Photograph, may Not film well.

WAIVER

TO COMPLETE APPLICATION

~~FORM 1 - Medical Education~~
FORM 2 - Postgraduate Training ✓
FORM 3 - Verification of Licensure: KY(FT)
FORM 4 - Hospital Affiliations # 0
FORM 5 - References 1 2
FORM 6 - Waiver
FORM 7 - AMA
FORM 8 - DEA
FORM 9 - Federation
FORM 10 - Data Bank
EXAMS - FLEX NBME/NBOME/STATE BOARD
Medical School Diploma
Specialty Board Certification 0 (OBG-Yugoslavia)
Photograph
Post Education Form ✓ Completed Approved Course
____ Reasonable Cause approved date:
" " expires date:
____ Submitted to CHR for approval:
CHR approved:

TO COMPLETE FMG APPLICATION

Appendix A
~~Appendix B~~
~~FMG~~

TEMPORARY PERMIT INFORMATION

Location -

Starting date -

Photograph, may Not film well.

TP

30233
LICENSE NUMBER

2-24-94
DATE ISSUED

PASIC, Resad
NAME

[redacted]
DOB & NATIVITY

[redacted]
ADDRESS

Univ. of Sarajevo, Yuguslavia, 1975 -09603
MEDICAL SCHOOL, YEAR

BY EXAM (PA) -FE
ENDORSED BY

OBG 1
SPEC & STATUS

11/29/93
ACKNOWLEDGED

[redacted]
SS#

$25 APP FEE PAID #404 DATE RECEIVED 11/23/93

FEES PAID $150 #433 DATE RECEIVED 1-14-94

FEES PAID DATE RECEIVED

BOARD APPROVAL 12-15-93 (Waiver)

931075

$25 - #404 - 11/2

K.B.M.L.
NOV 02 1993
RECEIVED

KENTUCKY BOARD OF MEDICAL LICENSURE
310 Wilkinson Pkwy., Suite 18
Louisville, Kentucky 40222

Application for License to Practice Medicine/Osteopathy by Endorsement
(Please Print or Type)

1. Name in Full: RESAD PASIC (last) M.D. (degree)
2. Address: [redacted]
3. City, State, Zipcode: [redacted]
4. Social Security Number: [redacted] 5. Telephone (home): [redacted] (work) (502) 588-6049
6. Place of Birth: [redacted] Date of Birth: [redacted] Y/M
7. Specify reason for requiring medical licensure in Kentucky: I live in Kentucky.
8. Specify address in Kentucky where you will be practicing: University of Louisville Hospital, 530 South Jackson Street, Louisville, KY 40202
9. Specify your type of practice: (solo, group, teaching, etc.) Teaching Specialty: OB/GYN OBG-1
10. Indicate your ECFMG number: (foreign medical graduates only) 0-292-778-8
11. American Specialty Board Certification: Number: Date of Certification:
12. List the name, location and dates of attendance of every college and medical/osteopathic school you have attended:

NAME	LOCATION	DATES (FROM - TO)	DEGREE
University of Sarajevo	- Sarajevo	Sept., 1970 - Dec., 1975	M.D.

13. In what state or Canadian province did you receive your original license to practice medicine/osteopathy?

(state/province)	(license #)	(date of issuance)	(current?)
KY	FT 127	July, 1992	Yes

14. List all other states and Canadian provinces where you CURRENTLY HOLD OR HAVE EVER HELD any type of medical/osteopathic license.

STATE/PROVINCE	TYPE	LICENSE#	DATE OF ISSUANCE	CURRENT? YES/NO

15. List all internship, residency and fellowship programs you have completed since medical/osteopathic school graduation. PLEASE LIST IN CHRONOLOGICAL ORDER.

INTERNSHIP: (List U.S. and Canadian only)
Hospital:
City, State:
Term: Started: (Year & Month) Completed: (Year & Month)

RESIDENCY: (List U.S. and Canadian only)
Hospital: Humana Hospital - University of Louisville
City, State: Louisville, KY
Term: Started: (Year & Month) Sept., 1988 Completed: (Year & Month) Sept., 1989
Specialty Field: OB/GYN

RESIDENCY: (List U.S. and Canadian only)
Hospital: Humana Hospital - University of Louisville
City, State: Louisville, Kentucky
Term: Started: (Year & Month) July, 1992 Completed: (Year & Month) July, 1994
Specialty Field: OB/GYN

16. IN CHRONOLOGICAL ORDER, list all locations where you have practiced medicine/osteopathy since obtaining your original licensure. Also list and explain dates of all extended absence periods.

LOCATION & CITY, STATE	TYPE OF ACTIVITY	DATES (FROM - TO)
University Medical Center	Internship	1976 - 1978
Sarajevo, Yugoslavia	Residency	1978 - 1982
" "	Faculty	1982 - 1992

(CONTINUED)

(over please)

LOCATION & CITY, STATE	TYPE OF ACTIVITY	DATES (FROM - TO)
University of Louisville	Fellow	Sept., 1988 - Sept., 1989
Dept. of OB/GYN	Fellow	July, 1992 - July, 1994.

17. Indicate which licensing examination(s) you have taken. Include all attempts, locations, scores, and dates: BE EXACT, INCLUDE ALL ATTEMPTS AND FAILURES.

TYPE - (FLEX, NBME, LMCC, etc.)	LOCATION	SCORE	DATE
Flex Part I & II	PA, Harrisburg	72, 74	Dec., 1992
Flex Part I & II	PA, Pittsburg	77, 75	June, 1993
USMLE Part I	Louisville	77	June, 1993
USMLE Part II	Louisville	75	March, 1993

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO FURNISH COMPLETE DETAILS. PLEASE USE A SEPARATE SHEET FOR YOUR ANSWERS.

18. Have you ever been dismissed from, resigned while under investigation or failed to complete an academic year at a medical school or in a postgraduate training program?
[ ] YES [X] NO

19. Have you ever been denied a license or denied the privilege of taking a licensure examination by any state or Canadian licensure authority?
[ ] YES [X] NO

20. Has any state or Canadian licensure authority ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined a medical license issued to you?
[ ] YES [X] NO

21. Has any hospital, hospital medical staff or any other health care facility ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
[ ] YES [X] NO

22. Has the Federal Drug Enforcement Administration or any state or Canadian drug licensure/enforcement authority ever denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
[ ] YES [X] NO

23. Have you ever voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
[ ] YES [X] NO

24. Have you ever been or are you currently under investigation by any state or Canadian licensure authority or any drug licensure/enforcement authority?
[ ] YES [X] NO

25. Are any legal proceedings regarding licensure presently pending against you by any state or Canadian licensure authority or any drug licensure/enforcement authority?
[ ] YES [X] NO

26. Have you ever been charged or been convicted of a felony or misdemeanor by any federal, state or Canadian court?
[ ] YES [X] NO

27. Are any criminal or civil legal actions presently pending against you in any court?
[ ] YES [X] NO

28. Have any malpractice actions or other civil actions relating to your practice been filed against you in the last ten (10) years?
[ ] YES [X] NO

29. Have you ever suffered from or been treated for any mental or emotional problems; or been adjudged of unsound mind?
[ ] YES [X] NO

30. Have you ever suffered from or been treated for drug or alcohol dependency?
[ ] YES [X] NO

AFFIDAVIT OF APPLICANT: I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNDER KENTUCKY LAW THE SUBMISSION OF ANY FALSE, FRAUDULENT OR FORGED STATEMENT, DOCUMENT OR OTHER MATTER IN CONNECTION WITH THIS APPLICATION IS GROUNDS FOR CRIMINAL PROSECUTION AND THE DENIAL OF LICENSURE. I AUTHORIZE THE BOARD OR ITS AGENTS TO OBTAIN FROM OTHER SOURCES ANY INFORMATION NECESSARY FOR DETERMINING MY QUALIFICATIONS FOR LICENSURE. I ALSO AUTHORIZE THEM TO FURNISH ANY INFORMATION THEY MAY NOW OR IN THE FUTURE HAVE CONCERNING MY QUALIFICATIONS AND FITNESS TO PRACTICE MEDICINE/OSTEOPATHY TO ANY PERSON, INSTITUTION, ASSOCIATION, SCHOOL, HOSPITAL OR GOVERNMENT ENTITY.

