



PENNSYLVANIA  
**Department of State**

For questions about this website, please [Click Here](#) to send an E-Mail , or to contact your Board directly, [Click Here](#).

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

**Person Information**

Name: KAROLINE SUZANNE PUDER

**Address Information**

Address(city state zipcode): Sugar Grove PA 16350

**License Information**

Type: Temporary MD License	Secondary Type: Camp Physician	Number: TMD002633
Profession: Medicine	Status: Expired	
Issue Date: 5/14/2009	Expires: 7/19/2009	Last Renewed:

**Discipline Action History**

No disciplinary actions were found for this license.

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



PENNSYLVANIA  
**Department of State**

For questions about this website, please [Click Here](#) to send an E-Mail, or to contact your Board directly, [Click Here](#).

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

**Person Information**

Name: 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	Status: Expired	
Issue Date: 4/29/2010	Expires: 7/4/2010	Last Renewed:

**Discipline Action History**

No disciplinary actions were found for this license.

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



**PENNSYLVANIA  
Department of State**

For questions about this website, please [Click Here](#) to send an E-Mail , or to contact your Board directly, [Click Here](#).

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

**Person Information**

Name: KAROLINE SUZANNE PUDER

**Address Information**

Address(city state zipcode): Sugar Grove PA 16350

**License Information**

Type: Temporary MD License	Secondary Type: Camp Physician	Number: TMD002964
Profession: Medicine	Status: Expired	
Issue Date: 5/26/2011	Expires: 7/10/2011	Last Renewed:

**Discipline Action History**

No disciplinary actions were found for this license.

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



PENNSYLVANIA  
**Department of State**

For questions about this website, please [Click Here](#) to send an E-Mail , or to contact your Board directly, [Click Here](#).

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

**Person Information**

Name: KAROLINE SUZANNE PUDER

**Address Information**

Address(city state zipcode): Sugar Grove PA 16350

**License Information**

Type: Temporary MD License	Secondary Type: Camp Physician	Number: TMD003118
Profession: Medicine	Status: Expired	
Issue Date: 4/12/2012	Expires: 7/15/2012	Last Renewed:

**Discipline Action History**

No disciplinary actions were found for this license.

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



PENNSYLVANIA  
**Department of State**

For questions about this website, please [Click Here](#) to send an E-Mail , or to contact your Board directly, [Click Here](#).

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

**Person Information**

Name: KAROLINE SUZANNE PUDER

**Address Information**

Address(city state zipcode): Sugar Grove PA 16350

**License Information**

Type: Temporary MD License	Secondary Type: Camp Physician	Number: TMD003283
Profession: Medicine	Status: Expired	
Issue Date: 4/10/2013	Expires: 7/14/2013	Last Renewed:

**Discipline Action History**

No disciplinary actions were found for this license.

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

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](http://www.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

APR 16 2010

**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](mailto:st-medicine@state.pa.us)

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

**APPLICATION FOR TEMPORARY LICENSE**

TMD002786

**Application Fee:** \$45.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania." **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

(PRINT OR TYPE)

270245

**Applicant Information**

Name Puder Kardimir Suzanna  
LAST FIRST MIDDLE

Address [Redacted]  
CITY STATE ZIP CODE

Date of Birth [Redacted] Social Security Number [Redacted]

Name of Medical School (s) Attended Mt. Sinai School of Medicine

Date of Graduation 1988

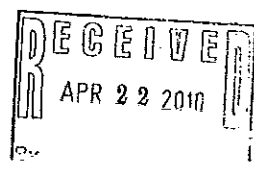
Identify which state license you are using to apply for the temporary license Michigan

Name and address of Pennsylvania Health Care Facility, Camp, or Organization of Employment  
Name Camp Stone

Address 2145 Deer Run Road  
Sugar Grove PA 16350  
CITY STATE ZIP CODE

Name and address of Attending Physician, Supervisor, or Agency Head  
Name Dr. Roman Matlaga

Address 315 Bodine Lane  
Honesdale PA 18431  
CITY STATE ZIP CODE



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? <u>If yes, list the jurisdiction(s) here:</u> Michigan, NY	✓	
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?		✓
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? <b>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.)</b>		✓

#### SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory 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 mandatory 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.

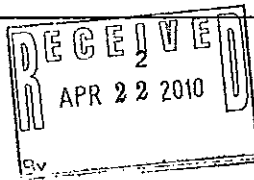
I verify that the statements in this application are true and correct to the best of my knowledge information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.



Signature of Applicant

4/12/10

Date





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

Name and Address of Pennsylvania Health Care Facility, Camp, or organization of employment:

Name Camp Stone

Address 2145 Deer Run Rd.  
Street

Sugar Grove PA 16350  
City State Zip Code

Name of Temporary License Applicant Karoline Puder

Dates of service for the Applicant June 27 - July 4, 2010

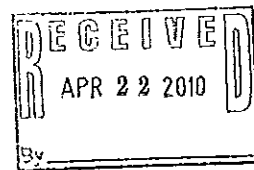
List in detail the anticipated practice of the applicant. This must include the type of practice and frequency of practice.

Diagnosis and treatment of common ambulatory illnesses including but not limited to suturing and any other procedure physician is skilled and comfortable performing.

Signature Karoline Puder

Title Administrator

Date 3/24/2010



ok

MAR 30 2010

### 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. Caroline Puder

Dates You Will Serve as the Collaborating/Back-Up Doctor 6-27-10 to 7-4-10

Name and Address of Pennsylvania Health Care Facility, Camp, or organization of employment:

Name Young Israel Camp Store

Address 2145 Deer Run Rd.  
Street

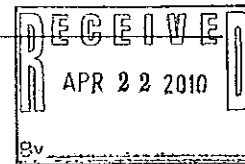
Sugar Grove PA. 16350  
City State Zip Code

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.

Signature of Collaborating/Back-Up Doctor Roman Matlaga

Date 5/26/2010



**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY) 4/19/2010

**PRODUCER**  
 A. M. Skier Agency  
 209 Main Avenue  
 Hawley, PA 18428

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE  
 COMPANY A ACE American Insurance Company

**INSURED**  
 Young Israel Camp Stone  
 R. D. 2, Deer Run Road  
 Sugar Grove, PA 16350

COMPANY B  
 COMPANY C  
 COMPANY D

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS AND CONTRACTORS PROT				GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ PERSONAL AND ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ COMBINED SINGLE LIMIT \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS Comp Ded Coll Ded				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETARY/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATUTORY LIMITS \$ EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
A	<b>OTHER</b> Professional Liability	D35776850	11/1/2009	11/1/2010	1,000,000 per occurrence 2,000,000 aggregate

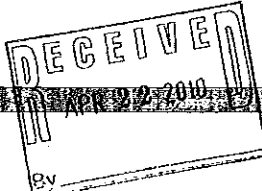


DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
 For the dates of service while at camp: 6/27/10 to 7/4/10.

