 <b>PENNSYLVANIA Department of State</b>		
For questions about this website, please <a href="#">Click Here</a> to send an E-Mail, or to contact your Board directly, <a href="#">Click Here</a> .		
Click the X at the upper right corner to close this window and return to the list of licensees.		
<b>Person Information</b>		
Name: CAROLE M MEYERS		
<b>Address Information</b>		
Address(city state zipcode): Monkton MD 21111		
<b>License Information</b>		
Type: Medical Physician and Surgeon	Secondary Type:	Number: MD432210
Profession: Medicine	Status: Active	
Issue Date: 7/12/2007	Expires: 12/31/2014	Last Renewed: 10/7/2012
<b>Discipline Action History</b>		
No disciplinary actions were found for this license.		
The information above is considered primary source for verification of license credentials.		

myLicense Renewal Question Responses

License Number: MD432210

Name: CAROLE M MEYERS

Online Submission Date :

<u>Renewal Question</u>	<u>Response</u>
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Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?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Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?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

Person Info Name: CAROLE M MEYERS 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,	N

revoked or restricted?	
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
<b>Education Information</b>	
<u>Edit</u>	
Profession: Medicine	School: TULANE UNIV Credit Hours: Education Type:
From: 8/16/1999	To: 5/17/2003
<u>Edit</u>	
Profession: Medicine	School: TULANE UNIV Credit Hours: Education Type:
From: 8/16/1999	To: 5/17/2003
<b>Employment Information</b>	
No employment records	
remarks	
Remarks:	
<b>Continuing Education Information</b>	
No CE Course records	

Require Mailmark Only  
STATE BOARD OF MEDICINE  
P.O. Box 280  
HARRISBURG, PA 17105-0280

Exam Delivery Address  
STATE BOARD OF MEDICINE  
201 SOUTH THIRD STREET  
HARRISBURG, PA 17101

Phone: (717) 633-0000  
Toll-free: 1-800-735-0000

### APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION (For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA))

Application Fee: \$15.00 (not refundable). Make check payable to the Commonwealth of Pennsylvania.  
Note: A processing fee of \$20.00 will be charged for any check returned or for a check returned unpaid by your bank, regardless of the reason for non-payment.

#### Please Print or Type

NAME: Miryam M. ... MD  
Last First Middle Initial

Permanent Address: 9201 Mayfield Road  
City State ZIP

Home Address: 09100 ...  
City State ZIP

Phone: (717) 633-0000

Date of Birth: 00-00-00 Social Security Number: 00-0000000

If your medical license records are listed under another name or names list below.

Are you currently using credential verification from PCVB? YES  NO

Have you previously held a Pennsylvania graduate training license?  
YES  NO

US MEDICAL SCHOOLS ATTENDED: [List of schools]  
DATE(S) OF ATTENDANCE: [List of dates]

Date of Graduation: May 1981

Check (license examination(s) passed):  
Internal Medicine  Surgery  Obstetrics/Gynecology   
Pediatrics  Family Practice  Psychiatry   
Anesthesiology  Radiology  Pathology   
Ophthalmology  Otolaryngology  Dermatology   
Neurology  Geriatrics  Emergency Medicine   
Other: \_\_\_\_\_

ACGME Post Graduate Training:

POST: Hospital North West London Hospital, England

Form 00704704 no. 00704704

IMA: Hospital North West London Hospital, England

Form 00704704 no. 00704704

Answer the following questions. If "Yes" is answered to #2, through #9, provide complete details on a separate sheet in form of certified copies of relevant documents. Sign and date below.

	Yes/No
1. Do you hold an employment contract which contains some or all of the following conditions? <u>Of Yes</u> Give the condition(s) below	
2. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
3. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
4. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
5. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
6. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
7. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
8. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
9. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
10. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
11. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
12. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
13. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
14. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
15. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
16. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓
17. Do you hold an employment contract which contains some or all of the following conditions? Contract with a clause for termination of employment	✓

**SIGNED STATEMENT**

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that this statement is a condition of my employment and that it may be used for any purpose. I understand that I am responsible for the accuracy of the information provided. I understand that I am responsible for the accuracy of the information provided. I understand that I am responsible for the accuracy of the information provided.