(SIGNATURE OF APPLICANT)

Subscribed and sworn to before me by Reid Haire this 26th day of October 1993

Sarah Jewell Gibson
(SIGNATURE OF NOTARY)

My commission expires: May 2, 1995

(Seal of Notary)

RECEIVED
NOV 03 1993
K B W T

EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES
3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104, U.S.A. PHONE: 215 386-5900 CABLE: EDCOUNCIL, PHILADELPHIA

APPLICANT HAS NOT MET ALL REQUIREMENTS
FOR ECFMG CERTIFICATION

SEPTEMBER 17, 1993

EXAMINATION OF
JULY 13-14, 1993

APPLICANT NUMBER [redacted]

BASIC SCIENCE	CLINICAL SCIENCE	ENGLISH TEST
76	76	PASSED

DR RESAD PASIC

[redacted]

DEAR DOCTOR:

THE REPORT OF YOUR PERFORMANCE ON THE FOREIGN MEDICAL GRADUATE EXAMINATION IN THE MEDICAL SCIENCES (FMGEMS) AND THE ECFMG ENGLISH TEST IS SHOWN ABOVE.

YOU: PASSED THE BASIC MEDICAL SCIENCE COMPONENT
PASSED THE CLINICAL SCIENCE COMPONENT
PASSED THE ECFMG ENGLISH TEST

AT PRESENT, YOU ARE NOT ELIGIBLE FOR ECFMG CERTIFICATION BECAUSE YOU HAVE NOT MET THE MEDICAL CREDENTIAL REQUIREMENTS.

YOU HAVE MET THE MEDICAL SCIENCE EXAMINATION REQUIREMENT UNDER THE PROVISION OF PUBLIC LAW 94-484 TO OBTAIN A VISA, IF NEEDED, TO ENTER THE UNITED STATES.

UNTIL YOU MEET ALL OF THE REQUIREMENTS FOR ECFMG CERTIFICATION, YOU ARE NOT ELIGIBLE FOR APPOINTMENT TO A POSITION IN AN ACCREDITED GRADUATE MEDICAL EDUCATION PROGRAM IN THE UNITED STATES. HOWEVER, YOU MAY USE THIS LETTER IN PRELIMINARY NEGOTIATIONS.

ECFMG REQUESTS PROGRAM DIRECTORS TO VERIFY WITH ECFMG INFORMATION CONTAINED ON SCORE REPORTS.

Marjorie P. Wilson

MARJORIE P. WILSON, M.D.
PRESIDENT

PASSING PERFORMANCE ON ENGLISH TEST
VALID THROUGH JULY 1995.

ENCLOSURE: INFORMATION BOOKLET

FORM 1J
SEPT. 93

[redacted]

THE UNIVERSITY OF SARAJEVO
SCHOOL OF MEDICINE

DIPLOMA

for completition of the studies required for being granted the Bachelor of Science degree at the School of Medicine in Sarajevo.

This is to certify with the University seal and signatures of the rector of the University and Dean of the Medical School at the University of Sarajevo that

Pasic Hamida Resad

who was born on [redacted] in [redacted] community of [redacted] successfully completed the studies required for the B.S. academic degree in the field of General Medicine at the School of Medicine in Sarajevo, on the day of December 25. 1975. whereby he met all necessary requirements for beeing granted the Bachelor of Science degree diploma.
In testimony of that, this Diploma is conferred to him, whereby he is granted all the rights called for by law, as well as the professional title of

MEDICAL DOCTOR

In Sarajevo, on the day of February 3. 1976.

Reg. No. 2192/1975

DEAN OF
SCHOOL OF MEDICINE
(Prof Dr Emrf Sarajlic)

RECTOR OF
UNIVERSITY OF SARAJEVO
(Prof Dr. Zdravko Besarovic)

I hereby certified that this is a true translation of the original document.

Subscribed and sworn to before me this 22nd day of June, 1992. My Commission Expires June 13, 1996.

Patsy A. Mann
Notary Public, State at Large, KY

Sarajevo September 21 1987

Valerija Labudovic
certified translator

I, Valerija Labudovic, nominated for an official court interpreter for English by the Republic Secretary of Justice, by the court decision number 05/5-704-1/80, dated June 25, 1980, do certify with my signature and seal that this is a true translation of the original prepared in Serbo-Croatian language.

Valerija Labudovic

Valerija Labudovic
SARAJEVO
Sarajevo

SOCIALISTIC REPUBLIC OF BOSNIA AND HERZEGOVINA
REPUBLIC COMMITTEE FOR HEALTH AND SOCIAL SECURITY SARAJEVO

No 03-154-415 / 1982

Sarajevo, July 5 1982

According to the article 241 of the Public Health law (official gazette of Socialistic Republic of Bosnia and Herzegovina No 17/80) and the article 36 of the Regulations about the medical, dental, and pharmaceutical residency and other professions in public health (Official gazette of Socialistic Republic of Bosnia and Herzegovina No 22/72), president of the republican committee for health and social security in Sarajevo grants

CERTIFICATE

of board examination

PARIC /HAMIDA/ REBAD, born on [redacted], in [redacted] and [redacted] employed by the University Hospital in Sarajevo, position medical doctor, took the board examination in

OBSTETRICS AND GYNECOLOGY

on June 24. 1982 and was examined by the examining commission of the Republic Committee for Health and Social Security.

According to the examining commission

he passed the examination

President of the examining commission

Prof dr Dragan Huterer

President of the committee

Prof Dr Sead Srkic

I hereby certify that this is a true translation of the original document.

STATE OF KENTUCKY)
COUNTY OF JEFFERSON) SS

Subscribed and sworn to before me this 26th day of May, 1992. My Commission expires June 13, 1992.

Patsy A Nelson
NOTARY PUBLIC, STATE AT LARGE, KY.

Sarajevo September 21 1987

Valerija Lebudović
certified translator

I, Valerija Lebudović, nominated for an official court interpreter for English by the Republic Secretary of Justice, by the court decision number 05/5-704-14/80, dated June 25, 1980, do certify with my signature and seal that this is a true translation of the original prepared in Serbo-Croatian language.

