

Person Info Name: MARK B WOODLAND Address Info Street Address [REDACTED] Email: [REDACTED] Phone [REDACTED] Fax [REDACTED] City [REDACTED] State [REDACTED] Zipcode [REDACTED] Country [REDACTED] County [REDACTED]	
Survey Response Summary Question Response Summary	
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	Y
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, 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.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	N

Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
No education records	
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	

myLicense Renewal Question Responses**License Number:** MD038499E**Name :** MARK B WOODLAND**Online Submission Date :**

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

Online Submission Date : 11/19/2004 6:56:46AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you provide health care services to patients within the Commonwealth of PA?	Y
If yes, is the percentage of patients that you provide care for in the Commonwealth 20% or more of your practice?	Y

myLicense Renewal Question Responses**License Number:** MD038499E**Name :** MARK B WOODLAND

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

Online Submission Date : 10/20/2006 8:17:56AM

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

Online Submission Date : 12/7/2010 12:15:20AM

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

APPLICATION FOR GRADUATE LICENSE

STATE BOARD OF MEDICINE

P.O. BOX 2009

HARRISBURG, PA 17105

Please see instructions on cover page for completion of this application.

Complete the entire application and submit at least sixty (60) days before the beginning date of training.

Please type or print clearly.

1. Name Goodland Mark Broadbent Date 2-21-82
Last First Middle2. Date of Birth [REDACTED]

3. List all medical schools attended:

Medical School

(Full Name) George Washington University Dates of Attendance 7/81 - 5/82Location Washington D.C. 20037 DC Date of Graduation 5/82
City State CountryMedical School (Full Name) [REDACTED] Dates of Attendance [REDACTED]Location [REDACTED] Date of Graduation [REDACTED]

4. Training Approval Requested (To be completed by hospital)

Name of Hospital Pennsylvania Hospital HS-L 181Address of Hospital Eighth and Spruce Streets, Philadelphia, PA 19107Specialty OB/GYN OBG Level in Specialty PGY3Dates of Training Requested 7/1/87 to 6/30/88Name of Program Director Bruce W. Herdman, Ph.D., Vice President Beginning Date [REDACTED] Ending Date [REDACTED]Signature of Program Director Bruce W. Herdman5. List all states, territories and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive). MAINE, PA, MD6. Are you, or have you ever been, addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs? No7. Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or any other country? No8. Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or any other country? No

9. Have you ever possessed a license to practice medicine and surgery or other professional license, or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions? no
10. Have you ever had provider privileges denied or restricted by the Drug Enforcement Administration, a medical assistance agency, or other authority? no
11. Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility? no

If you have answered yes to 6, 7, 8, 9, 10, or 11, please provide details on an additional sheet. The failure to provide sufficient information for these items may result in a delay in processing the application or require the return of the application.

CURRICULUM VITAE

Complete if training requested is any other than first year after medical school. Indicate all activities for all years since graduation from medical school. Use additional sheets if necessary.

Previous Training

Dates	Name of Hospital	Location of Hospital	Specialty
to			
to			

Other Activities

to			
to			

AFFIDAVIT

State of Dist. of
County of Columbia

Mark Woodland (applicant) being duly sworn according to law, deposes and says that he/she is the person making the foregoing application, that he/she is a person of good moral character, and that the statements made therein are true and complete to the best of his/her knowledge and belief.

Subscribed and sworn to before me this

27th day of April, 1982.

Mark B. Woodland
Signature of Applicant

Notary Public

My commission expires 10/31/90 (2)

1 2 0 0 3 7 0 9 9 2

MARK BRENDLINGER WOODLAND

2923 ORDWAY STREET N.W., WASHINGTON, D.C., 20008, (202) 686-5268

PROFESSIONAL LISCENSURE & ORGANIZATIONS:

Doctor of Medicine(temporary), State of Virginia, 1986
Doctor of Medicine, District of Columbia, 1986 #16584-20746
American Medical Association, member, (1983-present)
DC Medical Society, member, Washington, DC 20037 (1983-present)
Certification by the National Board of Medical Examiners (NBME#307664),
Philadelphia, PA (July 1986)
Pennsylvania License (Medical Physician and Surgeon) #12-074477-2

ACADEMIC PREPARATION:

RESIDENCY(July 1986- present)

