNDABLE</u> . 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. Your cancelled check is your receipt.						
2.	Arrange for the hospital, health care facility, employer or camp to complete page 3 of the application. This form must contain an original signature.						
3.	Arrange for the collaborating or back-up physician to complete and submit page 4 of the application indicating in detail the acceptance of specific responsibilities. This form must contain an original signature.						
4.	Submit a letter from an insurance company which verifies malpractice insurance coverage at this facility during the dates of practice in Pennsylvania. This letter must include the policy number. If self-insured, provide a statement to this effect.						
5.	Contact the State Board where you are currently practicing and request a letter of good standing to be sent directly to the Board. This letter of good standing must be sent directly to the Pennsylvania Board in their official Board envelope.						
6.	Attach a current Curriculum Vitae listing <u>all</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.						
IMPORTANT INFORMATION							
1.	Please allow 60 days for processing of this application.						
2.	You may not practice in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Medicine has issued you a license.						
3.	Failure to provide sufficient information and supporting documents may result in a processing delay or the return of your application.						

APP 1 3

CAMP VERIFICATION FORM								
PENNSYLVANIA CAMP								
NAME OF CAMP:	Camp Stone							
ADDRESS:	Street 2145 De	er Run F	₹d.					
City: Sugar Gr	ove		Sta	PA			ZIP 16350	
NAME OF APPLICANT:	Last PUDER			AROLINE		Middle SUZAN/		
DATES OF SERVICE	CE FOR THE APPLIC	CANT:		nth/Dav/Year		<u>To</u> : Month/Dav/Y フ/14 /	/ear //3	
practice and fi Physic well at medical physic day fo rash, n	LIST IN DETAIL THE ANTICIPATED PRACTICE OF THE APPLICANT. THIS MUST INCLUDE THE TYPE OF PRACTICE AND FREQUENCY OF PRACTICE.  Plusicia, will be in Cail 24 hours day during her well as great medical case for Campers & Staff.  Medical case for Campers & Staff.  Physicia, will also run infirmary hours two times per husicia, will also run infirmary hours two times per day for non Emergrey matters, i.e., Sometivant, ears,							
Doctor will assess each (ise I treat or refer to outside doctor or EK if patient helds X-ray, I.V., or something the physician is not able is completable treating at comp.  Physician will also prescribe medicine as needed toutseach through local pharmacy I oversee distribution of daily meds as well.								
PRINTED NAME:		& NEW	MAK.	 K_			·	
TITLE:		ISTRAT						
SIGNATURE:	-	hum			,			
DATE:	13 11	Yes	2613					

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LICENSE NUMBER COLLABORATING		YSICIAN:	OS008779L					
NAME OF TEMPOR	RARY	Last		First		Middle		
LICENSE APPLICA		Puder		Karoline		Suzanne		
DATES YOU WILL COLLABORATING			From: Month/D 7/7/20		1-	nth/Day/Year 4/2013		
	章 <b>建</b> P	ENNSYLVAN CAMF	NIA HEALTH	I CARE FACILIT	γ <u>,</u>			
NAME OF ORGANIZATION:	Camp Sto	ne .					•	
ADDRESS:	Street 2145	Deer Run Ro	i.		•			
City Sugar Grove	е		Sta	ate PA			ZIP 16350	
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## **Curriculum Vitae**

## Karoline Suzanne Puder, MD

Α	d	d	r	e	s	S	•

Office:

Home:

6071 W. Outer Dr. Detroit, MI 48235

Date of Birth:

Medical School:

Mount Sinai School of Medicine New York, NY Graduation – June 1988

Residency:

Mount Sinai Hospital Obstetrics and Gynecology New York, NY July 1988-June 1992

Fellowship:

Hutzel Hospital/Wayne State University Maternal-Fetal Medicine Detroit, MI July 1992-June 1994

Attending Physician:

Wayne State University
Department of Obstetrics and Gynecology
Maternal-Fetal Medicine
Detroit, MI
July 1994-present

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		Hawley, P							ADORE	ss: amski	er@amskier.c			
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ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

Magdalena Mozga • Assistant Service Director 570.226.4571 • fax: 570.226.1147 MagdalenaM@amskier.com

## **MEMORANDUM**

To: Commonwealth of Pennsylvania – State Board of Medicine

Re: Pennsylvania Temporary License for Camp Doctor

Date: 4/5/2013

Name of Applicant: Karoline Suzanne Puder, MD

Name of Camp: Camp Stone

Dates of service at Camp: 7/7/2013 - 7/14/2013

## Enclosed, please find:

Check in the amount of \$ 45.00

Letter from Back-Up Physician

Medical Malpractice Insurance Certificate

Please email me at MagdalenaM@amskier.com with any questions.