Valerija Lebudović

Valerija Lebudović, sudski tumač za engleski jezik, Sarajevo

APPENDIX C

RESAD PASIC (M.D./D.O.
(NAME please print)

Hospital Affiliations held for the last 5 years:

Dates (from-to)	Hospital/Address	Type of Privileges
1982 - 92	University Medical Center Sarajeno	OB/GYN
Sept., 1987 - Sept., 1988	Humana Hospital - University of Louisville	OB/GYN Fellow
July, 1991 - Present	Humana Hospital - University of Louisville	OB/GYN Fellow

FORM 4

HOSPITAL AFFILIATION

TO APPLICANT: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form to be completed by the Chief of Staff in each hospital where you have held privileges, consultation or teaching appointments during the 5 years preceding your application. My signature below is your authority to release any and all information in your files, favorable or otherwise regarding myself, directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Rasad Posic (Please print) M.D./D.O. _____ (Signature)

Address: [redacted]

TO REFERENCE SOURCE: Please complete this form, sign and return to the Board (KBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of liability for information furnished in good faith.

PLEASE PRINT OR TYPE ALL INFORMATION

IMPORTANT: The processing time for licensure directly depends on timely receipt of critical forms such as this.

1. What privileges were extended to the applicant? Active
2. Affiliation Dates: FROM Sept.1987 July. 1992 TO Sept.1986 present
3. Were any limitations imposed on such privileges? no If YES, please explain briefly and attach certified copies of any documentation pertaining to such action. _____
4. Were staff privileges ever revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined? no If YES, please explain briefly and attach certified copies of any documentation pertaining to such action. _____

Derogatory Information, if any: none

Comments, if any: _____

Chief of Staff: Alfred L. Thompson, M.D. Hospital Name: University of Louisville Hospital

Address: 530 S. Jackson St., Louisville, KY 40202.

Date: 10/22/93 Signature: Alfred L. Thompson

(SEAL OF HOSPITAL)
(If none, so indicate)

FORM 5

REFERENCE FORM

TO APPLICANT: The Kentucky Board of Medical Licensure requires completion of two (2) Reference Forms from reference sources. These forms must be sent from the reference source directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40223

In addition, the forms must meet the following criteria:

a. Recent (no older than six months).
b. Original signature.
c. Sent by licensed physicians familiar with your practice. It is preferable that one be sent by the Program Director for those who recently completed residency training, or the last hospital where staff privileges were held.

Please be sure to indicate your name below for identification purposes.

Name of Applicant: Resad Pasic
(please print)

TO REFERENCE SOURCE: Please complete this form, sign and return to the Board (KBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of any liability for information furnished in good faith.

PLEASE PRINT OR TYPE ALL INFORMATION.

IMPORTANT: The processing time for licensure directly depends on timely receipt of critical forms such as this.

From: Walter M. Wolfe, Jr., M.D.
(Full Name - Please Print)

University of Louisville, 550 South Jackson Street, Louisville, KY 40202
(Address) (City, State, Zipcode)

Telephone: (502) 588-1371

1. How long have you known the applicant? Five (5) years

2. In what capacity are you acquainted with him/her? Teacher and Colleague

	YES	NO	NOT APPLICABLE
3. Have you ever received reports of poor practice by this physician or have you discussed concerns you had about his/her practice with medical staff officers at a hospital?	[ ]	[X]	[ ]

(over please)

*NOTE: IF YOU ANSWER "NO" TO QUESTIONS 10, 11 OR 12, PLEASE GIVE AN EXPLANATION.

	YES	NO	NOT APPLICABLE
4. Have you ever received reports of poor relationships between this physician and other members of hospital medical staff?	[ ]	[X]	[ ]
5. Are you aware of any derogatory information about this physician with respect to his/her ability to practice medicine?	[ ]	[X]	[ ]
6. Does he/she have, or has he/she had in the past, any mental or physical illnesses or personal problems that interfere with his/her medical practice?	[ ]	[X]	[ ]
7. Has he/she ever abused alcohol or drugs or shown signs of chemical dependency?	[ ]	[X]	[ ]
8. Are you aware of any lawsuits having to do with his/her medical practice that this physician has either lost or settled out of court?	[ ]	[X]	[ ]
9. Are you aware of any restrictions, limitations or other actions of any nature taken against this physician by a hospital or other health related entity?	[ ]	[X]	[ ]
10. Does this physician accept medical staff and hospital policies and function willingly according to these policies?	[X]	[ ] mistake women	[ ]
11. Does he/she enjoy professional respect among his/her colleagues and in the community where he/she practices?	[X]	[ ]	[ ]
12. Are you sorry to see this physician leave your community?	[X]	[ ]	[ ]
13. Do you recommend him/her for unrestricted medical licensure in Kentucky?	[X]	[ ]	[ ]

COMMENTS: Very well educated academic obstetrician & gynecologist trained & our department.

[illegible] MD. Prof (Emer)
(Signature) (Title)

(Name of Hospital, if applicable) (Date)

FORM 3

REFERENCE FORM

TO APPLICANT: The Kentucky Board of Medical Licensure requires completion of two (2) Reference Forms from reference sources. These forms must be sent from the reference source directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

In addition, the forms must meet the following criteria:

a. Recent (no older than six months).
b. Original signature.
c. Sent by licensed physicians familiar with your practice. It is preferable that one be sent by the Program Director for those who recently completed residency training, or the last hospital where staff privileges were held.

Please be sure to indicate your name below for identification purposes.

Name of Applicant: Resad Pasic
(please print)

TO REFERENCE SOURCE: Please complete this form, sign and return to the Board (KBML) at the above stated address. Your response is confidential, pursuant to Kentucky law. All applicants have signed a general release, which relieves anyone of any liability for information furnished in good faith.

PLEASE PRINT OR TYPE ALL INFORMATION.

IMPORTANT: The processing time for licensure directly depends on timely receipt of critical forms such as this.

From: Stanley A. Gall, M.D.
(Full Name - Please Print)

University of Louisville, 550 South Jackson Street, Louisville, KY 40202
(Address) (City, State, Zipcode)

Telephone: (502) 588-5811

1. How long have you known the applicant? 4 yr.
2. In what capacity are you acquainted with him/her? Teacher, Colleague

	YES	NO	NOT APPLICABLE
3. Have you ever received reports of poor practice by this physician or have you discussed concerns you had about his/her practice with medical staff officers at a hospital?	[ ]	[X]	[ ]

(over please)

*NOTE: IF YOU ANSWER "NO" TO QUESTIONS 10, 11 OR 13, PLEASE GIVE AN EXPLANATION.

		YES	NO	NOT APPLICABLE
4.	Have you ever received reports of poor relationships between this physician and other members of hospital medical staff?	[ ]	[X]	[ ]
5.	Are you aware of any derogatory information about this physician with respect to his/her ability to practice medicine?	[ ]	[X]	[ ]
6.	Does he/she have, or has he/she had in the past, any mental or physical illnesses or personal problems that interfere with his/her medical practice?	[ ]	[X]	[ ]
7.	Has he/she ever abused alcohol or drugs or shown signs of chemical dependency?	[ ]	[X]	[ ]
8.	Are you aware of any lawsuits having to do with his/her medical practice that this physician has either lost or settled out of court?	[ ]	[X]	[ ]
9.	Are you aware of any restrictions, limitations or other actions of any nature taken against this physician by a hospital or other health related entity?	[ ]	[X]	[ ]
10.	Does this physician accept medical staff and hospital policies and function willingly according to these policies?	[X]	[ ]	[ ]
11.	Does he/she enjoy professional respect among his/her colleagues and in the community where he/she practices?	[X]	[ ]	[ ]
12.	Are you sorry to see this physician leave your community?	[ ]	[ ]	[X]
13.	Do you recommend him/her for unrestricted medical licensure in Kentucky?	[X]	[ ]	[ ]

COMMENTS: Dr Pasic is an excellent clinician

Marilyn A. Hall MD
(Signature) (Title)

University of Louisville Hospital 10/20/93
(Name of Hospital, if applicable) (Date)

Form 6

RELEASE AND WAIVER OF RIGHTS FORM

I, RESAD PASIC, hereby authorize the following individuals and entities to release all information (documented, oral or other) about me in their possession to the Kentucky Board of Medical Licensure or its agents:

1. All medical/osteopathic schools which I have attended.

2. All hospitals or other health care facilities at which I have ever held staff privileges, whether full or limited, temporary or permanent; and all hospitals or other health care facilities at which I have ever received training.