George Washington University Medical Center, Department of Obstetrics and
Gynecology; Washington, D.C. 20037

INTERNSHIP(July 1985 - July 1986)

George Washington University Medical Center, Washington, D.C. 20037

* Washington Free Clinic Physician(Volunteer)

* Whitman-Walker Clinic Medical Advisor(Volunteer)

M.D.(May 1985) George Washington University School of Medicine Washington,
D.C. 20037

* Honors received; Clinical Clerkship Primary Care Medicine, George
Washington University, 1984

* President: Medical School Student Council, 1984-1985

* Class Representative, 1980-1984

* Washington Free Clinic Volunteer, 1981-1982

M.S.(July 1981) General Biology (G.P.A. 3.75), Villanova University,
Villanova, PA 19085

B.S.(May 1980) Biology and Chemistry (G.P.A 3.25), Ursinus College,
Collegeville, PA 19426

* TV Communications, senior coursework, 1980

* Chairman Campus Life Committee, 1979-1980

* Chairman & Representative: Student, Faculty, Administrative Committee,
1976-1979

DIPLOMA (June 1976) Wissahickon Senior High School, Ambler, PA 19002

ACADEMIC HONORS AND AWARDS:

* Community Service Award(May 1985), George Washington University School
of Medicine

* Departmental Honors (May 1980); Department of Philosophy and Religion,
"Ethics & Ideas in Genetic Counseling" Ursinus College

* Senior Alumni Award (May 1980); Based on academic achievement and
community citizenship, Ursinus College

* International Youth in Achievement (November 1980); based on social
and academic achievement, University of Cambridge, England

* Who's Who Among Students in American Universities & Colleges(November
1979), Ursinus College

* Beta Beta Beta(Fall 1979); National Biological Honor Society, Ursinus
College

* Presidential Scholarship(Fall 1979); Recipient, Ursinus College

* American Legion Award(Spring 1972)

* *Outstanding Teacher (June 1981) GWA Dept of Edu \$200.00*

WORK EXPERIENCE:

- * Washington Free Clinic(Physician), Washington, DC
- * Whitman-Walker Clinic(Medical Advisor), Washington, DC
- * Department of OB/GYN, Ovarian Cancer Research, George Washington University, 1982
- * Audiovisual Assistant: Audiovisual Department, George Washington University(September 1981 - May 1983)
- * Racquet Club: Night Manager, Upper Dublin Racquet Club, Ambler, PA 19002
- * Fashion Department: John Wanamaker Department Store, Montgomeryville, PA (summer 1977)
- * Assistant to Supervisor: Consumer Credit Department, Continental Bank, Norristown, PA (summer 1976)

PAPERS AND PUBLICATIONS:

- * "LAS, ARC, and AIDS; A Continuum"(Pamphlet), Whitman-Walker Clinic, Washington, DC, 1985
- * "One Man's Opinion; HTLV-III Test Positive," await publication, 1985
- * "Sexual Morality; Medicine as a Moral Code," await publication, 1983

REFERENCES ON REQUEST

Sent to:

Legation Suisse

Pine Bldg.

Pennsylvania Hospital

8th and Spruce

Phila. PA 19107.

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE AND SURGERY

U.S. STATE BOARD OF MEDICINE
P.O. BOX 2848 HARRISBURG, PENNSYLVANIA 17105
(717) 787-2281



5-28-87

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

SECTION 1 PERSONAL DATA

(PLEASE PRINT OR TYPE)

Exam Date:
Deadline:
Required for Schedule
Pgs 1, 1a, 2, 6, fee and
ECFMG Certification

THIS APPLICATION IS FOR
(Check One)

- ☐ SITTING FOR FLEX I IN PA
☐ SITTING FOR FLEX II IN PA
☐ SITTING FOR FLEX I AND II IN PA
☒ ENDORSEMENT

ALL FEES MUST BE MADE PAYABLE TO
COMMONWEALTH OF PENNSYLVANIA

APPLICATION FEES ARE NOT REFUNDABLE

NOTIFY BOARD OF ANY NAME OR ADDRESS CHANGE WITHIN 15 DAYS
LICENSE AND CORRESPONDENCE WILL BE SENT TO THE ABOVE ADDRESS

DATE OF BIRTH [REDACTED]	PLACE OF BIRTH [REDACTED]	U.S. CITIZEN <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	HOW CITIZENSHIP OBTAINED <input checked="" type="checkbox"/> Birth <input type="checkbox"/> Naturalization	SOCIAL SECURITY NUMBER [REDACTED]
<input type="checkbox"/> Exchange Student <input type="checkbox"/> Immigrant <input type="checkbox"/> Immigrant Petition <input type="checkbox"/> Other		DO YOU INTEND TO BECOME A U.S. CITIZEN <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Name of Medical School(s) Attended