Thank you,

Maggie hoxga

Magdalena Mozga





RICK SNYDER GOVERNOR

## STATE OF MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS BUREAU OF HEALTH CARE SERVICES

STEVE ARWOOD DIRECTOR

## VERIFICATION OF LICENSURE MICHIGAN BOARD OF MEDICINE VERIFICATION OF LICENSURE AS OF March 31, 2013

STATUS: Active

NAME:

Karoline \$ Puder

BIRTHDATE:

ADDRESS:



TYPE:

Medical Doctor

ORIGINAL DATE: 03/18/1992

LICENSE NUMBER:

4301059142

EXPIRATION DATE: 01/31/2014

OBTAINED BY:

Endorsement

EXAM DATE 03/01/1989 EXAM TYPE NBME EXAM SCORE OR RESULT
PASS

DISCIPLINARY ACTION

NONE

NONE

OPEN FORMAL COMPLAINTS

This scense information was last updated on: 3/30/2013

PECENIED CHARCT

## Semic, Cindy

From:

ST, MEDICINE

Sent:

To:

Subject:

Monday, April 01, 2013 9:09 AM Semic, Cindy FW: License Verification Statement - Puder, Karoline (MD)

Attachments:

v150325AA.pdf

From: <a href="mailto:support@yeridoc.org">support@yeridoc.org</a>]
Sent: Sunday, March 31, 2013 11:21 AM

To: ST, MEDICINE

Subject: License Verification Statement - Puder, Karoline (MD)

Verification of Licensure Status

The attached verification report has been sent to you by the VeriDoc.org website. This email can be verified as coming from this site by clicking on the link below.

## Validate Verifications

Physician: Puder, Karoline

Transaction ID: 150325

Confirmation Number: 10796901911718311327

Information from the attached verification can be refreshed for up to 6 months. To view an updated copy, click

on link below.

Michigan Board of Medicine

**化等的 排除的** 



# Welcome to VeriDoc

Home -	Contact Us   FAQs   State Boards
Validation	
This confirms that the attached licensure veri to you from the VeriDoc website.	fication statement(s) for Karoline Puder, were sent
Thank you for using the VeriDoc system.	Į.
	,
	Disclaimer   Privacy Policy

PROFESSION DIRECT

## The Federation of State Medical Boards of the United States, Inc.

PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
FAX (817) 868-4099

#### BOARD ACTION CLEARANCE REPORT

April 10, 2013

Pennsylvania State Board of Medicine Attn: Tammy Dougherty PO Box 2649 Harrisburg, PA 17105

Re: Board Action Query Dated:

April 10, 2013

Your Reference Number:

AB

FSMB Batch Number:

BQ2235558

The following is a report of the search results from the Board Action Data Bank as of

April 10, 2013 .

for practitioners submitted as part of the above-referenced batch for which NO board actions were identified,

Practitioners Cleared with No Actions as of

April 10, 2013

Item Name	DOB	School	Yr/Grad	Request II
1 PUDER, KAROLINE SUZ	ANNE		1988	2653810
	LICENSE HISTORY			
	State Board			
	MICHIGAN			
	NEW YORK			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure yerification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

## Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs If Q. Box 2049 Hamsburg, PA-17105 7649 Www.dos state pages

May 14 9000

KAROLINE SUZANNE PUDER CAMP STONE 2145 DEER RUN ROAD SUGAR GROVE PA. 16350

## APPROVAL LETTER

Having fully met the requirements of the State Board of Medicine, the following approval has been granted.