*[Signature]*  
Signature of Applicant

*[Signature]*  
Date



Illinois Department of Financial and Professional Regulation  
Division of Professional Regulation

05/11/2007

RECEIVED DIRECT

CERTIFICATION OF LICENSURE

June 27, 2007

STATE BOARD OF MEDICINE  
200 NORTH CHERRY STREET  
SPRINGFIELD, ILL. 62760

Licensee: CAROLE M. MEYER, MD  
 License Number: 0016-002750  
 Occupation: LICENSED PHYSICIAN AND SURGEON  
 Date of Issuance: 05/02/2007  
 Expiration Date: 07/31/2010  
 License Status: NOT RENEWED  
 License Method: Endorsement - Other  
 Primary Law Authority: Illinois Board of Medicine

Temporary certificate for a physician and surgeon, 0016-002750, was issued with a starting date of 05/02/2007, pursuant to law, and shall not be a medical certification of the Illinois Board of Medicine.

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.

*Carole M. Meyer*

Carole M. Meyer  
Director  
Division of Professional Regulation



Refer to the Department's Web Site at [www.idfpr.com](http://www.idfpr.com) for additional information.

MARYLAND BOARD OF PHYSICIANS  
P.O. Box 2674  
4201 Patterson Avenue  
Baltimore, MD 21218-0006  
(410) 768-4777  
Fax (410) 388-2262

*Kathy*

June 19, 2007

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Requested By: Medical Board of Pennsylvania

The following is available under the Maryland Public Information Act, State Government Article  
Section 10-617(b) regarding the following practitioner:

MEYERS, CAROLIE MARIE



License Number: 00041960

Date Issued: July 01, 1991

Current Status: Active

Expiration Date: September 30, 2007

Medical School: TULANE UNIV SCHOOL MED

Licensed By: PLEX

Specialty:

Charge:

Disciplinary Actions: NONE

No Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1988

06/19/2007

2:30pm

This is a computer-generated form which is acceptable by electronic filing.  
Licensee's examination scores should be requested directly from the examination authority.



COMMONWEALTH of VIRGINIA



RECEIVED DIRECT

VERIFICATION

Re: Carol Marie Meyer  
From: Virginia Board of Medicine  
Subj: Prescribing Certification  
Date: June 8, 2007

This is to certify that the above named individual was issued a license to practice by the Virginia Board of Medicine.

Issued in	Medicine & Surgery
License	010105398
Issued on	12/01/1998
Expires	06/30/2008

The office is not to be held liable for administrative procedure. If you have any questions, please call 800-662-9138.

This information above is the only one allowed to be used by the public. If the information is not correct, please do not be misled. For more information, please call the office at 800-662-9138. The above information is the standard for all information provided for all other states & countries by the board.

Medical forms may all be obtained from our website at [www.vbom.virginiagov](http://www.vbom.virginiagov) or our interactive phone system at 800-662-9138 with the back button.

Sincerely,

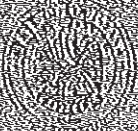
M. C. Powers

Danny Executive Director, Board of  
Virginia Board of Medicine

1/21/11 12:01

Louisiana State Board of Medical Examiners

Physical Address: 640 Canal Street, New Orleans, LA 70112  
Mailing Address: P.O. Box 20230, New Orleans, LA 70190-0230  
Phone: (504) 586-0820 / Fax: (504) 586-0801  
Website: www.lsibme.com



RECEIVED DIRECT

License Verification/Endorsement

June 05, 2011

Louisiana State Board of Medical Examiners  
2001 North Third Street  
New Orleans, LA 70112

Dear Sir/Madam:

Thank you for your request for the records of the Louisiana State Board of Medical Examiners in accordance with the following information regarding:

Name: CAROL MARHEM BURS, MD  
Preferred Mailing Address: [REDACTED]  
Professional School Information: TULANE UNIVERSITY SCHOOL OF MEDICINE (NEW ORLEANS, LA) 1981  
Graduated: April 1981  
License Number: M0010060  
Date Issued: August 06, 1981  
Expiration Date: December 31, 2008  
Status of License: RENEWED - No for continuing education

To expedite the verification/endorsement process, the above is the standard format for all professions regulated by this board.