George Washington University

Dates of Attendance

7/81 to 5/85
Mo. Yr. Mo. Yr.

Type of Examination (check one)

☒ National Board
☐ FLEX

☐ LMCC-Canadian
☐ State Board
☐ Name State

SECTION 2 HISTORY

- By this application are you applying to take the FLEX in Pennsylvania? ☐ Yes ☒ No
If yes, have you previously taken the FLEX in PA or any other state? ☐ Yes ☒ No
If yes, give date (month and year) and location of each examination. ☐ Yes ☒ No
- List all states, territories and countries in which you have possessed a license to practice medicine and surgery (active or inactive)
Washington D.C. ; temporary teaching license Penn
- Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or in any other country? ☐ Yes ☒ No
- Have you ever possessed a license to practice medicine or surgery (or other professional license) that was revoked, suspended or subjected to other disciplinary conditions? ☐ Yes ☒ No
- Have you ever had provider privileges denied or restricted by a drug enforcement agency, medical assistance agency or other authority? ☐ Yes ☒ No
- 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? ☐ Yes ☒ No
- Have you ever been convicted of a crime (other than parking or traffic violation) in the courts of Pennsylvania or any other state, territory or country? ☐ Yes ☒ No

If you have answered Yes to any of the above questions, please give details on a separate 8 1/2 x 11 sheet

To Be Completed by Applicant
(1)

SECTION 3 CERTIFICATE OF MORAL CHARACTER

(TO BE COMPLETED BY TWO PHYSICIANS WITH AN UNRESTRICTED LICENSE IN GOOD STANDING IN THE UNITED STATES)

I hereby certify that I know the applicant to be of good moral character and, to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania. I have been personally acquainted with the applicant for 3 year(s) 8 month(s). (Explain your professional affiliation or relationship with applicant.)

TEACHER - DIRECTOR.

James G. Sites, M.D.
SIGNATURE

3/3/87
DATE

JAMES G. SITES, M.D.
PRINT OR TYPE NAME AS SIGNED ABOVE

VA.
STATE LICENSED

28/84
DEATH NUMBER

(Attach 8 1/2 x 11 photo if available)

I hereby certify that I know the applicant to be of good moral character and, to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania. I have been personally acquainted with the applicant for 1 year(s) 8 month(s). (Explain your professional affiliation or relationship with applicant.)

Chief Resident

Kenneth Ward
SIGNATURE

3/3/87
DATE

Kenneth Ward
PRINT OR TYPE NAME AS SIGNED ABOVE

M.D.

Utah
STATE LICENSED

07503
LICENSE NUMBER

(Attach 8 1/2 x 11 photo if available)

SECTION 4 AFFIDAVIT AND PHOTOGRAPH CERTIFICATION

STATE OF DISTRICT OF COLUMBIA
COUNTY OF

I Mark B. Woodland
NAME OF APPLICANT being duly sworn according

to law depose and say I am the person completing this application and that all statements therein are true and complete to the best of my knowledge and belief

Mark B. Woodland
SIGNATURE OF APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS

3rd DAY OF MARCH 1987

MY COMMISSION EXPIRES 14 FEB 1990

(NOTARY SEAL)



NOTARY TO COMPLETE THIS SECTION
IMPRINT PART OF SEAL ON PHOTOGRAPH
AS SHOWN

I hereby certify the photograph attached above is the applicant meeting the sworn statement.

[Signature]
SIGNATURE OF NOTARY

Applicant - Have Completed and Notarized

GRADUATE TRAINING CERTIFICATE



PO BOX 2840 HARRISBURG, PA 17105
(717) 787-9883

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

DATE
3-2-88

NAME OF APPLICANT - LAST FIRST MIDDLE

NAME OF HOSPITAL

Woodland, Mark, B.