3. All medical/osteopathic societies, specialty boards, and other medical/osteopathic organizations with which I have been associated.

4. All other state or Canadian licensure boards, federal health agencies, and federal and state drug control agencies.

5. All licensed physicians, nurses or other health care professionals of any state or Canadian province.

6. All attorneys who have participated in civil or criminal actions in which I was named party.

I hereby release the above-named individuals and entities from all liability for the release of information to the Board (KBML) or its agents.

I further authorize the Kentucky Board of Medical Licensure or any of its duly authorized agents to make any investigations that they deem necessary to secure information concerning me which is relevant to the requirements for licensure, and I further authorize them to release such information they may now or in the future have concerning me to (i) any federal, state, county or local governmental entity, (ii) any hospital or other health care facility, or (iii) any other person upon a showing that the release of the information is vital to the health, safety and welfare of the general public.

I hereby make this release and waiver of rights for the purpose of allowing the Kentucky Board of Medical Licensure to carry out its duties pursuant to my request for a license to practice medicine/osteopathy in the Commonwealth of Kentucky; and further, for the purpose of allowing the Board (KBML) to carry out its duties in regard to my continued licensure.

This release and waiver of rights has no expiration date and shall remain effective during my licensure in the Commonwealth of Kentucky.

October 25, 1993
DATE

Resad Pasic
APPLICANT

Sworn to and Subscribed Before Me By Resad Pasic

on this the 25th day of October, 1993

SEAL

Sarah Lynell Tilson
NOTARY PUBLIC

My Commission expires: May 2, 1995

APPENDIX A

(Foreign Medical Graduates only)

I HEREBY SUBMIT THE FOLLOWING INFORMATION CONCERNING MY MEDICAL EDUCATION:

1. Name of medical school School of Medicine, University of Sarajevo
2. Address M. Pijade 1. Sarajevo, Boshia
3. Year of Graduation 1975
4. Is your medical school officially recognized in good standing by the governmental jurisdiction in which it is located? Yes If yes, please provide written verifiable proof.
5. Is your medical school accredited by any organization? Yes If yes, please provide written verifiable proof.
6. Is your medical institution connected with any other institution of higher education? Yes If yes, please describe your medical school's relationship with that institution Part of TE University System in Yugoslavia
7. Is your medical school registered as a medical school, college, or university in the World Health Organization Directory? Yes

304

8. a. How many months are required to complete your medical school's curriculum and become eligible for a medical degree? 60 months

   b. How many months of the medical school curriculum did you actually complete, not including advanced standing credit, under the direct authority of the medical school? 60 months

   c. If you attended any other medical school, please indicate location and dates of attendance

9. How many months of the medical school's curriculum are devoted to classroom instruction in the basic sciences and how many in the clinical sciences? Basic Sciences 30 Clinical Sciences 30
10. How many months, if any, of actual clinical training with patients are required for graduation, and if such clinical training is received, please briefly describe the nature of this training. 30 months Description: Direct participation in patient care in the University Hospital in all specialties, including surgical procedures.

(over please)

11. Were any of your clinical clerkships completed in the United States? NO If yes, please complete APPENDIX B and provide the following information:

a. How were your clerkships chosen? _____

b. Who initiated the contact with each of the institutions where you performed each clerkship? _____

c. Were each of your clerkships approved in writing by your medical school prior to beginning the clerkship? _____
If not, please explain in detail. _____

I HEREBY AFFIRM AND VERIFY THAT THE ABOVE STATEMENTS ARE TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HEREBY UNDERSTAND THAT THE SUBMISSION OF A FALSE OR INCORRECT STATEMENT, OR MISREPRESENTATION OF ANY FACT, COULD RESULT IN CRIMINAL PENALTY AND/OR DENIAL OF THE RIGHT TO PRACTICE MEDICINE OR OSTEOPATHY IN THE COMMONWEALTH OF KENTUCKY.

Signature

Sworn To and Subscribed Before Me by Reed Price on this the 25th day of October, 1993

Notary Public

SEAL

My commission expires: May 2, 1995

WAIVER

KENTUCKY BOARD OF MEDICAL LICENSURE

K.B.M.L.
SEP 30 1993

APPLICATION REQUEST FORM

I hereby make a request for an application for a license to practice medicine in Kentucky and submit the following information:

1. NAME RESAD (first) PASIC (middle) M.D. (degree)
2. ADDRESS [redacted] (street) (city) (state)
3. MEDICAL SCHOOL & COUNTRY [redacted] YUGOSLAVIA DATE GRADUATED DEC 1975
4. INTERNSHIP OR POSTGRADUATE TRAINING COMPLETED IN U.S. OR CANADA:

Hospital/Location	Specialty	Dates (from-to)
	OB GYN	JULY 1988 - 1989
PG 5	OB/GYN	JULY 1992-1993
PG 6	OB/GYN	JULY 1993-94

5. LIST STATES WHERE LICENSED TO PRACTICE MEDICINE

State/Province	License Number	Date Issued	Current (yes/no)
KENTUCKY	FT 127	7-1-92 ~~JULY 30 93~~	YES

6. SPECIFY LICENSING EXAM PASSED: NATIONAL BOARDS, FLEX, STATE BOARD, LMCC, USMLE, OTHER:
EXAM: FMG, USMLE, FLEX DATE PASSED JUNE 93, JULY 93
7. DID YOU PASS THE ABOVE EXAM IN ONE SITTING WITH AN AVERAGE OF 75% OR BETTER? [✓] yes [ ] no
If "NO" please explain:
8. HAVE YOU EVER FAILED A LICENSING EXAM? [✓] yes [ ] no If "YES", give dates, locations and the number of repetitions:
FLEX DEC 1992 HARRISBURG, PA. 1 REPETITION
9. SPECIFY REASON FOR REQUIRING MEDICAL LICENSURE IN KENTUCKY: I LIVE IN LOUISVILLE
10. SPECIFY ADDRESS IN KENTUCKY WHERE YOU WILL BE PRACTICING:
UNIVERSITY HOSPITAL LOUISVILLE, KY.
11. ARE YOU CERTIFIED BY AN AMERICAN SPECIALTY BOARD? [ ] yes [✓] no
If "YES", list specialty certifications:
12. FOREIGN MEDICAL GRADUATES ONLY: ECFMG NUMBER 0-292-778-6

IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE EXPLAIN IN DETAIL ON A SEPARATE SHEET

13. HAS ANY DISCIPLINARY ACTION EVER BEEN TAKEN OR IS ANY NOW PENDING AGAINST ANY MEDICAL LICENSE ISSUED TO YOU? [ ] yes [✓] no
14. HAVE YOU EVER BEEN DENIED PRIVILEGES, OR BEEN DISCIPLINED BY, OR BEEN REQUESTED TO WITHDRAW FROM A HOSPITAL AND/OR MEDICAL STAFF? [ ] yes [✓] no
15. HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN A TRAFFIC VIOLATION IN THE PAST 10 YEARS? [ ] yes [✓] no

SIGNATURE [signature] DATE 9/24/93

931075

Bruce E. Dawson, M.D.
President

Telephone (502) 429-0046
Fax (502) 429-9923

KENTUCKY BOARD OF MEDICAL LICENSURE

HURSTBOURNE OFFICE PARK
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

October 18, 1993

Rasad Pasic, M.D.
[redacted]

RE: Medical Licensure Application

Dear Dr. Pasic:

Enclosed please find an application for medical licensure in the Commonwealth of Kentucky as per your request. Although you do not meet the current statutory requirements of three years of approved postgraduate training in the United States or Canada, you may request a waiver of this requirement by the Board based upon your board certification in obstetrics and gynecology in Bosnia and the recommendation of the faculty at the University of Louisville, Department of Obstetrics & Gynecology.