**CERTIFICATE HOLDER**  
 Dr. Karoline Puder  
 Young Israel Camp Stone  
 R. D. 2, Deer Run Road  
 Sugar Grove, PA 16350

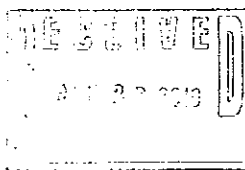
**CANCELLATION**  
 SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENT OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE: *Henry M. Skier*  
 HENRY M. SKIER



220245

RECEIVED DIRECT



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 04/23/2010

NAME: Karoline S Puder BIRTHDATE: [REDACTED]  
ADDRESS: [REDACTED]

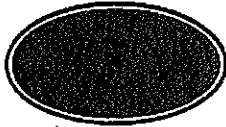
TYPE: Medical Doctor ORIGINAL DATE: 03/18/1992  
LICENSE NUMBER: 4301059142 STATUS: Active EXPIRATION DATE: 01/31/2011  
OBTAINED BY: Endorsement

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

DISCIPLINARY ACTION                      NONE

OPEN FORMAL COMPLAINTS                      NONE

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



---

[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:  
6071 W. Outer Dr.  
Detroit, MI 48235**

**Home:**

**Date of Birth:**

**Medical School:**

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

**Residency:**

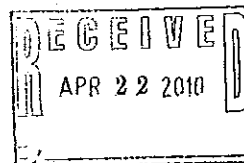
**Mount Sinai Hospital  
Obstetrics and Gynecology  
New York, NY  
July 1988-June 1992**

**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@amskier.com

## MEMORANDUM

To: Commonwealth Of Pennsylvania – State Board Of Medicine

Re: Pennsylvania Temporary License for Camp Doctor

Date: 4-19-10

Name of Applicant: Dr. Caroline Puder

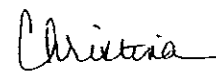
Name of Camp: Camp Stone

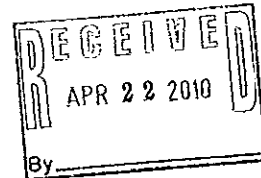
Dates of service at Camp: 6-27-10 to 7-4-10

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

Thank you,

  
Christina Markgraf



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**

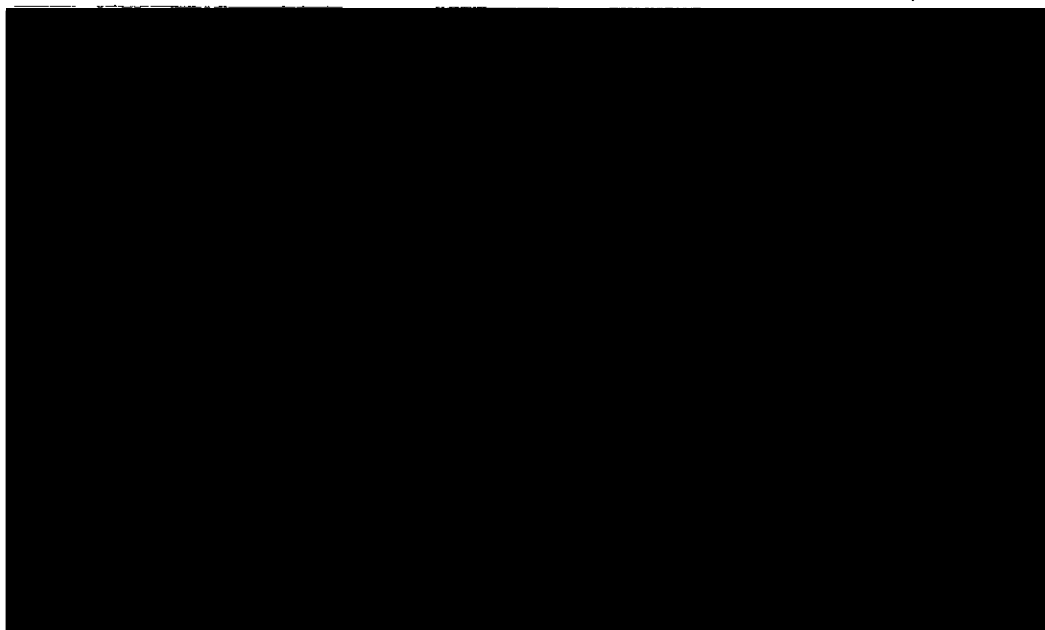
April 29, 2010

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: ahollinger  
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

Item	Name	DOB	School	Yr/Grad	Request ID
					

2 PUDER, KAROLINE SUZANNE [REDACTED] 1988 22185798

**LICENSE HISTORY**  
State Board  
MICHIGAN  
NEW YORK

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](http://www.dos.state.pa.us)

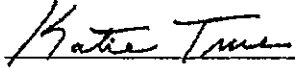
May 26, 2011

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](mailto:st-medicine@state.pa.us)

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

**APPLICATION FOR TEMPORARY LICENSE**

TMD002964

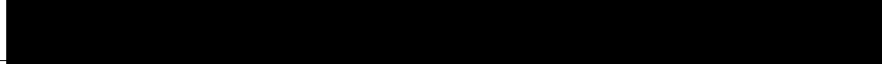
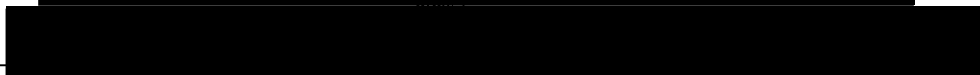
**Application Fee:** \$45.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania." **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

(PRINT OR TYPE)

258769

**Applicant Information**

Name Puder Karoline Suzanne  
LAST FIRST MIDDLE

Address   


Date of Birth  Social Security Number 

Name of Medical School (s) Attended Mt. Sinai School of Medicine

Date of Graduation June 1988

Identify which state license you are using to apply for the temporary license Michigan

**Name and address of Pennsylvania Health Care Facility, Camp, or Organization of Employment**

Name Camp Stone

Address 2145 Deer Run Rd.  
STREET  
Sugar Grove PA 16350  
CITY STATE ZIP CODE

**Name and address of Attending Physician, Supervisor, or Agency Head**

Name Dr. Roman Matlaga

Address 315 Bodine Lane  
STREET  
Horsedale PA 18431  
CITY STATE ZIP CODE

MAY 08 2011

05 2011

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? <u>If yes, list the jurisdiction(s) here:</u> Michigan, NY	✓	
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?		✓
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? <b>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.)</b>		✓

MAY 09 2011

**SIGNED STATEMENT**

Note that disclosing your social security number on this application is mandatory 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 mandatory 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.

*[Handwritten Signature]*

4/29/11

Signature of Applicant

Date

MAR 30 2011

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

~~Name and Address of~~ Pennsylvania Health Care Facility, ~~Camp~~ or organization of employment:

Name Camp Stone

Address 2145 Deer Run Rd.

Street

Sugar Grove PA 16350

City

State

Zip Code

Name of Temporary License Applicant Karoline<sup>S</sup> Puder

Dates of service for the Applicant 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 09 2011

Signature Nancy Newmark

Title Administrator, Camp Stone

Date 3/23/11

OK

### 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  
Street  
Sugar Grove PA 16350  
City State Zip 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 09 2011

Signature of Collaborating/Back-Up Doctor 

Date 4/17/11

**ACORD** **CERTIFICATE OF LIABILITY INSURANCE** DATE (MM/DD/YY) 5/5/2011

**PRODUCER**  
 A. M. Skier Agency  
 209 Main Avenue  
 Hawley, PA 18428

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**  
 COMPANY A ACE-Indemnity Insurance Company of North America

**INSURED**  
 Camp Stone  
 2145 Deer Run Road  
 Sugar Grove, PA 16350

COMPANY B  
 COMPANY C  
 COMPANY D

**COVERAGES**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> OWNERS AND CONTRACTORS PROT				GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ PERSONAL AND ADV INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ COMBINED SINGLE LIMIT \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS Comp De Coll Ded	SINCE 1920 <b>A.M. SKIER</b> INSURANCE			BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: \$ EACH ACCIDENT \$ AGGREGATE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> THE PROPRIETORY PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				W/C STATUTORY LIMITS \$ EL EACH ACCIDENT \$ EL DISEASE - POLICY LIMIT \$ EL DISEASE - EA EMPLOYEE \$
A	<b>OTHER Professional Liability</b>	D35776850	11/1/2010	11/1/2011	1,000,000 per occurrence 2,000,000 aggregate

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS**  
 For the dates of service while at camp: 07/03/2011 to 07/10/2011.