George Washington Univ Med Center

STREET ADDRESS

STREET ADDRESS

CITY

FILL IN NUMBER OF MONTHS OF TRAINING BY SPECIALTY
DEPARTMENT HEAD MUST SIGN FOR EACH SPECIALTY

PERIOD OF TRAINING
MONTH BEGINNING DAY YEAR MONTH DAY

see attached

SPECIALTY	NO MOS	SIGNATURE OF PROFESSIONAL DEPARTMENT HEAD	SPECIALTY	NO MOS	SIGNATURE OF PROFESSIONAL DEPARTMENT HEAD
ALLERGY IMMUNOLOGY			PATHOLOGY		
ANESTHESIOLOGY			PEDIATRICS		
DERMATOLOGY			PHYSICAL MEDICINE		
FAMILY PRACTICE			PREVENTIVE MEDICINE		
FLEXIBLE			PSYCHIATRY		
INTERNAL MEDICINE			RADIOLOGY		
NEUROLOGY			SURGERY		
NUCLEAR MEDICINE			UNOLOGY		
OBSTETRICS GYNECOLOGY		George Washington Univ (Years 1, 2, and 3)	OTHER		DISTRICT OF COLUMBIA Subscribed and sworn to before me this day of March Mona D. [Signature]
OPHTHALMOLOGY			NOTE: Signature of professional Department Head must be in blue ink. If not, the certificate will be returned.		
OTOLARYNGOLOGY			George Washington		

THIS SPACE FOR HOSPITAL ADMINISTRATION ONLY

PLACE SEAL OF HOSPITAL OVER SIGNATURE OF
HOSPITAL HEAD.

Notarized statement required if
hospital has no seal.

I HEREBY CERTIFY THAT THE APPLICANT HAS RENDERED SATISFACTORY SERVICE
RESIDENT AT THIS HOSPITAL. I ALSO CERTIFY THAT THE APPLICANT IS A PERSON OF
MORAL CHARACTER, AND THAT HE/SHE HAS PROVEN TO BE WORTHY OF THE
PROFESSION

John P. Swope, M. D.
Signature of HOSPITAL HEAD Dir. Graduate Medical Education

To be completed by the hospital where applicant did approved graduate training. Return to applicant.



THE
GEORGE
WASHINGTON
UNIVERSITY
MEDICAL CENTER

Department of Obstetrics
and Gynecology
(202) 676-4357

The H. B. Burns Memorial Building / 2150 Pennsylvania Avenue, N.W. / Washington, D.C. 20037

April 2, 1987

Commonwealth of Pennsylvania
State Board of Medical Education
and Licensure
P.O. Box 2649
Harrisburg, Pennsylvania 17105-2649

Re: Woodland, Mark

To Whom It May Concern:

Please note that Dr. Mark Woodland is currently a second year resident in our program at The George Washington University Medical Center. Dr. Woodland began his residency here in June 1985 and will complete his second year in June 1987.

Should you have any further questions, please feel free to contact my office at the number shown above.

Sincerely,

Arnold J. Friedman, M.D.
Associate Professor
Director, Residency Training Program

AJF:kac

RECEIVED

APR 16 1987

BOARD DIVISION

VERIFICATION OF GRADUATION
FROM MEDICAL SCHOOL.



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649

To be completed
by applicant

NAME:

Woodland Mark Brendlinger
Last First Middle

ADDRESS:

[Redacted Address]
City State Zip

NAME OF MEDICAL SCHOOL:

George Washington University School of Medicine

ADDRESS:

2300 Eye St. N.W. Wash. D.C. 20037

If the school is unaccredited (foreign) an official transcript must accompany this verification. Please request the transcript at the same time you request completion of this verification. The transcript must be in English or an official translation must be submitted to the Board.

To be completed
by Dean or Registrar

VERIFICATION

I certify that Mark B. Woodland has successfully completed
(name of applicant)
all the required courses and examinations and has graduated from the above named school on
this date: 27 August 1981

The applicant began attendance at this school on this date: 24 May 1985

(SEAL OF SCHOOL)

Jeffrey L. Roames
Signature of Dean or Registrar
Jeffrey L. Roames, Director of Student Services
DATE: 4 May 1987

UPON COMPLETION, SCHOOL MUST RETURN THIS FORM DIRECTLY TO THE PENNSYLVANIA BOARD OF
MEDICINE. DO NOT RETURN TO THE APPLICANT.