The next meeting of the Board is scheduled for December 15, 1993, and your application and all supporting documents must be submitted to this office at least two weeks prior to be considered. Please be advised that requests for temporary permits to begin working in Kentucky can not be granted prior to review of your application as a special licensure item by the Kentucky Board of Medical Licensure.

Should you have any questions regarding the above, please contact this office.

Sincerely,

C. William Schmidt
Executive Director

CWS:nbb

Enclosure

The Federation of State Medical Boards
of the United States
INCORPORATED
6000 WESTERN PLACE, SUITE 707
FORT WORTH, TEXAS 76107-4610
(817) 730-8448

K.B.M.L.
DEC 02 1993
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EXAMINEE: RESAD PASIC

Kentucky Board of Medical Licensure
The Hurstbourne Office Park
310 Whittington Parkway,
Suite 1B
Louisville 40222

It is certified that the above named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following scores:

FIN: 510626013

Date of Certification: 12/01/93

DATE OF EXAM	STATE TAKEN FOR	STATE ID #	COMP 1	COMP 2
06/93	PENNSYLVANIA		77	75
12/92	PENNSYLVANIA		72	74

COMPONENT 1 of FLEX is designed to evaluate measurable aspects of the knowledge and understanding of basic and clinical sciences, with specific emphasis on principles and mechanisms underlying disease and modes of therapy.

COMPONENT 2 of FLEX is designed to assess the additional cognitive abilities required of physicians who will ultimately assume independent reponsibilities for the general health care of patients.

Furthermore:

* *

A search of the Federation's Board Action Data Bank reveals no reported information on the above named physician.

mab

K.B.M.L.
DEC 0 5 1993 FORM 8
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DEA STATUS REQUEST

TO APPLICANT: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requests a verification of my status with the DEA. My signature below is your authority to release any and all information in your files, favorable or otherwise, regarding myself.

RETURN THIS FORM TO THE KENTUCKY BOARD OF MEDICAL LICENSURE FOR PROCESSING

Physician's Signature

NAME: RESAD PASIC

DATE OF BIRTH: [redacted]

DEA #:

ATTN: Licensure Coordinator

A SEARCH HAS BEEN MADE OF THE FILES OF D.E.A.
NO RECORDS HAVE BEEN FOUND WHICH DISCLOSE A
DRUG RELATED FELONY OR MISDEMEANOR CON
VICTION FOR THE INDIVIDUAL IDENTIFIED ABOVE.

Marsha L Jones
DEA INVESTIGATOR

12/2/93
DATE

K. B. M. L.

RECEIVED DEC 1 1993

DEC 1 6 1993

FEDERATION DISCIPLINARY REQUEST

RECEIVED

TO APPLICANT: In applying for a license to practice medicine in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires a disciplinary search from the Federation of State Medical Boards. My signature below is your authority to release any and all information in your files, favorable or otherwise, regarding myself.

RETURN THIS FORM TO THE KENTUCKY BOARD OF MEDICAL LICENSURE FOR PROCESSING

Physician's Signature

RESAD PASIC

Name

[redacted]

Address

[redacted]

City, State & Zip

[redacted]

Date of Birth

[redacted]

Social Security Number

University of Sarajevo Yugoslavia

Medical School & Location

12/25/75 0-292-778-8

Date of Graduation E.C.F.M.G. #

ATTN: Licensure Coordinator

WE HAVE NO DEFINITIVE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

DEC - 2 1993

JAMES R. WINN, M.D.
EXECUTIVE DIRECTOR

Reed Pasic, M.D.

Dr. Pasic is applying for licensure by endorsement of the FLEX examination taken in Pennsylvania. He has been licensed in Kentucky on a limited license institutional permit while in fellowship training with the University of Louisville, Department of Obstetrics and Gynecology from 1988-89 and from July 1992 to the present. Dr. Pasic has served as an Associate professor of Obstetrics and Gynecology at the School of Medicine in Sarajevo, Yugoslavia and is board certified in obstetrics & gynecology in Yugoslavia. A letter of recommendation to the Board is enclosed from Dr. Stanley A. Gall, Chairman of the Department of Obstetrics & Gynecology at the University of Louisville. Dr. Pasic is requesting a waiver of six months of the three years in postgraduate training required for licensure in Kentucky and acceptance by the Board of his fellowship training taken with the University of Louisville as completion of the postgraduate training requirement for licensure.

12-15-93 Board

approve - waiver based on fellowship training at UK

Department of Obstetrics and Gynecology
Ambulatory Care Building
School of Medicine
University of Louisville
Louisville, Kentucky 40292
(502) 588-5814

UNIVERSITY of LOUISVILLE

September 24, 1993

Kentucky Board of Medical Licensure
Hurstbourne Office Park
310 Whittington Parkway Suite #1B
Louisville, KY 40222

RE: Resad Pasic, M.D.

TO WHOM IT MAY CONCERN:

I am applying for full license to practice medicine in the state of Kentucky. I have passed ECFMG exam and FLEX exam, and am currently in my third year of fellowship training. Therefore, I am asking the Kentucky Medical Board to waiver six months required to complete my three-year training requirement in order to obtain permanent licenrure.

Enclosed, please find copies of ECFMG, FLEX and my Limited License Certificates.

Sincerely,

Resad Pasic M.D.

FORM 2

VERIFICATION OF POSTGRADUATE TRAINING

TO APPLICANT: In applying for a license to practice medicine/osteopathy in the Commonwealth of Kentucky, the Kentucky Board of Medical Licensure requires this form be completed by the Administrator or Program Director where you completed a minimum amount of training that is required which consists of at least twelve months of clinical experience approved by the ACGME or the National Joint Committee. No other training will be considered. This form must be sent from the reference source directly to:

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Name: Rosad Pasic M.D./D.O.
(please print)

Address: [redacted]

_____ M.D./D.O.
(Signature)

TO REFERENCE SOURCE: Please complete this form, sign, seal and return to the Board (KBML) at the above stated address. Any fees for completion of this form should be collected from the applicant. If you have any additional information that should be considered by this Board (KBML) prior to issuance of a license to this applicant, please provide this information to the Board (KBML) by writing to the above address. Please affix the Seal of the Hospital OR have the form Notarized.

This is to certify that Dr. Rosad Pasic has satisfactorily served the University of Louisville Hospital (name of hospital) from July 1992 to present (Sept. 1987 → Sept 1988).

This is a ____ transitional internship, OR a X specialized ~~residency~~ Fellowship program in OBGYN.