Shannon Hilday, Licensing Analyst  
(504) 586-0820  
(504) 586-0801 / Fax  
shilday@lsibme.com

1/18/10

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH CARE REGULATION  
DIVISION OF HEALTH CARE BOARDS  
227 Franklin Building, Suite 400  
Fortago Plaza Mall  
Nashville, TN 37243  
Tennessee.gov/health

TENNESSEE BOARD OF MEDICAL EXAMINERS  
(606) 978-4141

MEMORANDUM

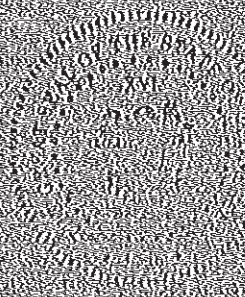
CAROL ANN MEYERS, M.D.



TO: VON HONORABLE J. CONGRN

The Tennessee Board of Health Care Regulation is pleased to furnish the following information from our files:

DISCIPLISION: None  
NAME: CAROL ANN MEYERS  
LICENSE NUMBER: 0013890  
ISSUE DATE: 06/23/1988  
EXPIRATION DATE: 06/23/2011  
CURRENT STATUS: Pending Renewal  
SUSPENDED: 00/01/1991



REMARKS: Where appropriate, information on this concern the individual, the State of Tennessee only provide the above information. Any other information needed must be obtained from the licentiate.

Signature: *William Brown*  
Board Chairman  
Tennessee Board of Medical Examiners

NOTE:

If you are the licensee, please file above as the applicant's responsibility. If you are not the licensee,

State Board of Medicine  
P. O. BOX 2649  
HARRISBURG, PA 17105-2649

Certificate of Recommendation

To be completed by any physician who holds an unrestricted license in good standing in the United States or Canada and has known you for at least six months. Submit to the Board of Medicine.

Name of Applicant: Robert J. Kelly, M.D.

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 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 \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

SIGNATURE: [Signature] Date: 11/20/07

Print or type name as signed above: Wayne A. Cavallaro, M.D.

State in which licensed: PA License Number: 225470001

Name of Applicant: Wayne A. Cavallaro, M.D.

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 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 \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

SIGNATURE: [Signature] Date: 11/20/07

Print or type name as signed above: Wayne A. Cavallaro, M.D.

State in which licensed: PA License Number: 225470001

Kathleen M. ...

# RECEIVED DIRECT

## VERIFICATION OF ACCREDITED GRADUATE MEDICAL TRAINING Accredited Medical Education

Training in the specialty of ...  
 The following information is required for the verification of training in the specialty of ...  
 1. The applicant must have completed the training in the specialty of ...  
 2. The training must have been completed in a program accredited by the ...  
 3. The applicant must have completed the training in the specialty of ...  
 4. The training must have been completed in a program accredited by the ...  
 5. The applicant must have completed the training in the specialty of ...  
 6. The training must have been completed in a program accredited by the ...

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: \_\_\_\_\_  
 NAME OF SUPERVISOR: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

DATE OF COMPLETION: \_\_\_\_\_  
 SIGNATURE OF SUPERVISOR: \_\_\_\_\_

SECRETARY: \_\_\_\_\_  
 If the applicant has not completed this training, the request will be denied.

SEAL OF HOSPITAL: \_\_\_\_\_  
 If the hospital has no seal, complete this form and return it to the ...

DATE OF RECEIPT: \_\_\_\_\_  
 SIGNATURE OF HOSPITAL: \_\_\_\_\_

STATION: 1750 ...

K. S. My MO  
RECEIVED DIRECT

VERIFICATION OF MEDICAL EDUCATION

For Graduates of Accredited Medical Schools

SECTION 1. To be completed by the graduate

Name: Naval Medical School  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of medical school: Naval Medical School

Location: Naval Station

PLEASE FAX VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND RETURN YOUR SCHOOL TO RETURN THE COMPLETED FORM DIRECTLY TO THE BOARD IN AN OFFICIAL SCHOOL ENVELOPE.

SECTION 2. To be completed by the dean or director of medical school

Name of medical student: C. A. Mc...