MAY 09 2011

**CERTIFICATE HOLDER**  
 Dr. Karoline S. Puder  
 Camp Stone  
 2145 Deer Run Road  
 Sugar Grove, PA 16350

**CANCELLATION**  
 SHOULD ANY OF THE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENT OR REPRESENTATIVES.

**AUTHORIZED REPRESENTATIVES**  
 HENRY M. SKIER *[Signature]*



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 05/10/2011

NAME: Karoline S Puder BIRTHDATE: [REDACTED]  
ADDRESS: [REDACTED]  
TYPE: Medical Doctor ORIGINAL DATE: 03/18/1992  
LICENSE NUMBER: 4301059142 STATUS: Active EXPIRATION DATE: 01/31/2014  
OBTAINED BY: Endorsement

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

DISCIPLINARY ACTION                      NONE

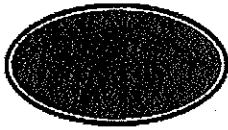
OPEN FORMAL COMPLAINTS                      NONE

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

MAY 11 2011

RECEIVED DIRECT

69785C



[Home](#)

[Contact Us](#) | [FAQs](#) | [State Boards](#)

### 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.**

v2

[Disclaimer](#) | [Privacy Policy](#)

MAY 11 2011

RECEIVED DIRECT




MAY 05 2011

Signature:   
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

MAY 05 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 09 2011

**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

MAY 05 2011

Karoline S. Puder, M.D.

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 09 2011

MAY 05 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 TEMPORARY 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 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." **FEES ARE NOT REFUNDABLE.** 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.
4. 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.
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 an official Board envelope.
6. Attach a current Curriculum Vitae listing all 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**

MAY 06 2011

- 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: 7/3/2011 to 7/10/2011

**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 2011

Thank you,

*Martha Spreen*

Martha Spreen



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**

May 26, 2011

Attn: Tammy Dougherty  
Pennsylvania State Board of Medicine  
Tammy 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

Item	Name	DOB	School	Yr/Grad	Request ID
5	PUDER, KAROLINE SUZANNE	[REDACTED]		1988	23788381
		<b>LICENSE HISTORY</b> State Board MICHIGAN NEW YORK			

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](http://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

*Kate Tru...*  
Commissioner  
Bureau of Professional and Occupational Affairs

SEAL

MAR 19 2012

49-103 (03/09)

**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](mailto:st-medicine@state.pa.us)

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

**APPLICATION FOR TEMPORARY LICENSE** TMD003118

**Application Fee:** \$45.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania." **Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.



(PRINT OR TYPE)

287454

**Applicant Information**

Name Puder Karolin Suzanne  
LAST FIRST MIDDLE

Address 

Date of Birth  Social Security Number 

Name of Medical School (s) Attended U.M. Sinai School of Medicine

Date of Graduation 1988

Identify which state license you are using to apply for the temporary license Michigan

**Name and address of Pennsylvania Health Care Facility, Camp, or Organization of Employment**

Name CAMP STONE

Address 2145 DEER RUN RD  
STREET  
SUGAR GROVE PA 16350  
CITY STATE ZIP CODE

**Name and address of Attending Physician, Supervisor, or Agency Head**

Name DR. ROHAN MATLAGA

Address 315 BODINE LN.  
STREET  
HONESDALE PA 18431  
CITY STATE ZIP CODE

1  
MAR 19 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? <u>If yes, list the jurisdiction(s) here:</u> Michigan, NY	✓	
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?		✓
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? <b>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.)</b>		✓

**SIGNED STATEMENT**

Note that disclosing your social security number on this application is mandatory 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 mandatory 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.

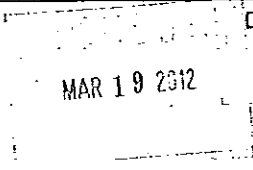
I verify that the statements in this application are true and correct to the best of my knowledge information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate.



Signature of Applicant

3/11/12

Date



HOSPITAL, HEALTH CARE FACILITY, EMPLOYER  
OR CAMP VERIFICATION FORM

Name and Address of Pennsylvania Health Care Facility, Camp or organization of employment:

Name Camp Stone

Address 2145 Deer Run Rd.  
Street

Sugar Grove PA 16350  
City State Zip Code

Name of Temporary License Applicant Karoline Puder

Dates of service for the Applicant 7/8/12 - 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 Leonard

Title Administrator

Date 2/15/12

MAR 19 2012

OK

### 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 Karoline Puder

Dates You Will Serve as the Collaborating/Back-Up Doctor 7/8/2012 - 7/15/2012

Name and Address of Pennsylvania Health Care Facility, Camp, or organization of employment:

Name Young Israel Camp Stone

Address 2145 Deer Run Rd.  
Street

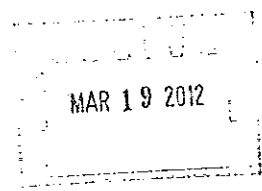
<u>Sugar Grove</u>	<u>PA</u>	<u>16350</u>
City	State	Zip Code

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.

Signature of Collaborating/Back-Up Doctor *Roman Matlaga*

Date 3/5/12



**ACORD CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
3/2/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> A. M. Skler Agency 209 Main Avenue Hawley, PA 18428	<b>CONTACT NAME:</b> AMSkler Agency, Inc. <b>PHONE (A.C. No, Ext):</b> 570-226-4571; 800-245-2666 <b>FAX (A.C. No):</b> 570-226-1105 <b>E-MAIL ADDRESS:</b> amskler@amskler.com
	<b>INSURER(S) AFFORDING COVERAGE</b>
<b>INSURED</b> Camp Stone 2145 Deer Run Road Sugar Grove, PA 16350	<b>INSURER A:</b> ACE-Indemnity Insurance Company of North America
	<b>INSURER B:</b>
	<b>INSURER C:</b>
	<b>INSURER D:</b>
	<b>INSURER E:</b>

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (A CONTRACT) \$ MED EXP (Any one person) \$ PERSONAL AND ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ Deductible: \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE EMPLOYER EXCLUDED? (Mandatory in PA) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ EL DISEASE - EACH EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
	Professional Liability			D35776850	11/1/2011	11/1/2012	\$1,000,000 per occurrence \$2,000,000 per aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VERBAGES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 For the dates of service while at camp: 07/08/2012 to 07/15/2012.

MAR 19 2012

<b>CERTIFICATE HOLDER</b> Dr. Karoline Puder Camp Stone 2145 Deer Run Road Sugar Grove, PA 16350	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVES HENRY M. SKIER President
--	--



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  
ADDRESS: [REDACTED]

BIRTHDATE: [REDACTED]

TYPE: Medical Doctor  
LICENSE NUMBER: 4301059142  
OBTAINED BY: Endorsement

STATUS: Active

ORIGINAL DATE: 03/18/1992  
EXPIRATION DATE: 01/31/2014

EXAM DATE  
03/01/1989

EXAM TYPE  
NBME

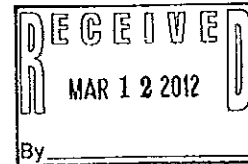
EXAM SCORE OR RESULT  
PASS

DISCIPLINARY ACTION NONE

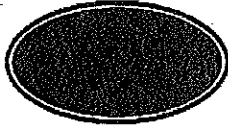
OPEN FORMAL COMPLAINTS NONE

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

RECEIVED DIRECT

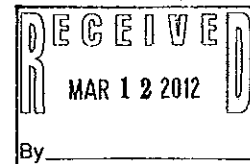


hsm  
12874534



<a href="#">Home</a>	<a href="#">Contact Us</a>   <a href="#">FAQs</a>   <a href="#">State Boards</a>
<b>Validation</b>	<p><b>This confirms that the MI licensure verification statement for Karoline Puder, was sent to you from the VeriDoc website.</b></p> <p><b>Thank you for using the VeriDoc system.</b></p>
v2	<a href="#">Disclaimer</a>   <a href="#">Privacy Policy</a>