CERTIFICATE OF MEDICAL EDUCATION

STATE BOARD OF MEDICAL EXAMINERS
P.O. BOX 3049, HARRISBURG, PA. 17105-0049
(717) 707-2200



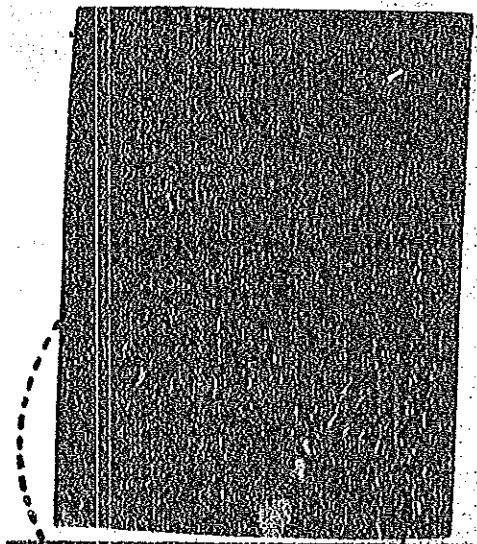
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE

TO BE COMPLETED BY APPLICANT

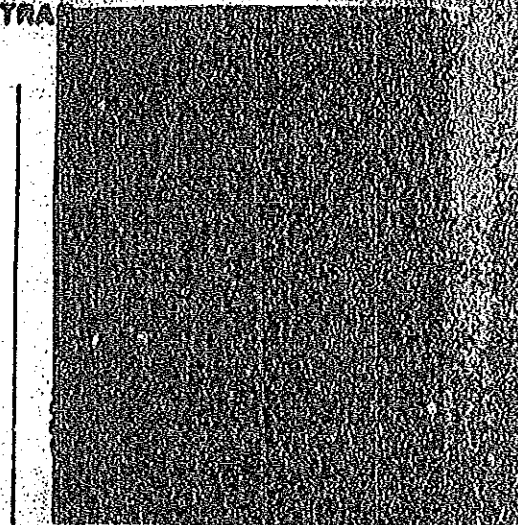
NAME OF APPLICANT (Last, First, Middle) <i>Woodland Mark B.</i>		DATE <i>8-2-82</i>
STREET ADDRESS [REDACTED]		
NAME OF MEDICAL SCHOOL <i>George Washington University Medical School</i>		
STREET ADDRESS <i>2700 Eye St. N.W. Wash. D.C. 20037</i>	CITY	STATE OR COUNTRY
AFFIX TWO (2) PHOTOGRAPHS IN SPACES PROVIDED BELOW		SIGNATURE OF APPLICANT <i>Mark B. Woodland MD</i>

TO BE COMPLETED BY DEAN OR REGISTRAR

If Photographs are Likeness of Applicant
IMPRINT SCHOOL SEAL OVER
PART OF EACH PHOTOGRAPH



(SEAL IMPRINT)



(SEAL IMPRINT)

BEGINNING DATE			GRADUATION DATE		
MONTH <i>AUG</i>	DAY <i>27</i>	YEAR <i>1981</i>	MONTH <i>MAY</i>	DAY <i>29</i>	YEAR <i>1982</i>

I hereby certify that (1) The applicant has graduated from the above named medical school, (2) The applicant's signature above appears to be genuine; and (3) the photographs above are a true likeness of the applicant.

Robert H. Kelmowitz MD

SIGNATURE OF DEAN OR REGISTRAR
PLACE SEAL OF SCHOOL OVER SIGNATURE
Associate Dean for Student Affairs
and Admissions

March 3, 1987

DATE

NOTE If the applicant transferred to your school, please submit a letter of explanation.

To be completed and certified by the dean or registrar of the medical school. Do not return to applicant.
RETURN DIRECTLY TO BOARD AT ADDRESS ABOVE

NATIONAL BOARD OF MEDICAL EXAMINERS
3730 CHESTNUT STREET, PHILADELPHIA, PA. 19104
ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Mark B. Woodland, M.D.