Date student began to attend this medical school: 8/16/99

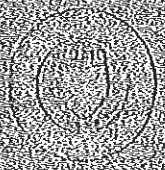
Date of graduation: 5/11/00

I, Col Scott, dean or director of the above mentioned school, certify that the above named student is a graduate of this school.  
Signature of \_\_\_\_\_  
Dean or Director  
Date: 5/11/00

This form is not to be used for any other purpose than that indicated herein and is to be returned to the Pennsylvania State Board of Podiatric Medical Education, 100 North 4th Street, Harrisburg, PA 17102. DO NOT RETURN TO ANY OTHER ADDRESS.

Board of Podiatric Medical Education  
100 North 4th Street  
Harrisburg, PA 17102  
Phone: (717) 637-1234  
Fax: (717) 637-1234  
E-mail: info@psbme.org

1/18/70



# STATE BOARD OF MEDICAL EXAMINERS Certified Transcript of Scores

This document is valid only when accompanied by the original transcript.

John S. [Name], M.D.  
101 [Address]  
[City], [State]  
[Phone Number]

EXAMINEE: [Name]  
EXAMINATION: [Type]  
DATE: [Date]

RECEIVED DIRECT

This certified transcript is not valid unless accompanied by the original transcript. It is not valid for the State Medical Board of [State] and should not be used for any other purpose.

EXAMINATION	SCORE	GRADE	STATUS
Internal Medicine	100	A	Pass
Surgery	95	B	Pass
Obstetrics & Gynecology	90	C	Pass
Pediatrics	85	D	Pass
Orthopedics	80	F	Pass
Neurology	75	F	Pass
Psychiatry	70	F	Pass
Pathology	65	F	Pass
Pharmacology	60	F	Pass
Physiology	55	F	Pass
Anatomy	50	F	Pass
Microbiology	45	F	Pass
Immunology	40	F	Pass
Biostatistics	35	F	Pass
Medical Ethics	30	F	Pass
Medical History	25	F	Pass
Medical Law	20	F	Pass
Medical Terminology	15	F	Pass
Medical Research	10	F	Pass
Medical Writing	5	F	Pass
Medical Communication	0	F	Pass

This transcript is valid only when accompanied by the original transcript. It is not valid for the State Medical Board of [State] and should not be used for any other purpose.

STATE BOARD OF MEDICAL EXAMINERS  
[Address]  
[City], [State]  
[Phone Number]

GENERATION SKIPPING TAXATION (GST) 10/2010  
 Confidential (except for Notices)

This distribution prepared by the generation-skipping tax authority.

RECEIVED DIRECT

Johns Hopkins University  
 725 North Wolfe Street  
 Baltimore, MD 21205  
 Date: 10/20/2010

ESAMIRI, Mary Jane  
 (830) 100-  
 0000  
 ALDEN, MD  
 Maryland, USA

This certificate is the authoritative source of all the information contained in this certificate, and is subject to the provisions of the Internal Revenue Code and all other laws of the following country:

USA (97061500)

Date of this report: 10/20/2010

Personal Income: 0.00  
 Dividend Income: 0.00  
 Capital Gains: 0.00  
 Royalties: 0.00  
 Interest: 0.00  
 Miscellaneous: 0.00  
 Pension/IRA: 0.00  
 Other Income: 0.00

Gift Tax: 0.00  
 Estate Tax: 0.00  
 Charitable: 0.00  
 Other: 0.00  
 Total: 0.00

Gift Tax: 0.00  
 Estate Tax: 0.00

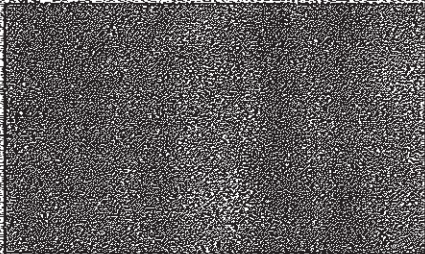
As a result of this report, the amount and date of the distribution of State or local (not for GST) tax will be reported to the IRS.





