 <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: SHERWOOD LAWRENCE SAMET
<b>Address Information</b>
Address(city state zipcode): Stroudsburg PA 18360
<b>License Information</b>
Type: Medical Physician and Surgeon    Secondary Type:    Number: MD024786L Profession: Medicine    Status: Active Issue Date: 9/8/1955    Expires: 12/31/2014    Last Renewed: 10/16/2012
<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.

Person Info  
**Name:** SHERWOOD LAWRENCE SAMET  
 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?	N
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Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a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	

STATE BOARD OF MEDICINE

Mailing Address  
P O Box 2649  
Harrisburg, PA 17105-2649

Courier Mail  
2601 North Third Street  
Harrisburg, PA 17110

Telephone: 717-783-1400  
Fax: 717-787-7769  
E-mail: [st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
Website: [www.dos.state.pa.us/med](http://www.dos.state.pa.us/med)

REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

Complete the following information and check the appropriate block below:

Current Information

Last Name: S I A M E T

First Name: S H E R W O O D Middle Initial: L

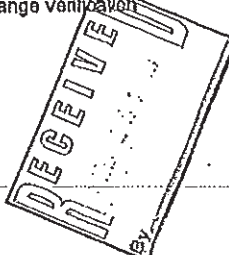
License Number: M D 0 2 4 7 8 6 L

Social Security Number: [REDACTED]

Change of Name

You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also the new name. The following are acceptable name change verification documents:

- (1) marriage certificate;
- (2) divorce decree which indicates the retaking of your maiden name;
- (3) other legal document indicating the retaking of a maiden name;
- (4) notarized copy of a passport;
- (5) notarized copy of a social security card;
- (6) for a legal name change, a copy of the court document must be provided.



New Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Change of Address

Old Address:

Street Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

New Address:

Street Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Email Address: [REDACTED]

**FEE:** To obtain a duplicate license reflecting the change of name and/or address, you must return this application and a \$5.00 fee, check or money order, payable to "Commonwealth of PA". Without the \$5.00 fee, the change(s) will be made but no duplicate will be issued. 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.

myLicense Renewal Question Responses

License Number: MD024786L

Name : SHERWOOD LAWRENCE SAMET

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)?	N
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)?	N
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
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Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

Online Submission Date : 10/16/2004 9:45:30AM

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: MD024786L

Name: SHERWOOD LAWRENCE SAMET

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

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myLicense Renewal Question Responses

License Number: MD024786L

Name : SHERWOOD LAWRENCE SAMET

Online Submission Date :

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myLicense Renewal Question Responses

License Number: MD024786L

Name: SHERWOOD LAWRENCE SAMET

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

Y  
N

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Person Info  
 Name: SHERWOOD LAWRENCE SAMET  
 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

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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
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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	

00113-0110

Brown, J. P.

1870-1871

1872-1873

1874-1875

1876-1877

1878-1879

1880-1881

1882-1883

1884-1885

1886-1887

1888-1889

1890-1891

1892-1893

1894-1895

1896-1897

1898-1899

1900-1901

1902-1903

1904-1905

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1898-1899

1900-1901

1902-1903

1904-1905

1906-1907

1908-1909

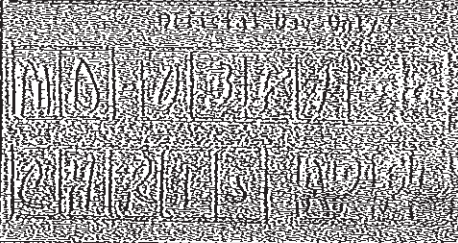
1910-1911

1912-1913

1914-1915



STATE BOARD OF MEDICINE  
301 SOUTH 24TH  
HARRISBURG, PA 17105-2419  
(717) 737-2381



APPLICATION FOR LICENSE  
TO PRACTICE AS A NURSE

APPLICATION FEE: \$20.00

NAME OF CANDIDATE TO EXAMINE: [REDACTED]  
Application fee is non-refundable.

COMPLETE THE ENTIRE APPLICATION AND ALL ADDITIONAL REQUIREMENTS TYPE C FEES

NAME: Christina A. [REDACTED] [REDACTED] [REDACTED]  
LAST FIRST MIDDLE

ADDRESS: [REDACTED]  
CITY: [REDACTED]

DATE OF BIRTH: [REDACTED]

SOCIAL SECURITY NUMBER: [REDACTED]

TELEPHONE NUMBER: [REDACTED]

NAME OF MEDICAL SCHOOL(S) ATTENDED

Harvard Medical College

Year: 1974

TYPE OF EXAMINATION: National Board MSN

Rec. Exam Date: 1974  
Exp. Exam Date: 1974

This application is subject to the rules and regulations of the Board of Medicine, Pennsylvania, and the candidate is responsible for the accuracy of the information provided.