Dr. Rosad Pasic was awarded OR will be awarded a certificate of completion on NO CERTIFICATE

It is further certified that the above ~~transitional internship/medical residency~~ Fellowship program (is/is not) approved by the ACGME or the National Joint Committee and consists of at least _____ months of clinical experience.

Stanley A. Hall, MD
Signature of Administrator or Program Director

SEAL OF THE HOSPITAL

Sworn to and subscribed before me this 22nd day of October, 1993

Janet Jewell Gibson
Notary Public

SEAL OF NOTARY

My commission expires: May 2, 1995

Department of Obstetrics and Gynecology

Ambulatory Care Building
School of Medicine
University of Louisville
Louisville, Kentucky 40292
(502) 588-5814

UNIVERSITY of LOUISVILLE

September 27, 1993

Ms. Nancy Bergin
Kentucky Board of Medical Examiners
310 Whittington Parkway
Suite 1B
Louisville, Kentucky 40222

RE: Resad Pasic, M.D.

Dear Ms. Bergin:

I am writing to you at this time in support of the application of Dr. Resad Pasic for licensure by the Kentucky State Board of Medical Examiners. Dr. Pasic has recently passed his ECFMG examination and should be considered for Kentucky licensure. Dr. Pasic has spent 2 years and 3 months in the Department of Obstetrics and Gynecology at the University of Louisville School of Medicine in a Fellow position. Dr. Pasic was present at the University of Louisville School of Medicine in the Department of Biochemistry from October 1987 through October 1988 and in the Department of Obstetrics and Gynecology from October 1988 to October 1989. Dr. Pasic returned to his native Yugoslavia where he was an Associate Professor of Obstetrics and Gynecology in the School of Medicine in Sarajevo, Yugoslavia. In May 1992, Dr. Pasic came to this country on a vacation and could not return to Sarajevo as war had begun and his home had been destroyed. He reestablished his institutional license and became part of and resumed a Fellow position in the Department of Obstetrics and Gynecology at the University of Louisville School of Medicine. He has remained within this department and has completed an additional 15 months of his fellowship training. As of this date, he has completed a total of 2 years and 3 months of fellowship. At the time the Board of Medical Examiners meets, he would have completed 2 1/2 years of fellowship training. It is requested that a waiver on the 3 year rule of training be made in Dr. Pasic's case. We feel that he has progressed satisfactorily in his knowledge of not only the basic science of medicine but also the clinical science of medicine as we practice it within this department. He has become an excellent teacher and has been most supportive in our teaching program of both students and residents. Dr. Pasic continues to practice at this time on his institutional license and would continue to do this with the attainment of a full Kentucky Medical License. However, with a full Kentucky Medical License, Dr. Pasic would have the opportunity to repeat an American Board of Obstetrics and Gynecology approved training program.

I support Dr. Pasic's application for licensure by the Kentucky Board of Medical Examiners. I would be happy to discuss Dr. Pasic's application with the Board if they so desire.

Sincerely,

Stanley A. Gall, M.D.
Donald E. Baxter Professor and Chairman

SAG:vlm

Department of Obstetrics and Gynecology

Ambulatory Care Building
School of Medicine
University of Louisville
Louisville, Kentucky 40292
(502) 588-5814

K. B. M. L.
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UNIVERSITY of LOUISVILLE

November 4, 1993

Ms. Nancy Bergin
Kentucky Board of Medical Licensure
310 Whittington Parkway - Suite 1B
Louisville, Kentucky 40222

RE: Resad Pasic, M.D.

Dear Ms. Bergin:

I am writing to you at this time in support of the application of Dr. Resad Pasic for licensure by the Kentucky Board of Medical Examiners. I have written to you previously on September 27, 1993 in support of Dr. Pasic's application for full Kentucky medical licensure. At this time, I wish to point out that Dr. Pasic has been a valuable member of this department and continues to serve in that capacity with an institutional license. Dr. Pasic has been at the University of Louisville for 2 1/2 years of fellowship training and gynecologic endoscopy and surgery. At the completion of this fellowship period, Dr. Pasic will not receive a degree or additional certification since no recognized licensure authority judges his competence in this area. Dr. Pasic has received notification by the American Board of Obstetrics and Gynecology that he will be given one year of credit from his experience at the University of Louisville toward the full year of the residency training program in obstetrics and gynecology if he so desires to pursue an additional residency.

I support Dr. Pasic's application for licensure by the Kentucky Board of Medical Licensure. I would be happy to discuss Dr. Pasic's application with the Board if you so desire.

Sincerely,

Stanley A. Gall, M.D.
Donald E. Baxter Professor and Chairman

SAG:vlm

DOCUMENT NO.: 3119933380032001
DATA BANK ID: 3242128000000019

RESPONSE TO INFORMATION DISCLOSURE REQUEST

K.B.M.L.
PROCESS DATE: 12/06/93
PAGE 3

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THE FOLLOWING INFORMATION IS RELEASED UNDER THE PROVISIONS OF TITLE IV OF PUBLIC LAW 99-660, AS AMENDED. FOR FURTHER INFORMATION REGARDING THE ACTION(S) LISTED, IF ANY, CONTACT THE ENTITY WHICH REPORTED THE INFORMATION.

PRACTITIONER IDENTIFIED IN INFORMATION REQUEST

TYPE OF QUERY: STATE LICENSING BOARD

NAME: (LAST, FIRST, MIDDLE, SUFFIX)
OTHER NAME USED:
ORGANIZATION NAME: ABASIC, ROSAD
WORK ADDRESS: UNIV OF LOUISVILLE OB GYN
CITY, STATE, ZIP CODE: 660 S JACKSON ST
HOME ADDRESS: LOUISVILLE KY 40202
CITY, STATE, ZIP CODE:
LICENSE NO.: 87127
DATE OF BIRTH: [redacted]
FEDERAL DEA NO.: -
PROFESSIONAL SCHOOL: UNIVERSITY OF SARAJEVO YUGOSLAVIA

WORK COUNTRY:
HOME COUNTRY:
STATE OF LICENSURE: KY
FIELD OF LICENSURE: 010
SOCIAL SECURITY NO.:
FEDERAL DEA NO.: -
YEAR OF GRADUATION: 1978

NO INFORMATION ON FILE FOR IDENTIFIED PRACTITIONER

Wayne E. Dawson, M.D.
President

Telephone (502) 429-0046
Fax (502) 429-9923

KENTUCKY BOARD OF MEDICAL LICENSURE

HURSTBOURNE OFFICE PARK
310 Walltington Parkway, Suite 1B
Louisville, Kentucky 40222

December 16, 1993

Resad Pasic, M.D.
[redacted]

Dear Dr. Pasic:

This is to advise you that the Kentucky Board of Medical Licensure, at its December 15, 1993 meeting approved your credentials for a license to practice medicine in Kentucky by granting a waiver as follows:

> Accept two and one half years in fellowship training taken with the University of Louisville, Department of Obstetrics & Gynecology as completion of the postgraduate training required for licensure.

In order to complete your application, the following items will be needed:

> $150 licensure fee;
>
> Correct home and office address (form enclosed).

Upon receipt of the above items, a Board Order will be prepared by the Board's Legal Department, signed by the Secretary of the Board, and forwarded to you with your license. This process will take approximately ten working days. If you have any questions regarding this matter, please feel free to contact this office.