**CAROL M. MEMERS, MD  
CURRICULUM VITAE**

Regularly 100-300



**CURRENT POSITIONS**

Medical Director  
Plaque & Pathology of Maryland  
210 N. Howard St.  
Baltimore, MD 21201  
(410) 955-6100

**PREVIOUS POSITIONS**

Hollers Clinic (Independent Contractor) 1998-2005  
National Stem Cell Foundation, Inc. (Medical Director/Consultant) 1998-2005  
Maryland Medical Center (Director, Genetics Program) 1997-1998  
University of Maryland (OD/Chief Genetic Counselor) 1997-1998

**EDUCATION**

1975 Graduate Central High School, Camden, New York 13816  
1975-1976 Wake College, Wake, New York 13266  
1976-1978 B.S. Biology, Tulane University, New Orleans, LA 70118  
1980-1981 M.D., Medicine, Tulane University School of Medicine, New Orleans, LA 70118  
1981-1982 M.B.A., Tulane University of Baltimore, Baltimore, MD

**INTERNSHIP/Residency**

1981-1983 Northwestern University Medical School, Department of Obstetrics and Gynecology, Chicago, Illinois  
1983-1990 Reproductive Genetics, Department of Obstetrics and Gynecology, University of Tennessee, Memphis, TN

**CERTIFICATION**

1987 Board Certified, American Board of Obstetrics and Gynecology  
1991 Board Certified, American Board of Medical Genetics

### LICENSURE

(not current)	State of Maryland #017000
(not current)	State of Illinois #036072630
(not current)	State of Tennessee #13364
(not current)	Commonwealth of Virginia #010163339
(not current)	State of Maryland #017069

### ACADEMIC APPOINTMENTS

1990-1991	Instructor, Department of Obstetrics and Gynecology, University of Maryland, Baltimore
1991-1996	Assistant Professor, Division of Clinical Genetics, Department of Obstetrics and Gynecology, University of Maryland, Baltimore
1996-1997	Assistant Professor, Division of Maternal-Fetal Medicine, Department of Obstetrics, Gynecology and Reproductive Sciences, University of Maryland, Baltimore
1997-1998	Associate Member, Graduate Faculty, University of Maryland, Graduate School, Baltimore
1998-1997	Regular Member, Graduate Faculty, University of Maryland, Graduate School, Baltimore
1997-1997	Assistant Professor, Department of Biotechnology and Reproductive Medicine, University of Maryland, Baltimore (Secondary Appointment)

### BOARD OF DIRECTORS MEMBERSHIP

1990-2002	Maryland Affiliate of the National Abortion and Reproductive Rights Action League
2000-2001	Maryland Affiliate of the National Abortion and Reproductive Rights Action League Educational Fund

### MEMBERSHIPS

1984-1992	Junior Fellow, American College of Obstetrics and Gynecology
1986-1995	Associate Member, American Society for Reproductive Medicine
1988-2004	Member, American Society of Human Genetics
1990-1997	Associate Member, Society of Professional Geneticists
1992-1997	Medical and Cultural Council, Faculty of Maryland
1994-present	Fellow, American College of Obstetrics and Gynecology
1994-2005	Founding Fellow, American College of Medical Genetics
1996-2007	American Medical Association
1997-present	American College of Physician Scientists
1997-present	National Abortion Federation
1997-2001	Regulatory Affairs Professional Society
1997-2001	Council for Responsible Genetics
1999-2001	American Society of Human Genetics and Ethics
2000-2001	Society of Reproductive Medicine
2001-present	Association of Reproductive Health Professionals

#### GRANT SUPPORT

- 1991 Title: Regulators, Ovarian Failure and X Chromosome Deletions  
Braslow Research Fund  
Direct costs: \$14,718
- 1992-1997 Title: Diagnostic Genetic Panels for Developmental Disorder  
Principal Investigator: D. Ronald Zickler, PhD  
Grant #s: 301 HD 24113, 301 HD 24114, 301 HD 24115  
Period of Award: September 15, 1992 - September 15, 1997  
Total direct costs: \$1,293,440  
Role: Investigator  
Percent time contribution: 8%
- 1996-1997 Title: Randomized Trial of D-Dimer Work, Amniocentesis and Transabdominal CVS  
Agency: NICHD  
Principal Investigator: David Jackson, MD  
Submitted: October 21, 1994  
Total direct costs: \$37,964  
Role: Investigator, Co-I, in subcontract to University of Maryland  
Percent time: 10%