LICENSE

Lomporary MD Liconso

LICENSE NUMBER

TM0002633

ISSUE DATE

07/12/2009

EXPIRATION DATE:

67.19/2000

Séai

(commission)

Aurean of Professional and Occupational Alfaes

Board L. Merryla

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: at inedicing distalor parus

Application Fee:

Pennsylvania Note:

Courter Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG PA 17110

Make chack payable to the Commonwealth of

APPLICATION FOR TEMPORARY LICENSE

\$45.00 not refundable

Thursday 3

A processing lee of \$20.00 will be charged for any cheek of monoy critical returned unpaid by your bank, requirities of the reason for non-payment (PRINT OR TYPE) Applicant Information Puder Karoline Juzanne Address Date of Both Score Secrets Northern Hamil of Medical School of Medical And Sinal School of Medical A June 1988 Dalp of Gradualsan though which shall be a concept on any using its apply for the language process. N.T. # 4301 059 142 Name and address of Pennsylvania Health Care Facility, Camp, or Organization of Employment Name LAMD Andrew 2145 Deer Run Kocd (6354) Nilms and address of Attending Physician, Supervisor, or Agency Head Maria III TELENOSE I PARTICIPALICA Addition III Line Constitution of the second Mary Cally and the same of the same of the same of the same of the same of the same of the same of the same of

Answer the following questions: If "YES" is answered to #2 through #7, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below

	YES	NO	Charles Comments
1) Do you hold or have you ever held an normaliseted license, combination, so requires (notification) so requires (notification) for inspired to plactice medicate and security as any literation?  It was list the licestistismist have: Michigan, New York.			東京等等等 十八十十八八十
2) Have you ever withdrawn an application to succeese, condection or aspectation but an application decided or returned or agreed out to coapply as another state. Investigation country?		V	はずいないかどう きょうしず
3) Has any disciplionry betroe bear tilkon aguinst ying benesia readscation is registration in another state terminy or country		. November 1	The said has been
d) Have you been convicted, lound godly or planted godly or noncesstenders as received probation without verdict its loung ferons or mistenders it including any drug law violation to any state or federal cour?		V	
5) Have you had practice provinges deried revoked or restmand in a trouplan of Junion bealth care landly, or have you have suggest by a hipportal provinces, or results facility with violeting research promotes, talescopy research or negatively in given research meaning the promotes allescopy research.			The second of th
6) Have you had your OFA registration dening through a quatic test or have proceed your provider privileges terminated by any medical desertaine agency for cancer.			The second secon
7) Are your or have you ever been inducted to the intemperate result alcohold a taking habitiral use of parceless or other habit forming drops? 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.			
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## SIGNED STATEMENT

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Signature of Applicant

3/24/09

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## HOSPITAL, HEALTH CARE FACILITY, EMPLOYER OR CAMP VERIFICATION FORM 2008

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CREQUENCY OF PRACTICE PRACTICE OF THE APPLICANT! THIS MUST INCLUDE THE TYPE OF PRACTICE AND

Diagnosts and treatment of continon ambulatory illnesses including for not limited to suluting and any other procedure physician is skilled and comfortable performing.

# COLLABORATING/BACK UP DOCTOR FORM

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NAME AND ADDRESS OF PENNSYCVANIA NEAL	TAGARE FACILITY CAMP ON ORGANIZATION OF EMPLOYMENT
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Office.

Dept. of Obstatucs and Gynecology Sinal-Grace Hospital/Wayno State University 607.1 West Outer Drive Detroit: MI 48235 313:966:3246

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## PERSONAL DATA:

Birth Date:

## EDUCATION:

## Followship

Hutzet Hospital Wayer State University, Matemal Fetal Medicine Detroit, Michigan July, 1992-June, 1994

## Residency

Mount Sinai Madical Captor, Department of Obstatrics and tsyon ology New York, New York 1988-1992

## Medical:

Mount Sinat School of Medicine New York: New York Doctor of Modicine 1986-1988

## Undergraduate:

City College of New York - Sophie Davis School of Biomedical Education New York, New York Seven your B.S./M.D. program Bachdlor of Science 1981/1986

## ACADEMIC APPOINTMENTS:

Assistant Professor/Obstetnes and Gynecology Wayne State University July 1994: presen

Clinical Instructor in Obstetrics and Gynacology. Wayne State University July 1992. June, 1994.