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

Attest: **C. WILLIAM DAESCHNER, JR., M.D.**
Chairman of the Board

SEAL

EDITH J. LEVIT, M.D.
President of the Board

Philadelphia, Pa.

07/01/86

Certificate # 307664

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be awarded to the
physician named above, who graduated from **GEO WASHINGTON U SCH MED**
in **MAY 1985** and whose birth date is **05/07/1958**. This physician has successfully completed
all examinations required for certification by the National Board of Medical Examiners. The scores obtained by
this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed 06/84		
Anatomy, incl. histology and embryology	365	72
Physiology	375	75
Biochemistry	405	75
Pathology	425	75
Microbiology, incl. immunology	445	77
Pharmacology and Materia Medica	400	75
Behavioral Sciences	500	71
TOTAL TEST (Minimum Passing Score 380/75)	390	75
Part II passed 09/84		
Internal medicine and the medical specialties	520	85
Surgery and the surgical specialties	380	75
Obstetrics and Gynecology	430	80
Public Health and Preventive Medicine	330	75
Pediatrics	315	63
Psychiatry	490	72
TOTAL TEST (Minimum Passing Score 200/75)	390	77
PART III passed 03/86		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 200/75)	420	77.1

GENERAL AVERAGE (Parts I, II, and III Scale Score)

77.1

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training, the date
shown on the facsimile is the date which has been certified by the physician's residency program director as the
date on which this requirement for certification by the National Board will be fulfilled and such certification
will be awarded.

Melanie Valente

Secretary for Certification

05/06/87

SEAL

Date

0 7 0 2 1 0 0 0 0 0

GOVERNMENT OF THE DISTRICT OF COLUMBIA
BOARD OF MEDICINE

605 G STREET, N.W., ROOM 202-LOWER LEVEL, WASHINGTON, D.C. 20001

ADDRESS ALL COMMUNICATIONS
TO THE BOARD



April 27, 1987

Pennsylvania State Board of Medical
Education & Licensure
P.O. Box 2649
Harrisburg, PA 17105-2649

Dear Sir/Madam:

This is to certify that the records of the Government of the District
of Columbia Board of Medicine reflect that Dr. Mark B. Woodland
was issued license number 16584
dated 4-27-87 to practice medicine and surgery on the basis
of National Boards Endorsement.

The license is: ☒ current and in good standing.

Expiration date: 12-31-88

☐ is not current; however, there is no
derogatory information on file.

☐ other _____

Sincerely,

A handwritten signature in dark ink, appearing to read "John P. Hopkins".
John P. Hopkins
Executive Director

CERTIFIED BY: Virginia Bunt

TITLE: Application Clerk

DATE: 4-27-87

TELEPHONE NUMBER: (202) 727-5365

070210 000637



NATIONAL BOARD OF MEDICAL EXAMINERS
DIPLOMA IN MEDICAL EXAMINERS

NAME NUMBER

307664

DATE 07/01/86

Mark B. Woodland, M.D.,

Having passed the examinations and met all other
requirements for certification, is hereby declared a
Diplomate of the National Board of Medical Examiners.

Robert J. Smith, M.D.
President of the Board

MARK B. WOODLAND 8-01

1001

PAY TO THE
ORDER OF

Commonwealth of PA

\$ *20.00*

Twenty and 00/100 DOLLARS

MEMO

PA License Fee

Woodland

MARK B. WOODLAND, M.D.

3-8-87

To whom it concerns,

Enclosed please find the appropriate
papers and fee for endorsement
for my PA medical license.

My National Board of Medical
Examiners (NBME) number is 502664

Please find enclosed a copy of
my diploma card.

Sincerely,

Mark B. Woodland M.D.



The Fairfax Hospital

3300 Gallows Road, Falls Church, Virginia

Department of Obstetrics and Gynecology
JAMES G. SITES, Chairman

(703) 671-1100

March 25, 1987

Commonwealth of Pennsylvania
State Board of Medicine
Education and Licensure
Post Office Box 2649
Harrisburg, PA 17105-2649

To Whom It May Concern:

This letter is in support of Mark Brendlinger Woodland, M.D., who is currently applying for medical licensure in the Commonwealth of Pennsylvania.