RECEIVED DIRECT




Signature:   
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  


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

MAR 19 2012

**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:**

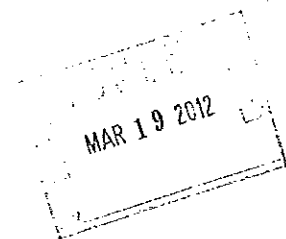
Vice Chief, Department of Obstetrics and Gynecology, Sinai-Grace Hospital.  
Detroit, Michigan  
July, 2003 to December, 2010

**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

**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





**LICENSURE:**

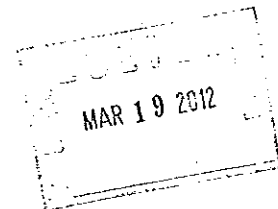
State of New York Medical License - #179533  
State of Michigan Medical License - #059142

**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



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**

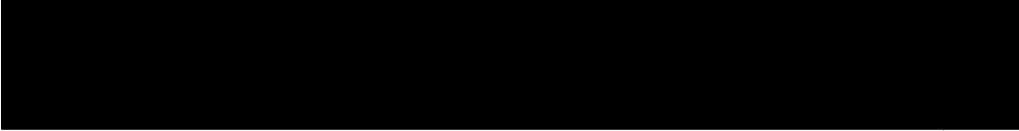
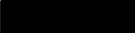
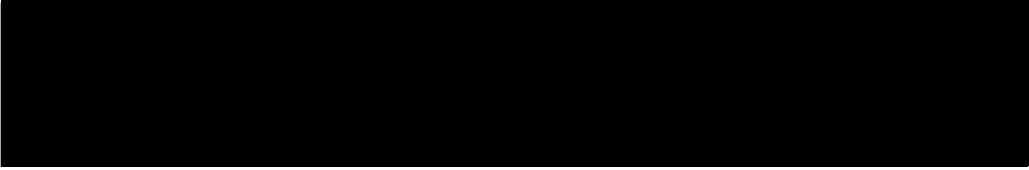
April 12, 2012

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

Item	Name	DOB	School	Yr/Grad	Request ID
					
2	PUDER, KAROLINE SUZANNE			1988	25149500
<b>LICENSE HISTORY</b> <u>State Board</u> MICHIGAN					
					

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.

## 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 TEMPORARY 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 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." **FEES ARE NOT REFUNDABLE. 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.
4. 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.
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 an official Board envelope.
6. Attach a current Curriculum Vitae listing all 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

- 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.

MAR 19 2012

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 Back-Up Physician
- Letter from Camp Director
- Current Curriculum Vitae
- Medical Malpractice Insurance Certificate

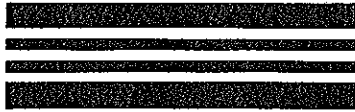
Thank you,

*Magdalena Mozga*

Magdalena Mozga



MAR 19 2012



TARGET SHEET

Board: Medicine

Licensee Full Name:  
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](http://www.dos.state.pa.us)

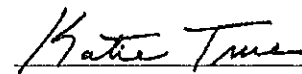
April 10, 2013

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

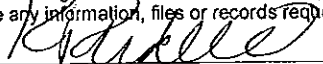
(01/2012)

<b>Regular Mailing Address</b> STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: <a href="mailto:st-medicine@pa.gov">st-medicine@pa.gov</a>		<b>Courier Delivery Address</b> STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110	
<b>APPLICATION FOR A TEMPORARY LICENSE</b>			
<b>APPLICATION FEE:</b> \$45 fee. Check or money order, made payable to the "Commonwealth of Pennsylvania." <b>FEES ARE NOT REFUNDABLE.</b> 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.			
<b>APPLICANT INFORMATION</b> (Please Print or Type)			
<b>NAME:</b>	Last <i>Puder</i>	First <i>Karoline</i>	Middle <i>Suzanne</i>
<b>ADDRESS:</b>	[REDACTED]		
<b>City:</b>	[REDACTED]	<b>State:</b>	<b>ZIP:</b> [REDACTED]
<b>DATE OF BIRTH:</b>	[REDACTED]	<b>SOCIAL SECURITY NUMBER:</b> [REDACTED]	
<b>EMAIL ADDRESS:</b>	[REDACTED]		
<b>NAME OF MEDICAL SCHOOL ATTENDED:</b>	<i>W. Sinai School of Medicine</i>		
<b>DATE OF GRADUATION:</b>	Month <i>June</i>	Day	Year <i>1988</i>
<b>CURRENT STATE LICENSE BEING USED TO APPLY FOR A TEMPORARY LICENSE IN PA:</b>	<i>Michigan</i>		
<b>NAME AND ADDRESS OF PENNSYLVANIA HEALTH CARE FACILITY, CAMP OR ORGANIZATION</b>			
<b>NAME OF ORGANIZATION:</b>	<i>Camp Stone</i>		
<b>ADDRESS:</b>	Street <i>2145 Deer Run Rd.</i>		
<b>City:</b> <i>Sugar Grove</i>	<b>State:</b> <i>PA</i>	<b>ZIP:</b> <i>16350</i>	
<b>NAME AND ADDRESS OF BACK-UP PHYSICIAN, SUPERVISOR OR AGENCY HEAD</b>			
<b>NAME:</b>	Last <i>MATLAGA</i>	First <i>ROMAN</i>	Middle
<b>ADDRESS:</b>	Street <i>103 SPRUCE ST. SUITE 201</i>		
<b>City:</b> <i>HAULEY</i>	<b>State:</b> <i>PA</i>	<b>ZIP:</b> <i>18428</i>	

325485  
~~325485~~

Anskier

APR 03 2013

LEGAL QUESTIONS		
YOU MUST ANSWER THE FOLLOWING QUESTIONS.		
If you answer "YES" to #2 through #7, provide complete details on a separate sheet of paper as well as certified copies of relevant documents. <u>Sign and date below.</u>		
		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? <u>If yes, list the jurisdiction(s) here:</u> Michigan, NY	✓
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?	✓
4.	Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law 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?	✓
7.	Are you, or have you ever been, addicted to the imtemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? <b>Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Pennsylvania Department of State Professional Health Monitoring Program.</b>	✓
SIGNED STATEMENT		
<p>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.</p> <p>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. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.</p>		
 Signature of Applicant		3/30/13 Date



APR 5 2013

(01/2012)

<p><b>Regular Mailing Address</b>  <b>STATE BOARD OF MEDICINE</b>          P.O. BOX 2649          HARRISBURG, PA 17105-2649          717-783-1400/717-787-2381          Email: <a href="mailto:st-medicine@pa.gov">st-medicine@pa.gov</a></p>	<p><b>Courier Delivery Address</b>  <b>STATE BOARD OF MEDICINE</b>          2601 NORTH THIRD STREET          HARRISBURG, PA 17110</p>
---	---

**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 TEMPORARY 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 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." <b>FEES ARE NOT REFUNDABLE.</b> 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. <b>This form must contain an original signature.</b>
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. <b>This form must contain an original signature.</b>
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.