Residency Site Coordinator, Simil Grace Flospilar Wayne State University . July 2000 - present

## PROFESSIONAL APPOINTMENTS

Vice Chief, Department of Obstetrics and Gynocology, Singi-Grace Haspital July 2003 to present

## MEDICAL STAFF APPOINTMENTS

Hützel Hospital	1992.7	present:
		present
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## PROFESSIONAL SOCIETY AFFILIATIONS.

American College of Obstetricians and Gynecologist - Fellow Society for Maternal Fotal Medicine - Regular Member Michigan State Medical Society - Regular Member American Institute of Ultrasound in Medicine - Regular Member

## LICENSURE

State of New York Medical License - #17953.3 State of Michigan Medical License - #059142

## BOARD CERTIFICATION

American Board of Obstetrics and Gynecology Maternal Fulat Medicina, 1998 Recentification 2004, 2005, 2006, 2007, 2008

American Board of Obstetrics and Gynecology, 1990 Recommention 2004, 2005, 2006, 2007, 2008

National Board of Modical Examinors Combrate # 3300 1504

 Step 1
 06/10/1986

 Step 2
 09/29/1987

 Step 3
 03/04/1989

## HONORS AND AWARDS

## Postgraduato

Dr. Sidney Druce Resident Award for Academic Excellence (1992)

WSU/Hutzel Hospital Junior Faculty Traching Award (1994)

WSU/Hutzel Hospital Senior Faculty Teaching Award (1996)

WSU School of Medicine College Paculty Tracking Award (1997)

Sinal-Grace Hospital Dept. of Internal Medicine Resident-Traching Award. (2000)

APGO Faculty Teaching Award (2004)

## Medical School

DC, Alan F. Guttmacher Prize for Excellence in Obstitues and Gynocology (1988)

## Undergraduate<sup>®</sup>

National Mont Scholarship

Summa cum laude

Dean's List

## SERVICE:

## Patient Care

Maternal Medicine Division, Department of Obstatocs/Gynocology, Choicai Services as assigned by division director on an average four days/seas. Usual clinical sites include Sinai Grace Hospital and Huron Valley Sinai Hospital and ultrasound coverage at Hutzel Women's Hospital.

## Editorial Boards

Reviewer Fetal Diagnosis and Therapy 1903 present

Reviewer, Obstetrics and Gynecology, 1994 present.

## Institutional/Local Committees and Boards

Rediathc/Maternal Child Advisory Board, Renalistance Home Howith Gaze, 0.96, 2001

Wayne State University Husban Investigation Committee 9/96 (1200)

Wayno State University Pridiatric Institutional Review Board, days 12 gg

Hutzet Hospital Clinical Pathways Development Committee for DRG 371, 1994.

March of Dimes Birth Defects Foundation. Health Professional Advisory Council (HPAC): 1995-1999

Chairman: Sinai-Grace Hospital Obstetrics and Gynecology Joint Practice Committee, 1995 (Present)

Grace Hospital Schib Allocation Task Force, 1996.

Akiva Hebrew Day School member of Boald of Directors, July 1999, 2001

Medication Use Committee member, providing medication management for SingleGrace Hospital patients. This committee is a subcommittee of the DMC P&T (Pharmacy and Therapoulics) December 2001. Gurant

J. P. McCarthy Cord Stem Cell Bank Cord Blood study program. Such Grace resource person for members at Kampinos Cancer lastitute I work with the medical students through the Women's Diagnostic Unit at Smar Grace Hospital in creating a program for copsant, collection and training. July 2007. Current

Women's Health Physical Therapy Services Center at Crowne Pointe: Southfield Mi. Provide guidance and assistance to women's physical therapy committee: (PT) in planning for promoting and eventual set up of this much needed women's health service. December 2007. Current

## Grand Rounds

Obstetrical Forceps in the Ewenty First Century, the Art - North Cakland Medical Center, Pontiac, Mr. December 18, 1994

Obstatrical Forceps in the Twenty-First Century the Science North Onkland - Medical Center Pontins MJ February 1: 1995

Basic Fetal Echocardiography DMC Sinai Hospital Dotroit Mi October 8, 1998

Felal Cardiac Anomalies - DMC Signi Hospital, Detroit, ML March 11, 1999

Controversies and Updates in Obstetoes and MFM : Operative Vaginal 
Delivery : Hutzel Women's Hospital : Delivery : Hutzel Women's Hospital : Delivery : Hutzel Women's Hospital : Delivery : Mil. October 14 : 2005