Sincerely,

C. William Schmidt
Executive Director

CWS:nbb

Enclosure

EDUCATIONAL COMMISSION
for
FOREIGN MEDICAL GRADUATES

CERTIFIES THAT

RESAD PASIC

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,

SUCCESSFULLY PASSED ITS EXAMINATIONS

AND HAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER 0-292-778-8

MEDICAL EXAMINATION

BASIC SCIENCE JUNE 09, 1993

CLINICAL SCIENCE JULY 14, 1993

ENGLISH EXAMINATION JULY 14, 1993

VALID THROUGH JULY 1995

CHAIRMAN, BOARD OF TRUSTEES

PRESIDENT, CHIEF EXECUTIVE OFFICER

DATE ISSUED FEBRUARY 18, 1994

30233
FILED OF RECORD
FEB 24 1994
K.B.M.L.

COMMONWEALTH OF KENTUCKY
STATE BOARD OF MEDICAL LICENSURE

IN RE: THE APPLICATION TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY FILED BY RESAD PASIC, M.D.; ADDRESS OF RECORD: 1083 STONE SPRING, LOUISVILLE, KY 40223

ORDER GRANTING LICENSURE

The Kentucky Board of Medical Licensure, at its meeting on December 15, 1993, reviewed the application for medical licensure in the Commonwealth of Kentucky filed by RESAD PASIC, M.D., on or about November 2, 1993, and otherwise being sufficiently advised, hereby ACCEPTS two and one-half years in fellowship training taken with the University of Louisville, Department of Obstetrics and Gynecology as completion of the postgraduate training required for licensure.

WHEREFORE, IT IS HEREBY ORDERED THAT Dr. Pasic be granted a full and unrestricted license to practice medicine in the Commonwealth of Kentucky.

So ORDERED this 15th day of December, 1993.

John S. Llewellyn, M.D.

JOHN S. LLEWELLYN, M.D.
Secretary
Kentucky Board of Medical Licensure

CERTIFICATE

This is to certify that the original of the foregoing Order Granting Licensure was hand-delivered to C. William Schmidt, Executive Director of the Kentucky Board of Medical Licensure, 310 Whittington Parkway, Suite 1B, Louisville, Kentucky 40222; and a copy was mailed, postage prepaid, to RESAD PASIC, M.D., 1083 STONE SPRING, LOUISVILLE, KY 40223, on this the 25th day of February, 1994.

WES FAULKNER, General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Telephone: (502) 429-8046

K.B.M.L.
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KENTUCKY BOARD OF MEDICAL LICENSURE
HURSTBOURNE OFFICE PARK
310 WHITTINGTON PARKWAY, SUITE 1B
LOUISVILLE, KENTUCKY 40222

1995 APPLICATION FOR REGISTRATION OF LICENSE TO PRACTICE MEDICINE/OSTEOPATHY IN THE COMMONWEALTH OF KENTUCKY

REGISTRATION FEE: $100.00

If you practice in Kentucky or if you practice outside this state and wish to maintain an active Kentucky medical license, complete this form, sign and return with your $100.00 annual registration fee to this office in the enclosed self-addressed envelope. The deadline for registration is MARCH 1, 1995. Late registration (after March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee.

Should you fail to register before April 1, 1995, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1 will be imposed an additional $100.00 fee.

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED
(PLEASE PRINT OR TYPE ANY CHANGES)

Name: PASIC, RESAD, M.D. License No: 30233

Mailing Address: [redacted]
*Mailing address must be a street address; Post Office Box address will not be accepted.

2nd City & State: [redacted] Zip Code: [redacted] Ky. County: [redacted]

Principal Ky. Practice Location: UNIVERSITY OF LOUISVILLE HOSPITAL

City: LOUISVILLE Zip Code: 40292 Office Phone (852) 6049

Principal Ky. Practice County: JEFFERSON Percent of practice in this co.: 90 %

Other Ky. counties in which you practice: HARRISON

Percent of practice occurring in each county: 10 % %

1st Average total number of hours per week worked: 40

Home Address: [redacted]

City & State: [redacted] Zip Code: [redacted] Home Phone: ([redacted]

Medical School: 09603 Year Grad: 75

Birthdate: [redacted] Sex: [redacted] Social Security No: [redacted]

Specialty: Obstetrics & Gynecology 23 (If incorrect, please indicate)

Type of Practice: (check one)

- [x] Hospital Based
- [ ] Instructor
- [ ] Administrative Medicine
- [ ] Resident / Fellow
- [ ] Private Practice
- [ ] Occupational Medicine
- [ ] Military
- [ ] Research
- [ ] Emergency Medicine
- [ ] Locum Tenens
- [ ] Inactive/ Semi-Retired

Do you currently have hospital staff privileges within the state? [x] Yes [ ] No

CONTINUING MEDICAL EDUCATIONAL REQUIREMENT- The CME requirements for registration of your medical license DO NOT have to be completed until December 31, 1996, however, if you have already completed the *(60 HOURS) requirement during the past year, please indicate below.

Have you completed your CME requirements for the JANUARY 1, 1994-DECEMBER 31, 1996 cycle?
[x] Yes [ ] No

*(60 hour requirement must include 2 hours in an HIV/AIDS course approved by the Cabinet for Human Resources)

continued on next page

YOU ARE REQUIRED TO COMPLETE THE FOLLOWING QUESTIONS. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED BY THE BOARD. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.

Name: PASIC RESAD
(last) (first) (m.i.)

License No: 30233

1. Since you last registered your Kentucky license, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regard to any of the following:

   a. medical or osteopathic licensure in any state or Canadian province;

      ☐ Yes ☑ No

   b. membership or association in any medical or osteopathic association, society or specialty board;

      ☐ Yes ☑ No

   c. controlled substance permit issued by any state or the United States (DEA);

      ☐ Yes ☑ No

2. Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?

   ☐ Yes ☑ No

3. Since you last registered, have you suffered or been treated for any medical condition which might impair your ability to continue to practice medicine?

   ☐ Yes ☑ No

4. Since you last registered your Kentucky license, have you been arrested or convicted for violation of any felony or misdemeanor under the laws of any state or of the United States?

   ☐ Yes ☑ No

(If you answered "YES" to any of the above questions, attach written explanation.)

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE INFORMATION ON MY APPLICATION MAY SUBJECT MY LICENSE TO DISCIPLINARY ACTION PURSUANT TO KRS 311.595.

SIGNATURE: [signature] DATE: 12/22/94

10,130

KY License No. 30233

RECEIVED
JAN 16 1996

12376
100

KENTUCKY BOARD OF MEDICAL LICENSURE

HURSTBOURNE OFFICE PARK
310 WHITTINGTON PARKWAY, SUITE 1B
LOUISVILLE, KENTUCKY 40222

*** 1996 APPLICATION FOR REGISTRATION OF KENTUCKY MEDICAL LICENSE ***

REGISTRATION FEE: $100.00

If you practice in Kentucky or if you practice outside the Commonwealth and wish to maintain an active Kentucky medical license, complete this form, sign and return with your $100.00 annual registration fee to this office in the enclosed self-addressed envelope. The deadline for registration is MARCH 1. Late registration (after March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee.

Should you fail to register before April 1, 1996, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1 will be imposed an additional $100.00 fee.

***** ONLY COMPLETED APPLICATIONS WILL BE PROCESSED *****
(PLEASE PRINT OR TYPE)

Name: PASIC, RESAD, M.D. Social Security No. [redacted]

Mailing Address: [redacted]
*Mailing address must be a street address; Post Office Box address will not be accepted.