APR 5 2013

CAMP VERIFICATION FORM				
PENNSYLVANIA CAMP				
NAME OF CAMP:	Camp Stone			
ADDRESS:	Street	2145 Deer Run Rd.		
City:	Sugar Grove	State	PA	ZIP 16350
NAME OF APPLICANT:	Last	First	Middle	
	PUDER	KAROLINE	SUZANNE	
DATES OF SERVICE FOR THE APPLICANT:	From: Month/Day/Year	To: Month/Day/Year		
	7/7/13	7/14/13		
LIST IN DETAIL THE ANTICIPATED PRACTICE OF THE APPLICANT. THIS MUST INCLUDE THE TYPE OF PRACTICE AND FREQUENCY OF PRACTICE.				
<p>Physician will be on call 24 hours/day during her week at camp, for emergency situations as well as general medical care for campers + staff.</p> <p>Physician will also run infirmary hours two times per day for non emergency matters, i.e., sore throat, ears, rash, not feeling well, etc</p> <p>Doctor will assess each case + treat or refer to outside doctor or ER if patient needs X-ray, I.V., or something the physician is not able or comfortable treating at camp.</p> <p>Physician will also prescribe medicine as needed to be dispensed through local pharmacy + oversee distribution of daily meds as well.</p>				
PRINTED NAME:	NANCY NEUMARK			
TITLE:	ADMINISTRATOR			
SIGNATURE:	Nancy Neumark			
DATE:	Month	Day	Year	
	03	11	2013	

COLLABORATING/BACK-UP PHYSICIAN FORM			
COLLABORATING/BACK-UP PHYSICIAN'S NAME:	Last Mattaga	First Roman	Middle
LICENSE NUMBER OF COLLABORATING/BACK-UP PHYSICIAN:	OS008779L		
NAME OF TEMPORARY LICENSE APPLICANT:	Last Puder	First Karoline	Middle Suzanne
DATES YOU WILL SERVE AS THE COLLABORATING/BACK-UP PHYSICIAN:	From: Month/Day/Year 7/7/2013	To: Month/Day/Year 7/14/2013	
PENNSYLVANIA HEALTH CARE FACILITY, CAMP OR ORGANIZATION			
NAME OF ORGANIZATION:	Camp Stone		
ADDRESS:	Street 2145 Deer Run Rd.		
City	Sugar Grove	State	PA ZIP 16350
<p>I AGREE TO SERVE AS THE COLLABORATING/BACK-UP PHYSICIAN FOR THE ABOVE NAMED APPLICANT IN THE PERFORMANCE OF THE FOLLOWING LISTED DUTIES:</p> <p>Evaluation and treatment of common ailments at camp including illness, injury and suturing. Splinting and stabilization of a suspected broken or strained extremity. Appropriate prescribing of medications including antibiotics and pain medication. To refer to specialist if a medical problem is beyond his/her expertise or ability.</p>			
SIGNATURE OF COLLABORATING/BACK-UP PHYSICIAN:			
DATE:	Month: 3	Day: 12	Year: 2013

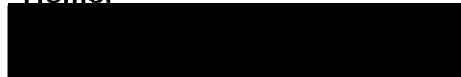
**Curriculum Vitae**

**Karoline Suzanne Puder, MD**

**Address:**

**Office:**  
6071 W. Outer Dr.  
Detroit, MI 48235

**Home:**



**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

APR 1993

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/5/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

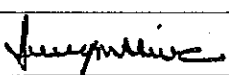
<b>PRODUCER</b>  A. M. Skler Agency 209 Main Avenue Hawley, PA 18428	<b>CONTACT NAME:</b> AMSkler Agency, Inc. <b>PHONE (A/C, No, Ext):</b> 570-226-4571; 800-245-2666 <b>FAX (A/C, No):</b> 570-226-1105 <b>E-MAIL ADDRESS:</b> amskler@amskler.com
	<b>INSURER(S) AFFORDING COVERAGE</b> <b>NAIC #</b> INSURER A: ACE-Indemnity Insurance Company of North America INSURER B: INSURER C: INSURER D: INSURER F:
<b>INSURED</b>  Camp Stone 2145 Deer Run Road Sugar Grove, PA 16350	

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBS WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL AND ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$		
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ Deductible \$		
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/EMBER EXCLUDED? (Mandatory in PA) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> </table> EL EACH ACCIDENT \$ EL DISEASE - EACH EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$	WC STATUTORY LIMITS	OTHER
WC STATUTORY LIMITS	OTHER								
	Professional Liability			D35776850	11/1/2012	11/1/2013	\$1,000,000 per occurrence; \$2,000,000 per aggregate		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 For the dates of service while at camp: 07/07/2013 to 07/14/2013.

<b>CERTIFICATE HOLDER</b>  Dr. Karoline Suzanne Puder Camp Stone 2145 Deer Run Road Sugar Grove, PA 16350	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVES HENRY M. SKIER President 
--	--

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:**

- Completed Temporary License Application
- Check in the amount of \$ 45.00
- Camp Verification Form
- Letter from Back-Up Physician
- Current Curriculum Vitae
- Medical Malpractice Insurance Certificate

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

Thank you,

*Maggie Mozga*

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**

NAME: Karoline S Puder

BIRTHDATE: [REDACTED]

ADDRESS: [REDACTED]

TYPE: Medical Doctor

ORIGINAL DATE: 03/18/1992

LICENSE NUMBER: 4301059142

STATUS: Active

EXPIRATION DATE: 01/31/2014

OBTAINED BY: Endorsement

EXAM DATE

EXAM TYPE

EXAM SCORE OR RESULT

03/01/1989

NBME

PASS

DISCIPLINARY ACTION

NONE

OPEN FORMAL COMPLAINTS

NONE

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

RECEIVED DIRECT

LARA is an equal opportunity employer/program.  
Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

HEALTH PROFESSIONS DIVISION  
611 W. OTTAWA ST. 1ST FL. • P.O. BOX 30670 • LANSING, MICHIGAN 48909

**Semic, Cindy**

---

**From:** ST, MEDICINE  
**Sent:** Monday, April 01, 2013 9:09 AM  
**To:** Semic, Cindy  
**Subject:** FW: License Verification Statement - Puder, Karoline (MD)  
**Attachments:** v150325AA.pdf

---

**From:** [support@veridoc.org](mailto:support@veridoc.org) [mailto:support@veridoc.org]  
**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

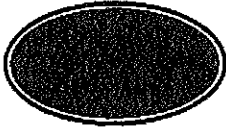
Confirmation Number: 10796901911718311327

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](#)

RECEIVED DIRECT





# Welcome to VeriDoc

325485

<a href="#">Home</a>	<a href="#">Contact Us</a>   <a href="#">FAQs</a>   <a href="#">State Boards</a>
<b>Validation</b>	
<p>This confirms that the attached licensure verification statement(s) for Karoline Puder, were sent to you from the VeriDoc website.</p> <p>Thank you for using the VeriDoc system.</p>	
<a href="#">Disclaimer</a>   <a href="#">Privacy Policy</a>	

RECEIVED DIRECT

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**

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 ID
1	PUDER, KAROLINE SUZANNE			1988	26538104
<b>LICENSE HISTORY</b>					
<u>State Board</u>					
MICHIGAN					
NEW YORK					

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  
P. O. Box 2049  
Harrisburg, PA 17105-2649  
www.dos.state.pa.us

May 14, 2009


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	Temporary MD License
LICENSE NUMBER	TM0002833
ISSUE DATE	05/12/2009
EXPIRATION DATE	07/19/2009

Seal

  
Commissioner  
Bureau of Professional and Occupational Affairs

**Regular Mailing Address**  
STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649  
717-763-1400/717-767-2381  
Email: [st.medicine@state.pa.us](mailto:st.medicine@state.pa.us)

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

Imp 2453

**APPLICATION FOR TEMPORARY LICENSE**

**Application Fee:** \$45.00 not refundable. Make check payable to the Commonwealth of Pennsylvania. **Note:** A processing fee of \$20.00 will be charged for any check of money order returned unpaid by your bank, regardless of the reason for non-payment.

