	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: JENNIFER MARIE BROWN	
Address Information	
Address(city state zipcode): Bethel Park PA 15102	
License Information	
Type: Graduate Medical Trainee	Secondary Type: Pediatrics Number: MT182629
Profession: Medicine	Status: Inactive
Issue Date: 6/6/2003	Expires: 6/30/2006 Last Renewed: 5/9/2005
Prerequisite Information	
Licensee: UNIVERSITY HEALTH CENTER	Relationship: Business Relationship
Type: Training Institution	Number: <u>HS000288L</u> Status: Active
Date of Association: 6/22/2003	Date of Expiration:
Discipline Action History	
No disciplinary actions were found for this license.	
The Information above is considered primary source for verification of license credentials.	

BOOKS APRIL

* THIS APPLICATION IS TO BE USED FOR INITIAL BRACCA
LICENSE. DO NOT USE TO RENEW.
* THIS APPLICATION MUST BE SUBMITTED AT LEAST 30 DAYS
PRIOR TO THE START OF TRAINING.

GROUP

APPLICATION FOR A GRADUATE LICENSE
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

Application Fee: \$20.00; *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.

TO BE COMPLETED BY APPLICANT
Please Print or Type

NAME: Shawn Parish 11/2/01

Address: _____

SOCIAL SECURITY # [REDACTED] DATE OF BIRTH [REDACTED]

NAME & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
Cape Henry Reserve Community 10900 Euclid Avenue	8/11 - 9/08	125/12/03

NAME	ADDRESS OF HOSPITAL (S)	DATE(S) OF PREVIOUS TRAINING	COURTESY

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA

NAME OF HOSPITAL: University Health Center of Pittsburgh 100-000800

ADDRESS OF HOSPITAL: 121 MAY 4th AVENUE, 8th, 301 GARDEN EX. BLDG., BRIDGEBORO, PA. 19006

YEAR IN TRAINING: _____ / SPECIALTY: *Pathology* LEVEL IN TRAINING: _____

DATE OF TRAINING REQUIRED: 06/01/2003

NAME OF PROGRAM DIRECTOR Ann H. Haskins, M.D.

SIGNATURE OF PROGRAM DIRECTOR: 

SIGNATURE OF EXEC DIR: 

Answer the following questions for "Yara". If answered "No," #2 through #8 apply.

complete details on a separate sheet, as well as unexpired copies of relevant documents. Sign and date below.

	Yes	No
1. Do you hold a license to practice medicine and surgery, active or inactive, current or expired, in any state, territory or country? If yes, list all states below.		
2. Have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in another state, territory or country?		
3. Has any disciplinary action been taken against you as a doctor in another state, territory or country?		
4. Have you been convicted, found guilty, or pleaded guilty to any misdemeanor or criminal offense without verdict or guilty plea of misdemeanor, including any drug law violation, in any state or federal court?		
5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		
6. Have you had previous privileges denied, revoked or restricted in a hospital or other health care facility?		
7. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical association or agency for cause?		
8. Are you or have you ever been addicted to the inappropriate use of alcohol or to the habitual use of medication or other habit-forming drugs? (NOTE: you may answer "no" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program.)		
9. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, then Board requires that you submit a copy of the entire civil complaint which must include the filing date and the date you were notified.		

SIGNED STATEMENT

Note that disclosing your social security on this application is mandatory in order for the State Board of Medicine to comply with requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented by the Commonwealth of Pennsylvania 23 Pa.C.S. 4303 (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 DWP 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 NPDH/HPD 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 if statements are made subject to the penalties of 18 Pa.C.S. Section 4904 relating to unsworn attribution to authorities and may result in suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my referees, personal physician, employers (past and present), and all governmental agencies and institutions (local, state, federal or foreign) to refer to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

[Signature]
SIGNATURE OF APPLICANT

[Signature]
DATE

DISCREPANCY LETTERS WILL BE EMAILED DIRECTLY TO THE HOSPITAL

State Board of Medicine
717-783-1400
717-787-2381

RECEIVED DIRECT

VERIFICATION OF MEDICAL EDUCATION

For Graduates of Accredited Medical Schools

SECTION 1 To be completed by applicant

Name Krasia Vamvakis MD

Name of medical school Case Western Reserve University

Location Cleveland, OH

SUBMIT THIS VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL SCHOOL ENVELOPE

SECTION 2 To be completed by Dean or Registrar of medical school

Name of medical student John C. Bartle, MD

Date student began to attend this medical school 08/09/99

Date of graduation May 18, 2003

(Seal of School)

I certify that all of the above information is correct.