#### HONORS AND AWARDS

- 1979 H.S. Whitman Honors Thesis entitled "Chromosome Studies of 18 Down Syndrome Patients" - Indiana University
- 1988 Golden Apple Award - Northwestern University
- 1991 Berley Foundation Junior Faculty Recognition
- 1991 Collaborative Faculty Citation - Division of Women's and Children's Health
- 1991 Recognition Awards - Everman University of Maryland Medical System
- 1992 National Faculty Award for Excellence in Research Education - Commission on Resident Education in Obstetrics and Gynecology

COMMITTEES

- 1976-1978 Undergraduate Education Committee, Northwestern University
- 1977-1978 Personal Committee, Division of Human Genetics, Department of OB/GYN, School of Medicine, University of Maryland
- 1978-1979 International Review Board, University of Maryland
- 1983 Subcommittee on the Use of Fluorescent In Situ Hybridization in Prenatal Diagnosis, The American College of Medical Genetics
- 1984-1990 Publications Committee of the American College of Medical Genetics
- 1985 Molecular Genetics Search Committee, Division of Human Genetics, Department of Obstetrics and Gynecology, University of Maryland at Baltimore
- 1985 Advisory Committee, Department of OB/GYN, University of Maryland at Baltimore (Chairman, 1985)
- 1987 Long Range Planning Committee, Department of OB/GYN, University of Maryland
- 1991 Faculty Disputation Committee Member, Bell Sullivan, University of Maryland
- 1991-1992 Chairperson, and Chromosome Structure and Genotoxic Activity of Robertsonian Translocations (Ph.D. dissertation)
- 1991-1992 School of Medicine Council, University of Maryland
- 1992 Advisory Committee of the Department of Continuing Medical Education, University of Maryland
- 1993 Quality Assurance Committee, Department of Obstetrics and Gynecology, University of Maryland
- 1994-1997 Advisory Board for the Recruitment of Experiences of Young Women with a Maternal History of Breast and/or Ovarian Cancer for Genetic Counseling Services, J.H. Johnson, S. Okun, M.S.W., R.N.D., Jameson School of Social Work
- 1995 Standard Setting Committee for the Standardized Patient Examination, National Board of Medical Examiners
- 1996-1997 Doctoral Dissertation Committee Member, Calvin Carter, Molecular Cytogenetic Characterization of Human Ovarian Carcinoma: Identification and Characterization of Amplified DNA Sequences
- 1998-1999 Member, Maternal and Child Health Research Review Committee and Services Administration
- 1999 Care Partner Medical Enhancement Committee, Chair, OB/GYN consultation subcommittee
- 1999-2000 University of Maryland Medical System Medical Ethics Committee
- 2000-2001 IBC Review Committee
- 2002-2003 IBC Committee, Planned Parenthood of the United States
- 2003-2004 Medical Advisory Committee, Chesapeake Bay, Lippincott Williams & Wilkins, Baltimore, Maryland

## PEACHER AWARDS

### Medical School

Interdepartmental Human Genetics Service (first year medical students)

1970-71 and 1972-73 (University of Maryland Medical School)

1971-72 and 1973-74 (University of Maryland School)

### University School

Interdepartmental Human Genetics Service (graduate students in Human Genetics)

1971-72 and 1972-73 (graduate students in Human Genetics)

1973-74 (graduate students in Human Genetics) (1974)

### Research Projects

Exposure to ionizing radiation: Mortality, morbidity, and genetic effects (Research in OHSU)

1970-71 and 1971-72 (University of Maryland Medical School)

Chromosomal alterations in secondary carcinoma: University of Maryland, Center for Human Genetic Research and Maryland General Hospital

Clinical Genetics Lecture Series (Fellows in Molecular Human Genetics)