I have known Mark during the 1986-87 academic year, at which point he was a second year resident in Obstetrics and Gynecology at the George Washington University Medical Center in Washington, D.C. As a Fellow in Maternal-Fetal Medicine affiliated with GWU, I have come in contact with Mark regarding many aspects of patient care and academic medicine. Mark is a conscientious, hard-working, intelligent and caring physician. He makes a special effort to communicate with his patients, a quality that is often lacking in today's busy medical practices. In addition, Mark is concerned with furthering his education and is often found reading current and standard literature in Obstetrics and Gynecology.

I highly endorse Mark Woodland's application for licensure in the Commonwealth of Pennsylvania. Should you require additional information, please do not hesitate to contact me.

Sincerely yours,

Helain J. Landy, M.D.

Fellow

Maternal-Fetal Medicine

The George Washington University
Medical Center

Keith A. Eddleman, M.D.

Commonwealth of Pennsylvania
State Board of Medical Education and Licensure
P.O. Box 2649
Harrisburg, PA. 17105-2649

April 4, 1987

Dear Board Members,

I am writing this letter in support of Dr. Mark Woodland as a candidate for licensure in the State of Pennsylvania. In the three years I have known Dr. Woodland, I have found him to be both a competent physician and a caring human being. I have worked closely with him during this time and have had the opportunity to witness his excellent surgical skills and clinical judgement. He would be an excellent addition to the health care system of Pennsylvania and I wholly support him as a candidate for licensure in your state. I will be glad to answer any further questions regarding this matter.

Sincerely,

Keith A. Eddleman

Keith A. Eddleman, M.D.

MARK BRENDLINGER WOODLAND

2923 ORDWAY STREET N.W., WASHINGTON, D.C., 20008, (202) 686-5268

PROFESSIONAL LISCENSURE & ORGANIZATIONS:

- Doctor of Medicine(temporary), State of Virginia, 1986
- Doctor of Medicine, District of Columbia, 1986
- American Medical Association, member, (1983-present)
- DC Medical Society, member, Washington, DC 20037 (1983-present)
- Certification by the National Board of Medical Examiners (NBME#307664)
Philadelphia, PA (July 1986)

ACADEMIC PREPARATION:

RESIDENCY(July 1986- present)

George Washington University Medical Center, Department of Obstetrics and Gynecology; Washington, D.C. 20037

INTERNSHIP(July 1985 - July 1986)

George Washington University Medical Center, Washington, D.C., 20037

- * Washington Free Clinic Physician(Volunteer)
- * Whitman-Walker Clinic Medical Advisor(Volunteer)

M.D.(May 1985) George Washington University School of Medicine Washington, D.C. 20037

- * Honors received; Clinical Clerkship Primary Care Medicine, George Washington University, 1984

- * President: Medical School Student Council, 1984-1985

- * Class Representative, 1980-1984

- * Washington Free Clinic Volunteer, 1981-1982

M.S.(July 1981) General Biology (G.P.A. 3.75), Villanova University, Villanova, PA 19085

B.S.(May 1980) Biology and Chemistry (G.P.A 3.25), Ursinus College, Collegeville, PA 19426

- * TV Communications, senior coursework, 1980

- * Chairman Campus Life Committee, 1979-1980

- * Chairman & Representative: Student, Faculty, Administrative Committee, 1976-1979

DIPLOMA (June 1976) Wissahickon Senior High School, Ambler, PA 19002

ACADEMIC HONORS AND AWARDS:

- * Community Service Award(May 1985), George Washington University School of Medicine
- * Departmental Honors (May 1980); Department of Philosophy and Religion, "Ethics & Ideas in Genetic Counseling" Ursinus College
- * Senior Alumni Award (May 1980); Based on academic achievement and community citizenship, Ursinus College
- * International Youth in Achievement (November 1980); based on social and academic achievement, University of Cambridge, England
- * Who's Who Among Students in American Universities & Colleges(November 1979), Ursinus College
- * Beta Beta Beta(Fall 1979); National Biological Honor Society, Ursinus College
- * Presidential Scholarship(Fall 1979); Recipient, Ursinus College
- * American Legion Award(Spring 1972)

MARK B. WOODLAND, M.D.

4-21-87

To whom it concerns,

Enclosed please find my CV.
Please expect a NABME certificate
and a letter of good standing
from the Wisconsin Commission.