Signature of

Dean or Registrar

Date April 14, 2003

Joseph J. Carrag, MD
Joseph J. Carrag, MD, Registrar

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medical Inquiries in school envelope. DO NOT RETURN TO APPLICANT

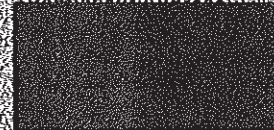
Re: Old Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
U.S.A.

Courier Delivery Address
State Board of Medicine
129 Pine Street, 18th floor
Harrisburg, PA 17101
U.S.A.

Seal of Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Jennifer Marie Brown

Present Address:



Objective

Superior and intense training in Podiatry, which will allow me to excel in the academic or private sector in my future practice.

Education

Case Western Reserve University School of Medicine, Cleveland, Ohio, August 1999 - Present
Candidate for M.D., May 2003
Area of Concentration: Podiatry and Family Medicine

B.S., University of Pittsburgh, Pittsburgh, Pennsylvania, August 1995 - May 1999
Major: Biology
Related Area: Chemistry
Summa cum laude graduate

B.A., University of Pittsburgh, Pittsburgh, Pennsylvania, August 1995 - May 1999
Major: French
Summa cum laude graduate

Conceptual Foundations of Medicine Certificate, University of Pittsburgh
August 1995 - May 1999

Honors and Awards

Phi Beta Kappa, 1999
Dean's List all eight terms, 1995 - 1999
Order of Omega National Greek Honor Society, 1999 - 1999
Rho Lambda Panhellenic Honor Society, 1999 - 1999
Omicron Delta Kappa National Leadership Honor Society, 1997 - 1999
Senior of the Year, Finalist, 1999
Golden Key National Honor Society, 1997 - 1999
Alpha Upsilon Delta Premedical Honor Society, 1997 - 1999
Beta Beta Beta Biological Sciences Honor Society, 1997 - 1999
Phi Eta Sigma National Freshman Scholarships Honor Society, 1996 - 1999
University Scholarship, 1995 - 1999
R.C. Simmons Endowment Scholarship, 1995 - 1999

Research Experience

Human Genetics and Virology Department, May 1996 - October 1996
University of Pittsburgh Cancer Institute
Project: Genetics of Kaposi's Sarcoma

University of Pittsburgh Medical Center, May 1996 - October 1996
Project: Temporal Patterns of Chronic Fatigue Syndrome

Jennifer Marie Brown

Employment

- Maintaining Teaching Files, March 1997 - August 1999
Radiology Department, University of Pittsburgh Medical Center
- Clerical worker, May 1996 - August 1996
Breast Cancer Prevention Trial, National Surgical Adjuvant Breast and Bowel Project

Volunteer Activities

- History Taker, Free Clinic of Greater Cleveland, January 2000 - May 2001
- Tuberculosis and General Medical Clinic at a homeless shelter, Cleveland, 2000
- Peer Tutor, University of Pittsburgh, 1997 - 1999
- Toy collections and holiday parties, Children's Hospital of Pittsburgh, 1998 - 1999
- Kappa Delta Sorority, Project for the National Committee to Prevent Child Abuse, 1995 - 1999
- Genesis House, shelter for mothers and children, Pittsburgh, 1995 - 1999
- NAMES Project AIDS Quilt Volunteer, Pittsburgh, 1997
- Casino Night for cystic fibrosis patients, Pittsburgh, 1996
- Biscon, University of Pittsburgh Medical Center, 1996

Activities

- Case Western Reserve University School of Medicine
Pediatric Interest Group, May 2000 - May 2003
Co-coordinator, May 2000 - May 2001
- Family Medicine Interest Group, August 1999 - May 2003
- Christian Medical Association, August 1999 - Present
Co-coordinator, June 2000 - May 2001
- American Medical Student Association, August 1999 - May 2003

University of Pittsburgh

- Kappa Delta Sorority, August 1995 - Present
President, March 1997 - December 1997
Secretary, September 1996 - March 1997
- University Chamber Orchestra, first violin section, August 1998 - May 1999

Interests

- Volleyball, Tennis, Figure Skating, Bicycling, Travel