### Professional Community

National Society of Human Genetics

International Society of Human Genetics

## CYBER ACTIVITIES

- 1969 - Resolve through sharing community
- 1980 - Micro-Resistant Research Day, University of Tennessee, Memphis
- 1981-1982 - Ad Hoc Board, Resolve through sharing, University of Maryland
- 1982 - Editorial Board, OHSU Resident
- 1982 - Chair of Genetics Section, paper review, Annual Meeting, American College of OHSU
- 1983 - Editor, Graduate Student Research Day
- 1983 - Co-Moderator, Panel Symposium, Montevideo, Methods for Genetic Diagnosis, 1983, Annual Meeting of the American Society of Human Genetics
- 1983-1985 - Medical Student Advisors, Act 7, students
- 1983-1985 - Editor, American College of Medical Genetics, College New Jersey
- 1985-1987 - Genetic Research, Department of Genetic Research, National
- 1987-1988 - Genetic Research, Maternal and Child Health Bureau grant application
- 1989 - Ad Hoc Reviewer, Journal of Genetic, American Society of Human Genetics
- 1989-1990-1991 - Medical Student Applicant Interviewer
- 1991-1992 - Board of Student Advisors, Act 7, students
- 1993 - Editor, Research and Public Science, Science Team
- 1988-1993 - Department of HCEA, Columbia University
- 1993-1994 - Editor, American Record of Genetic Counseling
- 1995 - Author, Study of Clinical Psychology, for Public Health, University of Cancer Research, 1995, 1996, 1997, 1998

## CYBER ACTIVITIES (cont.)

1998

1. Full Name  
2. Address  
3. City, State, ZIP

DOB: 12/31/1975  
SSN: 123-45-6789

### NPOB RESPONSE TO SFA QUERY



Full Name  
Gender  
DOB  
City, State, ZIP  
Home Address

City, State, ZIP  
Home Address

- 1. Social Security Number (SSN)
- 2. Individual Taxpayer Identification Number (ITIN)
- 3. Federal Employment Identification Number (FEIN)
- 4. National Provider Identifier (NPI)
- 5. Business Administration Identification Number
- 6. Unique Health Care Identifier Number (UHIC)
- 7. Professional Registration Number (PRN)
- 8. State License Number
- 9. State Registration Number
- 10. State Business License Number
- 11. State Professional License Number
- 12. State Health Care License Number
- 13. State Health Care Registration Number
- 14. State Health Care Identification Number
- 15. State Health Care Provider Number
- 16. State Health Care Provider Identification Number
- 17. State Health Care Provider Registration Number
- 18. State Health Care Provider License Number
- 19. State Health Care Provider Identification Number
- 20. State Health Care Provider Registration Number
- 21. State Health Care Provider License Number
- 22. State Health Care Provider Identification Number
- 23. State Health Care Provider Registration Number
- 24. State Health Care Provider License Number
- 25. State Health Care Provider Identification Number
- 26. State Health Care Provider Registration Number
- 27. State Health Care Provider License Number
- 28. State Health Care Provider Identification Number
- 29. State Health Care Provider Registration Number
- 30. State Health Care Provider License Number

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Health Plan of the City of Fairfax  
11111 Lee Highway, Suite 1000  
Falls Church, VA 22044-3999

CPN: 350000018012746  
Access Date: 01/17/2001  
Report Code:

HPDB: 01/17/2001 08:00:00 AM

### HPDB RESPONSE TO SELF-QUERY

HPDB  
01/17/2001  
08:00:00 AM

Student Name: [REDACTED]  
City: [REDACTED]  
Federal ID: [REDACTED]  
State: VA  
Organization Name: [REDACTED]  
Organization Address: [REDACTED]  
City: [REDACTED]  
State: VA  
County: [REDACTED]

Account Security Number (ASN)  
Individual Taxpayer Identification Number (ITIN)  
Federal Employment Identification Number (FEIN)  
National Provider Identifier (NPI)  
Other Identification Number (OID) (if applicable)  
Other Physical Identification Number (if applicable)

International School (Y/N) (if applicable)  
Organization of Health Care (Y/N)  
State Home Health Care (Y/N)  
Other (if applicable)

Physician (Y/N) (if applicable)  
Hospital (Y/N) (if applicable)  
Other (if applicable)

Physician (Y/N) (if applicable)  
Hospital (Y/N) (if applicable)  
Other (if applicable)

Physician (Y/N) (if applicable)  
Hospital (Y/N) (if applicable)  
Other (if applicable)

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UNITED STATES GOVERNMENT  
OFFICE OF THE ATTORNEY GENERAL  
WASHINGTON, D.C. 20540  
January 15, 1964

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100-100000-100000

RE: [Illegible]

On [Illegible] at [Illegible] [Illegible]  
[Illegible] [Illegible] [Illegible]  
[Illegible] [Illegible] [Illegible]  
[Illegible] [Illegible] [Illegible]

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[Illegible]  
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