(PRINT OR TYPE)

**Applicant Information**

Name Puder Karoline Suzanne

Address [REDACTED]

[REDACTED]

Date of Birth [REDACTED] Social Security Number [REDACTED]

Name of Medical School (or Affiliated) Mt. Sinai School of Medicine

Date of Graduation June 1988

Identify which state license you are using to apply for the temporary license. MI # 4301 059 142

**Name and address of Pennsylvania Health Care Facility, Camp, or Organization of Employment**

Name Camp Stone

Address 2145 Deer Run Road  
Sugar Grove PA 16350

**Name and address of Attending Physician, Supervisor, or Agency Head**

Name Dr. Norman Meltzer

Address 1111  
1111  
1111

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 unexpired license, certification, or registration (active or inactive, current or expired) to practice medicine or to supply in any jurisdiction? <b>If yes, list the jurisdiction(s) here: Michigan, New York</b>	✓	
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 you, license, certification, or registration in another state, territory, or country?		✓
4) Have you been convicted, found guilty, or pleaded guilty or not guilty to, or received probation without verdict in, 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 by 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 association agency for cause?		✓
7) Are you, or have you ever been, addicted to the voluntary use of alcohol or to the habitual use of narcotics or other habit-forming drugs? <b>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.</b>		✓

**SIGNED STATEMENT**

Note that disclosing your social security number on this application is mandatory in order to comply with the requirements of the Federal Social Security Act (public law 80-801) and the Commonwealth of Pennsylvania at 24 Pa. C. S. 4104 (a) in order to receive licensure and to be eligible for the Commonwealth's health care credit in the Department of Labor, Training and Technical Assistance. Additionally, disclosing the number is required by 24 Pa. C.S. 4104 (a) to comply with the reporting requirements of the Federal National Practitioner Data Bank and the Health Care Fraud and Protection Data Bank. Reports to the NPMJ/NPDR 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 and belief, and I understand that false statements are made subject to the penalties of 18 Pa. C.S. 3902 (b) (1) for perjury and to the penalties for falsification of records and may result in the suspension or revocation of my license or registration.

*K. [Signature]*  
 Signature of Applicant

3/29/09  
 Date

HOSPITAL, HEALTH CARE FACILITY, EMPLOYER OR CAMP VERIFICATION FORM 2009

NAME AND ADDRESS OF PENNSYLVANIA HEALTH CARE FACILITY, CAMP OR ORGANIZATION OF EMPLOYMENT

Name Midwest Camps, Inc. (MCI) (501) 234-1124

Address 2115 West 15th St  
PO Box 10000  
Wichita, KS 67208

NAME OF TEMPORARY LICENSE APPLICANT Dr. [Name]

DATES OF SERVICE FOR THE APPLICANT 7/1/09 - 3/31/10

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 [Signature]  
DATE 3/1/10



COLLABORATING/BACK UP DOCTOR FORM

COLLABORATING/BACK UP DOCTOR'S NAME: Roman Malaga, MD

LICENSE NUMBER OF COLLABORATING/BACK UP DOCTOR: 05 0097791

NAME OF TEMPORARY LICENSE APPLICANT: Dr. Jacqueline Carter

DATES YOU WILL SERVE AS THE COLLABORATING/BACK UP DOCTOR: 1/24/09 - 7/31/09

NAME AND ADDRESS OF PENNSYLVANIA HEALTHCARE FACILITY, CAMP OR ORGANIZATION OF EMPLOYMENT:

Name: HMC/CCSC, CO, Fairfax, VA, 22033-1500

Address: 11111 Street, Fairfax, VA

Dr. Roman Malaga, MD, 11111 Street, Fairfax, VA

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 sprain, stitches and stabilization of a suspected broken or strained extremity. Appropriate prescription of medications including antibiotics and pain medication. To refer to a specialist if a medical problem is beyond his/her expertise or ability.

SIGNATURE OF COLLABORATING/BACK UP DOCTOR:

*Roman Malaga*  
1/24/09

DATE

# ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE ISSUED  
4/15/09

**PRODUCER**

A. M. Skier Agency  
209 Main Avenue  
Haverly, PA 18628

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS (UPON THE CERTIFICATE HOLDER). THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. COMPANIES AFFORDING COVERAGE:

TO: A ACE American Insurance Company

**INSURED**

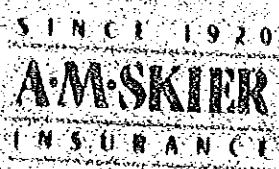
Young Israel Camp Shrine  
P. O. 7, Deer Run Road  
Sugar Grove, PA 18150

CLASSIFICATION  
B  
C  
D

**TERMS**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY TYPES INDICATED, NOTWITHSTANDING ANY RESERVATION OF TERM OR CONDITION OF ANY CONTRACT OR OTHER INSTRUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES (WHICH SCHEDULES MAY HAVE BEEN RECEIVED BY ORAL CLAIM).

TO: 616	TYPE OF INSURANCE	POLICY NUMBER	PER. OF POLICY (DATE MOVED TO)	PER. OF POLICY (TERMINATION DATE)	AMT.
	GENERAL LIABILITY				
	ADDITIONAL LIABILITY				
	EXCESS LIABILITY				
	INDEMNITY COMPENSATION AND LOSS PAYABLE LIABILITY				
	Other				
A	Professional Liability	013776850	11/1/2008	11/1/2009	1,000,000 per occurrence - 1,000,000 aggregate



DESCRIPTION OF OPERATIONS AND SERVICES PERFORMED:  
For the dates of service which are: 7/12/09 to 7/18/09

**INSURED AND HOLDER**

Dr. Karolyn Puder  
Young Israel Camp Shrine  
P. O. 7, Deer Run Road  
Sugar Grove, PA 18150

**CANCELLATION**

THIS POLICY OR THIS CERTIFICATE SHALL BE CANCELLED FOR THE REASONS SET FORTH IN THE POLICY. THE INSURED COMPANY WILL PAY THE CANCELLATION COSTS TO THE CERTIFICATE HOLDER WHO IS RESPONSIBLE FOR THE CANCELLATION OF THIS POLICY UPON THE RECEIPT OF A NOTICE OF REPRESENTATIVE.

AUTHORIZED REPRESENTATIVE  
HENRY W. SKIER

ACORD FORM 100 (1981)

ACORD 100 (1981)



429881



STATE OF MICHIGAN

DEPARTMENT OF COMMUNITY HEALTH  
Lansing

JOHN P. M. GIBANKS, M.D.  
Director

JANE F. K. ZWERN  
Deputy Director

**VERIFICATION OF LICENSURE**  
**MICHIGAN BOARD OF MEDICINE**  
**VERIFICATION OF LICENSURE AS OF 04/10/2009**

PENNSYLVANIA BOARD OF MEDICINE  
PO BOX 2640  
HARRISBURG PA 17105-2640

NAME: *Katherine S. Puder*

BIRTHDATE: [REDACTED]

ADDRESS: [REDACTED]

TYPE: *Medical Doctor*

ORIGINAL DATE: *01/16/1990*

LICENSE NUMBER: *4301052142*

STATUS: *Active*

EXPIRATION DATE: *04/30/2011*

OBTAINED BY: *[endorsement]*

DISCIPLINARY ACTION: *NONE*

OPEN FORMAL COMPLAINTS: *NONE*

*[Signature]*

MANA L LAMB

APR 17 2009

2009-05-08 13:08

2689375012

P 1/1

Attention: Admin

May 8, 2009

Hi, when I may concern

The dates of my hospital stay at St. Louis  
Hospital were 7/88 to 6/92

Thank you

K. Baker, MD

DOB [REDACTED]

Signature

Date March 30, 2009


**CURRICULUM VITAE**  
**KAROLINE SUZANNE PUDER**

**ADDRESS:**

Office:  
Dept. 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:**

Followship

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

Residency

Mount Sinai Medical Center, Department of Obstetrics and Gynecology  
New York, New York  
1988-1992

Medical

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

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  
1981-1986

### **ACADEMIC APPOINTMENTS:**

Assistant Professor, Obstetrics and Gynecology, Wayne State University  
July 1994 - present

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

Residency Site Coordinator, Sinai-Grace Hospital, Wayne State University  
July 2000 - present

### **PROFESSIONAL APPOINTMENTS**

Vice Chief, Department of Obstetrics and Gynecology, Sinai-Grace Hospital  
July 2003 to present

### **MEDICAL STAFF APPOINTMENTS**

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

### **PROFESSIONAL SOCIETY AFFILIATIONS**

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

### **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

American Board of Obstetrics and Gynecology - 1998 - Recertification 2004, 2005,  
2006, 2007, 2008