Assessment of the Fetal Patient for Aneuploidy and Anomalies - Department of Perinatology and Neonatology, Stear-Grace Hospital: Detroit Mr., April 18 2007 Aneuploidy Screening and Testing: Recent Changes in ACOG
Recommendations: Department of Obstatrics and Gynecology, Sinar Grace
Hospital, Detroit, MI - January 13, 2009

Aneuploidy Screening and Testing Rocent Changes in ACOG
Recommendations — Department of Obstetnics and Gynecology, St. John
Hospital and Medical Center, Detroit, Ml., February 2, 2009

## TEACHING

Director, Obstetric Ultrasonography Rotation for Year I Residents

## Medical student lectures

Prenatal and postnatal care.

Normal and abnormal labor

Third trimester bleeding

Fetal medicing

Egtal monitoring

Abnormal labor/induction and augmentation of labor

Postpartum complications (hemorrhage, infection, depression, lactation)

## Resident lectures

Normat and abnormal labor
Ultrasound-guided needle procedures workshop
Fetal physiology
Breech delivery
Collagen vascular disease in Pregnancy
Renal Disease in Pregnancy

## GRANTS:

DA021668 (Pl: Ondersma, S., Ph.D.) 09/01/2007-08/31/2009 NIDA \$413-875

A computer assisted brief motivational intervention for smoking during pregnancy

This study primarily seeks to develop and pilot test a brief computer based intervention and contingency management intervention for smoking during pregnancy I serve as a consultant on this study providing assistance with recruitment and interpretation/publication of testills

F31 AA16256 (PL Tzilos Mentor/Ondersma) 01/01/2007 - 12/31/2009 NIAAA

## \$93,912

A bnet computer based intervention for alcohol use during programsy

This Kirschstein National Research Service Award (NRSA) training grant-will test the efficacy of a computer delivered motivational intervention for woman using alcohol during pregnancy and will specifically evaluate the moderating role of executive functioning. Eserve as a consultant to the study and advisor to Ms. Tailos on this graduate student training grant.

## **PUBLICATIONS**

## ARTICLES:

Morgan JP. **Puder KS**. Wang BW. Phonylpropanolamine and blood pressure. Clinical Pharmacology and Therapeutics 39:102-3, 1986.

Morgan JP. Wesson DR. **Puder KS**. Smith DE. Duplicitous drugs, the history and recent status of look alike drugs. Journal of Psychoactive Drugs 10:21-31.

Puder KS: Morgan JP. Persuading by citation, an analysis of the references of lifty-three published reports of phenylpropanolamine's clinical toxicity. Clinical Pharmacology and Therapeutics 42:1-9, 1987.

Pudor KS, Kagan DV, Morgan JP. Illigit mothamphotaming analysis, synthesis and availability. American Journal of Drug and Alcohol Abuse 14 403-73. 1988

Morgan JP, **Puder KS**. Post-operative analgesia, variations in prescribed and administered opioid dosages. Advances in Pain Research and Therapy 11, 125-80, 1989.

Quintero RA: **Puder KS**: Colton DB: Transabdominal thin gauge embryofetoscopy: a new prenatal diagnostics technique. British Madicial Ultrasound Society Bulletin: 1(3):24-30: 1003

Quintern RA: Puder KS: Collon DB: Embryoscopy and fotoscopy: Obstatrics and Gynecology Clinics of North America 20:563-81, 1993

**Puder KS**, Sorokin Y. Boltoms SE. Hallak M. Cotton DB: Ambientusion does the choice of solution adversely affect neonatal electrolyte balance? Obstetucs and Gynecology 84:956:59: 1994.

Quintero RA. Reich H. **Puder KS**. Bardicel M. Evans MI. Colton DB. Romero R. Brief report, umbilical cord ligation of an acardiac twin by fetoscopy at 19 weeks of gestation. New England Journal of Medicine 330, 469-71, 1994.