M. B. Woodland

NO 038499 S 80001 02100

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER STATE, TERRITORY OR COUNTRY? YES NO ☒ ☐
2. 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? (YOU MAY ANSWER "NO" IF YOU ARE CURRENTLY A PARTICIPANT IN THE IMPAIRED PROFESSIONAL PROGRAM) YES NO ☐ ☒
3. HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUSIVE OF PARKING AND TRAFFIC VIOLATIONS) OR RECEIVED PROBATION WITHOUT VERDICT, DISPOSITION IN LIEU OF TRIAL, OR AN ACCELERATED REHABILITATION DISPOSITION IN THE UNITED STATES OR ANY OTHER COUNTRY? YES NO ☐ ☒
4. HAVE YOU EVER HAD AN APPLICATION FOR A LICENSE DENIED IN ANOTHER STATE, TERRITORY OR JURISDICTION OF THE UNITED STATES OR IN ANY OTHER COUNTRY? YES NO ☐ ☒
5. HAVE YOU EVER POSSESSED A LICENSE TO PRACTICE MEDICINE AND SURGERY, OR OTHER PROFESSIONAL LICENSE, OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION, THAT WAS SUSPENDED, REVOKED OR SUBJECT TO OTHER DISCIPLINARY ACTION? YES NO ☐ ☒
6. HAVE YOU EVER HAD PROVIDER PRIVILEGES GRANTED OR RESTRICTED BY THE DRUG ENFORCEMENT ADMINISTRATION, A MEDICAL ASSISTANCE AGENCY, OR OTHER AGENCY? YES NO ☐ ☒
7. HAVE YOU EVER HAD PRACTICE PRIVILEGES GRANTED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY? YES NO ☐ ☒

NAME

**

**STREET

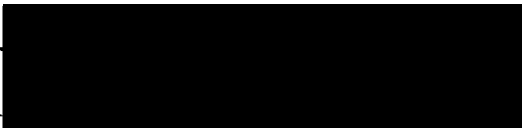
**CITY

STATE


ZIP

SIGNATURE

[Handwritten Signature]

Affidavit of Non-PracticeName MARK B WOODLANDAddress License # MD-037499

State)

County of Burlington) SS: 

Before me the subscriber personally appeared MARK B. WOODLAND
 (Applicant)
 to me known, who being duly sworn according to law, does depose and
 say that he/she has not engaged in the practice of OB/GYN
 in the Commonwealth of Pennsylvania from 6/89
 (month and year)
 to 3/92 (month and year) and that if requested by the
 State Board of Medicine will provide complete information on
 employment.

X [Signature]
 (Applicant's Signature)

Sworn and subscribed before me this

23rd day of March, 1992

[Signature]
 (Notary Public's Signature)

(Seal)

Commission Expires: 12/92

OK
 12/92



Commonwealth of Pennsylvania
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649

QUESTIONNAIRE

Print

Name:

Last

First

Middle

MD -
License # 038499

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

YES NO

1. Do you hold a license to practice medicine and surgery in any other state, territory or country? (Include active and inactive)

☒ YES ☐ NO

If you answered "yes", please list: US (active) DC (inactive)
2. 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? (You may answer "No" if you are currently a participant in the Board's Impaired Professional Program.)

☐ YES ☒ NO
3. Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or any other country?

☐ YES ☒ NO
4. Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or in any other country?

☐ YES ☒ NO
5. Have you ever possessed a license to practice medicine and surgery, or other professional license, or other authorization to practice a profession, that was suspended, revoked or subjected to other disciplinary conditions?

☐ YES ☒ NO
6. Have you ever had provider privileges denied or restricted by the Drug Enforcement Administration, a medical assistance agency, or other authority?

☐ YES ☒ NO
7. Have you ever had practice privileges denied, revoked or restricted in a hospital or other health facility?

☐ YES ☒ NO

John B. Woodland
(Signature)

3-21-92
(Date)

If you answered "yes" to any of the questions numbered 2 through 7, please provide complete details on an additional sheet, unless you have previously notified the Board and no further details are available. The failure to provide sufficient information for these items may result in a delay in the processing of the registration or reactivation of your license.

NOTE: Disciplinary action taken in another state, territory or country shall be reported to the Board within 30 days of final disposition.