National Board of Medical Examiners - Certificate # 33803564

Step 1 06/10/1986

Step 2 09/29/1987

Step 3 03/01/1989

## HONORS AND AWARDS:

### Postgraduate

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

WSU/Hutzel Hospital Junior Faculty Teaching Award (1994)

WSU/Hutzel Hospital Senior Faculty Teaching Award (1996)

WSU School of Medicine College Faculty Teaching Award (1997)

Sinai-Grace Hospital Dept. of Internal Medicine Resident Teaching Award (2000)

APGO Faculty Teaching Award (2004)

### Medical School

Dr. Alan F. Guttmacher Prize for Excellence in Obstetrics and Gynecology (1988)

### Undergraduate

National Merit Scholarship

Summa cum laude

Dean's List

## SERVICE:

### Patient Care

Maternal Medicine Division, Department of Obstetrics/Gynecology - Clinical Services as assigned by division director on an average four days/week. 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, 1993-present

Reviewer, Obstetrics and Gynecology, 1994-present

### Institutional/Local Committees and Boards

Pediatric/Maternal-Child Advisory Board, Renaissance Home Health Care, 9/98 - 2001

Wayne State University Human Investigation Committee, 9/96 - 12/99

Wayne State University Pediatric Institutional Review Board, 9/98 - 12/99

Hutzel 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 Scrub Allocation Task Force: 1996

Akiva Hebrew Day School: member of Board of Directors: July 1999 - 2001

Medication Use Committee member: providing medication management for Sinai-Grace Hospital patients. This committee is a subcommittee of the DMC P&T (Pharmacy and Therapeutics) December 2001 - Current

J. P. McCarthy Cord Stem Cell Bank Cord Blood study program: Sinai-Grace resource person for members at Karmanos Cancer Institute I work with the medical students through the Women's Diagnostic Unit at Sinai-Grace Hospital in creating a program for consent, collection and training: July 2007 - Current

Women's Health Physical Therapy Services Center at Crown 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 Twenty-First Century: the Art" - North Oakland Medical Center, Pontiac, MI: December 18, 1994

"Obstetrical Forceps in the Twenty-First Century: the Science" - North Oakland Medical Center, Pontiac, MI: February 1, 1995

"Basic Fetal Echocardiography" - DMC Sinai Hospital, Detroit, MI: October 8, 1998

"Fetal Cardiac Anomalies" - DMC Sinai Hospital, Detroit, MI: March 11, 1999

"Controversies and Updates in Obstetrics and MFM - Operative Vaginal Delivery" - Hutzel Women's Hospital, Detroit, MI: October 14, 2005

"Assessment of the Fetal Patient for Aneuploidy and Anomalies" - Department of Perinatology and Neonatology, Sinai-Grace Hospital, Detroit, MI: April 18, 2007

"Aneuploidy Screening and Testing: Recent Changes in ACOG Recommendations" Department of Obstetrics and Gynecology, Sinai-Grace Hospital, Detroit, MI January 13, 2009

"Aneuploidy Screening and Testing: Recent Changes in ACOG Recommendations" Department of Obstetrics and Gynecology, St. John Hospital and Medical Center, Detroit, MI 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 medicine
- Fetal monitoring
- Abnormal labor/induction and augmentation of labor
- Postpartum complications (hemorrhage, infection, depression, lactation)

### Resident lectures:

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

## GRANTS:

DA021668 (PI: 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 results.

F31AA16256 (PI: Tzilos, Mentor: Ondersma)  
01/01/2007-12/31/2009  
NIAAA

\$93,912

A brief computer-based intervention for alcohol use during pregnancy

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

## PUBLICATIONS

### ARTICLES:

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

Morgan JP, Wesson DR, **Puder KS**, Smith DE. Duplicious drugs: the history and recent status of look-alike drugs. *Journal of Psychoactive Drugs* 10:21-31, 1987.

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

**Puder KS**, Kagan DV, Morgan JP. Illicit methamphetamine: analysis, synthesis, and availability. *American Journal of Drug and Alcohol Abuse* 14:463-73, 1988.

Morgan JP, **Puder KS**. Post-operative analgesia: variations in prescribed and administered opioid dosages. *Advances in Pain Research and Therapy* 11:175-80, 1989.

Quintero RA, **Puder KS**, Cotton DB. Transabdominal thin-gauge embryofetoscopy: a new prenatal diagnostics technique. *British Medical Ultrasound Society Bulletin* 1(3):24-30, 1993.

Quintero RA, **Puder KS**, Cotton DB. Embryoscopy and fetoscopy. *Obstetrics and Gynecology Clinics of North America* 20:563-81, 1993.

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

Quintero RA, Reich H, **Puder KS**, Bardicof M, Evans MI, Cotton 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, Bardicot M, Rossman K, Acosta L, Escobedo M, Cotton DB. Hydrolaparoscopy in the rabbit: a fine model for the development of operative fetoscopy. *American Journal of Obstetrics and Gynecology* 171:1139-42, 1994

Puder KS, Humes RA, Gohl RL, Bawin EV, Goyert GL. The genetic implication for preceding generations of the prenatal diagnosis of interrupted aortic arch in association with unsuspected DiGeorge anomaly. *American Journal of Obstetrics and Gynecology* 173:239-41, 1995

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

Berry SM, Puder KS, Bottoms SF, Uckele JE, Romero R, Cotton DB. Comparison of intrauterine hematologic and biochemical values between twin pairs with and without stuck twin syndrome. *American Journal of Obstetrics and Gynecology* 172:1403-10, 1995

Berry SM, Romero, Gomez R, Puder KS, Ghazzi F, Cotton DB, Bianchi DW. Premature parturition is characterized by in utero activation of the fetal immune system. *American Journal of Obstetrics and Gynecology* 173:1315-20, 1995

Berry SM, Lucotier B, Smith RS, Barceau G, Dombrowski MP, Puder KS, Kahler K, Bidat L, Johnson MP, Cotton DB. Predictive value of fetal serum beta 2-microglobulin for neonatal renal function. *Lancet* 345:1277-8, 1995

Puder KS, Gonik B, Treadwell M. Ultrasound characteristics of in situ infection. *Infectious Diseases in Obstetrics and Gynecology* 5:262-270, 1997

Lanoueille JM, Puder KS, Berry SM, Bryant DR, Dombrowski MP. Inflammation on Papanicolaou smear: a risk factor for preterm delivery? *Fetal Diagnosis and Therapy* 12:244-247, 1997

Seubert DE, Puder KS, Goldmaier P, Gonik B. Colonoscopic release of the incarcerated gravid uterus. *Obstetrics and Gynecology* 84:707-4, 1999

Schimp VL, Hallak M, Puder KS, Orabi N, Gonik B. Multiple brain infarcts associated with severe preeclampsia. *Journal of Stroke and Cerebrovascular Diseases* 10:244-246, 2001

Puder KS, Gonik B, Schrautzen E. Paternity establishment variables associated with failed implantation. *Primary Care Update for Ob/Gyn* 10:258-260, 2003

Alozie A, **Puder KS**, Reznar M, Eby E, Zhu BP. Folic acid awareness in Michigan, 1998-1999. *Obstetrics and Gynecology* 102:1046-50, 2003.

Jim B, Al-Abbadi MA, **Puder KS**. A 32-year-old woman with an abnormal foetal fetus at 19 weeks of gestation. *Archives of Pathology & Laboratory Medicine* 120:e19-20, 2005.

Gonik B, **Puder KS**, Gonik N, Kruger M. Seroprevalence of Bordetella pertussis antibodies in mothers and their newborn infants. *Infectious Disease Ob/Gyn* 2005; 13(2):59-61.