Quintero RA. Puder KS. Bardicof M. Rossman K. Acosto L. Esclapos M. Cotton DB: Hydrolaparoscopy in the rabbit a fine model for the development of operative feloscopy. American Journal of Obstatrics and Gynacology 121-1139.

Puller KS. Humes RA. Gold RE, Bawle EV, Govert GL. The genetic implication for preceding generations of the prenatal diagnosis of interrupted works arch in association with unsuspected DiGeorge anomaly. American Journal of Obstetnes and Gynecology 173 239-41, 1995

**Puder KS**: Sherer DM: Ross RD: Silva MI, King ME: Treadwell MC: Romero R Prenatal ultrasonographic diagnosis of ductos interiosus aneurysm with spontaneous neonalal closure: Ultrasound in Obstetrics and Gynecology 5-342. 5-1995

Berty SM, Puder KS, Bultoms SF, Uckele JE, Romoro R, Collon DB Comparison of intrautering hematologic and biochemical values between twin pairs with and without stack twin syndrome. American Journal of Obstetnes and Gynecology 172:1403-10: 1995

Berry SM, Romero, Gomez R. Puder KS, Ghezzi F. Collon DB. Biznichi DVi Premature partuntion is characterized by in utero activation of the tetal jamiune system. American Journal of Obstetrics and Gynecology 173,1315-20, 1905.

Borry SM, Leicoller B, Smith RS, Bergau G, Dombrowski MP. **Puder KS**, Kilhier K, Bidat C, Johnson MP. Cohon DB - Predictive value of tetal serum bota 2 microglobulin for neonatel tenal function - Lancot 145,1277 8, 116)6

Puder KS, Gonik B. Treadwall M. Ultrasound characteristics of in situra selection. Infectious Diseases in Obstatrics and Gynecology 5-262-276-3967

Uniouette JM **Puder KS**, Berry SM Bryant DR, Domprækski MP (kg. Inflammulogi en Papanicelanti smear å risk factor for preteim delvvry) Fistal Diagnosis and Thorapy 12:244-247-1997

Soubort DE; **Pudor KS**. Gokimeier P. Gonik B. Colonoscopic release of the incarcerated gravid uterus. Obstitrics and Gynecology 94-70234, 1999.

Schlimp VI., Hallak M. Puder RS. Orabi N. Gonik B. Mullipin brain infarcts associated with severe projectampsia. Journal of Stricke and Corebrovescular Diseases, 10 244-246, 2001.

Puder KS, Gabik B, Schrauben E. Paterbity obtablishment, variables absociated with failed implementation. Primary Care Update for Okyos 10 258, 260 2003

Alozin A. **Puder KS**. Reznar M. Elby E. Zhu BP. Folic acst awarmess in Michigan, 1998-1990. Obstetnes and Gynacology 102-1046-50-2004.

Jm B, Al-Abbielt MA, **Puller KS**, A 32 year old woman with an abromat tomole folius at 19 weeks of gestation; Archives of Pathology & Lativiratory Medicine 129 e19/20, 2005

Gonik B. **Puds**y **KS**. Gonik N. Kruger M. Seroprovalence of Bordefulla perhyssis antibodies in mothers and their newborn mlants. Infectious Disease Ob Gyn 2005; 13(2):59-61.

Assad R. Rabah R. Cheek R. Puder KS. Renal voin thrombosis and meconamismall bowel obstruction following antenatal valsadan exposure. Obstetucs & Gynecology. Submitted

## CHAPTERS

Morgan JP: Puder KS: Kagan DV: The emergence of phenylpropanolamine in simulated controlled substances (look alikes) after 1980. Io. Morgan JP: Kagan DV: Broxly JS: eds. Phenylpropanolamine. Risks: Benefits and Controversies. New York: 1985. Praegor.

Quinters RA. Puder KS. Cutton DB. Embryoscopy and Fotoscopy. In: Karne Blakemore, ed. Presental Diagnosis. Presentand Future Perspectives. Obserteds, and Gynecology Clinics of North America, 20(3), 563-81, 1993.

Puder K3: Sokol RJ: Clinical use of antepartum fetal monitoring Inchniques To Scierra JJ: ed. Gynecology & Obstetnes. Chicago: J. B. Cippincott, 1994.