Assad R, Rabah R, Cheek R, **Puder KS**. Renal vein thrombosis and meconium small bowel obstruction following antenatal valsartan exposure. *Obstetrics & Gynecology*. Submitted.

## CHAPTERS

Morgan JP, **Puder KS**, Kagan DV. The emergence of phenylpropanolamine in simulated controlled substances (look-alikes) after 1980. In: Morgan JP, Kagan DV, Brody JS, eds. *Phenylpropanolamine, Risks, Benefits and Controversies*. New York, 1985. Praeger.

Quintero RA, **Puder KS**, Cotton DB. Embryoscopy and Fetoscopy. In: Karim Blakemore, ed. *Prenatal Diagnosis: Present and Future Perspectives*. *Obstetrics and Gynecology Clinics of North America*, 20(3): 563-81, 1993.

**Puder KS**, Sokol RJ. Clinical use of antepartum fetal monitoring techniques. In: Sciarrra JJ, ed. *Gynecology & Obstetrics*. Chicago: J.B. Lippincott, 1994.

**Puder KS**, Dombrowski M. Vaginal Delivery: Operative and Branch. In: Ransom SB, McNoolty G, Monkaran AR, Dombrowski MF, Moghissi KS, eds. *Practical Strategies in Obstetrics and Gynecology*. Philadelphia, W. B. Saunders, 2001: 291-98.

## ABSTRACTS

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

**Puder KS**, Reznar MM, Gonik B. Folic acid awareness after a live birth. Poster presentation at the Annual Meeting of The American College of Obstetricians and Gynecologists, New Orleans, Louisiana, April 26-30, 2003. *American Journal of Obstetrics and Gynecology* 101: Supplement #2S, April 2003.

Gonik B, **Puder KS**, Gonik N, Kruger M. Seroprevalence of Bordetella pertussis

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

**Puder KS, Rode A, Kruger 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, Puder K, Bkrol S, Well E.** Assessment of listeriosis counseling by obstetrical providers in Michigan. 5<sup>th</sup> Annual Michigan Epidemiology Conference, Ann Arbor, Michigan, March 31, 2008.

**Asaad R, Rabah R, Cheek R, Puder K.** Renal vein thrombosis and meconium small bowel obstruction following antenatal 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. Sinai-Grace Hospital's 14<sup>th</sup> Annual Research Day, Detroit, Michigan, April 13, 2008.

**Al-Wahab Z, Imudia AN, Dhouk T, West B, Soklakin LB, Puder KP, Gonik B.** Pregnancy 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, 2008.

#### LETTERS:

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

#### PRESENTATIONS:

Persuading by Citation: An analysis of the references of 53 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 Therapeutics* 42: 1-9, 1987.

"Folic Acid" WXYZ (Channel 7) TV Interview with Denise Osler, November, 1995.

"Having a Healthy Baby" Health Matters, February, 1996. Broadcast on Public TV, Channel 56, Detroit, MI.

March of Dimes Interview Series: "The importance of folic acid in the prevention of neural tube defects and having healthy babies." January - March, 1995. Presented on local FM radio stations WWJ, WVMV, WPON and WDTR.

The Federation of State Medical Boards  
of the United States, Inc.  
PO Box 130852  
Dallas, Texas 75213-0852  
Telephone: (214) 764-6700  
FAX: (214) 764-6700

**BOARD ACTION CLEARANCE REPORT**

May 11, 2009

Andriy Kozlov, M.D.  
Pennsylvania State Board of Medical  
Professions  
Harrisburg, PA 17105

By: Board Action Committee - May 11, 2009  
Andriy Kozlov, M.D.  
USMD Board Number: 1010600005

The following is a report of the findings of the Board Action Committee on May 11, 2009 for the reasons set forth below. The Board has determined that the information provided is accurate and complete.

Practice(s) Closed on: No Action (May 11, 2009)

Item	Name	DOB	School	Yr Grad	Request ID
------	------	-----	--------	---------	------------



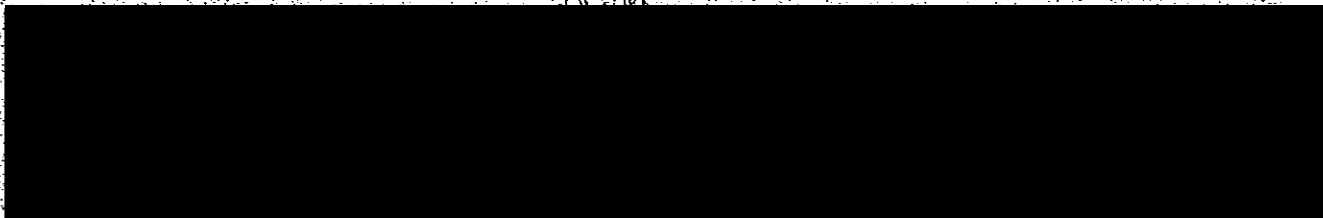
1. DR. KAROLINE SCIANNE



2001

1010600005

LICENSE HISTORY  
State Board  
Medical Board  
PA 17105



**PLEASE NOTE:** The license history information contained in these reports is not considered to be an endorsement but rather an indicator of known dates of history of licensure for the individual. Use of this information should be limited to cross-reference purposes.



Christina Markgraf, MD

1000 Locust St., Suite 1000

Philadelphia, PA 19104

## MEMORANDUM

To: Commission on the Health Professions - State Board of Medicine

Re: Pennsylvania Temporary License for Outpatient

Name of Applicant: [Redacted]

Name of Camp: [Redacted]

Date of service at Camp: [Redacted]

We are enclosing:

- Completed Temporary License Application
- Check in the amount of \$15.00
- Letter from Back Up Physician
- Letter from Camp Director
- Current Curriculum Vitae
- Medical Malpractice Insurance Certificate

Thank you.

Christina Markgraf



The Federation of State Medical Boards  
of the United States, Inc.  
P.O. Box 61823  
Dallas, Texas 75261-0233  
Telephone: (214) 762-8443  
FAX: (214) 762-8444

**BOARD ACTION CLEARANCE REPORT**

April 06, 2009

Atty. General Rick Abner, et al.  
Pennsylvania State Board of Podiatry  
PO Box 1600  
Harrisburg, PA 17103

Re: Board Action Query Dated: April 6, 2009  
Your Reference Number: 0904060001  
USMB Query Number: 0904060001

The following is a report of the search results from the Board Action Query Report dated April 6, 2009 for persons who submitted a request for a license transfer to the Pennsylvania Board of Podiatry. All referenced search for Board Action queries were completed.

The first search was completed on April 6, 2009.

Item	Name	DOB	School	Yr Grad	Request ID
[REDACTED]					

CHAD R. KARONSKI, MD, ABOM

**LICENSE HISTORY**  
STATE: DC, RI  
ABOM: DC, AS  
NEW YORK

**PLEASE NOTE:** The license history information contained in this report is not a medical record and is not intended to be used as an indicator of known dates of hospital admission for any medical condition. It is for informational purposes only and is for reference purposes.



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2849  
HARRISBURG, PENNSYLVANIA 17105  
11 medicalstate.pa.us  
April 30, 2009

Telephone: 717-763-1477  
Fax: 717-763-1479

KAROLINE SUZANNE PUDER, D840

EVALUATOR: AARON

**RE: DISCREPANCY NOTICE - Temporary License - Medical Board**

Dear Applicant:

The Board has received your application for a Temporary License. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. You may not practice in the Commonwealth of Pennsylvania until a temporary license has been issued by the Board.

- Curriculum Vitae listing **ALL** 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, by date the activity was performed and indicate the state/territory in which the employment occurred.

**NEED ACTIVITIES FROM GRADUATION OF MEDICAL SCHOOL TO 07/02 IN MONTH/YEAR FORMAT**

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

You may check the status of your application online at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us). Click on the link [duplicate licenses/address changes/application status](#). First time users will be required to register and create a user ID and password. Your registration code to register is: vnydL7PR.