Püder KS: Dombrowski M.: Vaginal Delivery, Operative and Breisch. In: Ransom 8B: McNeeley G: Munkerat AR: Dombrowski MP.: Mognišsi KS: eds.: Practical Strategies in Obstetnes and Gynecology. Philadelphia, W. B. Saunders. 2000. 291-98

## ABSTRACTS:

Gonik B. **Puder KS**, Schrauben E. Manville D. Obstetrician knowledge, attitude and practice behavior regarding patiently astablishment. Primary Care Update Ob/Gyns 2003: 10(4):201-204

Puder KS, Rezner MM, Gonik B. Felic acid awareness after a live birth. Pointer presentation at the Abnual Moeting of The American College of Obstetrelans and Gynecologists. New Orleans, Collegen. April 26:30–2003. American Journal of Obstetres and Gynecology 101. Supplement (I2S, April 2003.

Gonik B. Puder KS. Gonik N. Kargar M. Sampravalance of Dordetella podussas

antibodies in nursing mothers and in their newborn infants. Society for Maternal-Eatal Medicine annual meeting: New Orleans, Louisiana, February 2-7, 2004.

Puder KS, Rode A, Krager M. Gonik B. Deficits in food safety knowledge during pregnancy. Society for Maternal-Fetal Medicine Annual Meeting: Miami, Florida. January 29-February 4, 2008.

Kim C. **Pudst K. Bidol S. Well E. Assessment of listeriosis counsaling by obstetrical providers in Michigan**. 5<sup>th</sup> Annual Michigan Epidemiology Conference. Ann Arbor: Michigan, March 31, 2006.

Asaad R. Rabah R. Cheek R. Puder K. Renal voin thrombosis and meconium small bowel obstruction following antenntal valsartan exposure. District V ACOG meeting, Lansing Michigan, May 2007.

Rode A. Puder KS. Kruger M. Gonik B. Deficits in food safety knowledge during pregnancy. Sinal-Grace-Hospital's 14<sup>8</sup> Annual Research Day, Detroit, Michigan, April 13, 2008.

Al-Wahab Z, Imudia AN, Dbouk T, West B, Sudakin I,B, Puder KP, Gonik B Pragnaboy maintained by mechanical ventilator for 144 days: Presentation and award: Sinai-Grace Hospital's 10<sup>th</sup> Annual Research Day, Detroit, Michigan, April 17, 2005

## LETTERS:

Gonik B. Puder K. Brautigan MW, Eckler PH. The use of fish fechnology during ultrasound scanning. Ultrasound in Obstetrics and Gynacology 8 141, 1996

## PRESENTATIONS:

Persuading by Citation An analysis of the references of 50 published reports of phenylpropanolamine's clinical toxicity. Presented at the Associated Medical Schools of New York 5th Annual Awards Program for Medical Student Research May 8, 1986. Published: Clinical Pharmacology and Therapautics 42 1.9. 1987.

\*Folic Acid\* WXYZ (Channal 7) TV Interview with Denise Dador November 1995:

"Having a Healthy Boby" Hoalth Matters. February, 1996. Broadcast on Public TV, Channel 56, Detroit, Mi.

March of Dimes Interview Series: "The importance of felic acid in the prevention of neural tuba defects and having healthy babies." January - March, 1996.

Presented on local FM radio stations WWI, WVMV, WPON and WDTR.

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EVALUATOR: AARON

RE: DISGREPANCY NOTICE Temporary License Medical Board

Dear Appearant

The Board has received your application for a Trimpolary temps. The hours is the per whate medical to except the gain application. A ticenship campot be essayed with all region are the evold approved and us a common is everyone. You may not practice in the Commonwealth of Pennsylvania until a temporary license has been issued by the Board.

Controller Vitae lating ALL provide of employment or armorphyment to a child reading research etc. I from
graduation from medical school to present. Due list more the incomplegical critic income the inside also year
and indicate the statementary in which the employment (secure).

NEED ACTIVITIES FROM GRADUATION OF MEDICAL SCHOOL TO 07/92 IN MONTHIYEAR

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS)
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS

You may check the status of your application online at www.myliconsestate.ps us. Click on the line duplicate liconsestaddees changes application status. First time users will be required to register and create a user ID and password. Your registration code to register is: vnydLYPR