City & State: [redacted] Zip Code: [redacted] KY County: [redacted]

Principal KY Practice Location: University of Louisville

City: Louisville Zip Code: 40202 Office Phone: (502) 852-5814

Principal KY Practice County: Jefferson Percent of practice in this co.: 90 %

Other KY counties in which you practice: Meade

Percent of practice occurring in each county: 90 % 10 %

Average total number of hours per week worked: 40

Home Address: [redacted]

City & State: [redacted] Zip Code: [redacted] KY County: [redacted]

Medical School: 09603 University of Sarajevo Year Grad: 75

Birthdate: [redacted] Sex: [redacted]

Specialty: OBSTETRICS & GYNECOLOGY 23 (If incorrect, please indicate)

Type of Practice: (check one)

- [ ] Hospital Based
- [x] Instructor
- [ ] Administrative Medicine
- [ ] Resident / Fellow
- [x] Private Practice
- [ ] Occupational Medicine
- [ ] Military
- [ ] Research
- [ ] Emergency Medicine
- [ ] Inactive/Semi-Retired
- [ ] Locum Tenens
- [ ] Public Health/Government

Do you currently have hospital staff privileges within the Commonwealth of Kentucky?

[x] Yes [ ] No

continued on next page

Name: Pasic Resad (last) (first) (m.i.) KY License No: 30233

CONTINUING MEDICAL EDUCATIONAL REQUIREMENT- The CME requirements for registration of your medical license do not have to be completed until December 31, 1996, however, if you have already completed the *(60 HOURS) requirement during the past year, please indicate below.

Have you completed your CME requirements for the JANUARY 1, 1994-DECEMBER 31, 1996 cycle?
[X] Yes [ ] No

*(60 hour requirement must include 2 hours in an HIV/AIDS course approved by the Cabinet for Human Resources)

- -

YOU ARE REQUIRED TO COMPLETE THE FOLLOWING QUESTIONS. ONLY COMPLETE APPLICATIONS WILL BE CONSIDERED BY THE BOARD. INCOMPLETE APPLICATIONS WILL BE RETURNED FOR COMPLETION.

1. Since you last registered your Kentucky license, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regard to any of the following:

   a. medical or osteopathic licensure in any state or Canadian province;

   [ ] Yes [X] No

   b. membership or association in any medical or osteopathic association, society or specialty board;

   [ ] Yes [X] No

   c. controlled substance permit issued by any state or the United States (DEA);

   [ ] Yes [X] No

2. Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?

   [ ] Yes [X] No

3. Since you last registered, have you suffered or been treated for any medical condition which might impair your ability to continue to practice medicine?

   [ ] Yes [X] No

4. Since you last registered, have you been arrested or convicted for violation of any felony or misdemeanor under the laws of any state or of the United States?

   [ ] Yes [X] No

5. Since you last registered, have you suffered from or been treated for drug or alcohol dependency?

   [ ] Yes [X] No

(If you answered "YES" to any of the above questions, attach written explanation.)

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE INFORMATION ON MY APPLICATION MAY SUBJECT MY LICENSE TO DISCIPLINARY ACTION PURSUANT TO KRS 311.595

SIGNATURE: Pasic DATE: 12/18/95

RECEIVED
JAN 21 1997
K.B.M.L.

14395
$100.00

9,693

KY License No. 30233

Kentucky Board of Medical Licensure

Hurstbourne Office Park
310 Whittington Pkwy., Ste. 1B
Louisville, Kentucky 40222

**** 1997 Application for Registration of Kentucky Medical License ****
Registration Fee: $100.00

If you practice in Kentucky or if you practice outside the Commonwealth and wish to maintain an active Kentucky medical license, complete this form, sign and return with your $100.00 annual registration fee to this office in the enclosed self-addressed envelope. The deadline for registration is March 1. Late registration (after March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee.

Should you fail to register before April 1, 1997, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1 will be imposed and additional $100.00 fee.

ONLY COMPLETED APPLICATIONS WILL BE PROCESSED
(Please print or type)

Name: PASIC, RESAD, M.D. (last) (first) (m) Social Security No: [redacted]

Mailing Address: [redacted]
*Mailing address must be a street address; Post Office address will not be accepted.

City & State: [redacted] Zip Code: [redacted] KY County [redacted]

Principal KY Practice Location: DEPT OB/GYN UAL

City: LOUISVILLE Zip Code: 40292 Office Phone: ( ) 852-6049

Principal KY Practice County: JEFFERSON Percent of Practice in the county 80 %
Other KY counties in which you practice: MEADE
Percent of practice occurring in each county: 80 % 20 %
Average total number of hours per week worked: 50

Home Address: [redacted]

City & State: [redacted] Zip Code: [redacted] KY County

Medical School: 09603 Year Grad: 75

Birthdate: [redacted] Sex: [redacted]

Specialty: 23 OBSTETRICS & GYNECOLOGY If incorrect, please indicate)

Type of Practice: (check one)

- X Hospital Based
- ___ Instructor
- ___ Administrative Medicine
- ___ Resident/Fellow
- X Private Practice
- ___ Occupational Medicine
- ___ Military
- ___ Research
- ___ Emergency Medicine
- ___ Inactive/Semi-Retired
- ___ Locum Tenens
- ___ Public Health/Government

Do you currently have hospital staff privileges within the Commonwealth of Kentucky? X Yes ___ No

Continued on Back

Name: Dalic [illegible] Lic no: [illegible]
(last) (First) (m.i.)

Continuing Medical Education Requirement:

Have you completed your CME requirements for the January 1, 1994 – December 31, 1996 Cycle ?
X Yes ___No
(60 hour requirement must include 2 hours in an HIV/AIDS course approved by the Cabinet for Health Services)

****

You are required to complete the following questions. Only complete applications will be considered by the Board. Incomplete applications will be returned for completion.

1. Since you last registered your Kentucky license, have you been disciplined or denied; have you made and act or surrender or resignation; or are you currently under investigation in regard to any of the following:

   a. medical or osteopathic licensure in any state or Canadian province;
   ___Yes X No

   b. membership or association in any medical or osteopathic association, society or speciality board;
   ___Yes X No

   c. controlled substance permit issued by any state or the United States (DEA);
   ___Yes X No

2. Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?
   ___Yes X No

3. Since you last registered, have you suffered or been treated for any medical condition which might impair your ability to continue to practice medicine?
   ___Yes X No

4. Since you last registered, have you been arrested or convicted for violation of any felony or misdemeanor under the laws of any state or of the United States?
   ___Yes X No

5. Since you last registered, have you suffered from or been treated for drug or alcohol dependency?
   ___Yes X No

   (If you answered "Yes" to any of the above questions, attach written explanation.)

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: [illegible] **Date:** _____

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Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

1998 Application for Registration of Kentucky Medical License -- Registration Fee: $100.00
(Please print or type)

Kentucky License No. 30233

(1.) Name: Pasic (last) Resad (first) (mi)

(2.) Mailing Address: Obstetrics & Gynecology, Univ. of Lousiville School of Medicine
550 South Jackson Street
City & State: Louisville KY Zip Code: 40202

(3.) Do you intend to practice medicine in Kentucky? [X] Yes [ ] No
If "NO" please specify reason for registering your Kentucky license:

(4.) Principal KY Practice Location: Same as above
City: Zip Code:

(5.) Office Telephone No. (502) 852-1371 E-Mail Address: SRANDE01 HOMER.LOUISVILLE.EDU
(Optional Information)

(6.) Principal KY Practice County: Jefferson Percent of Practice in that county: ____%

1. List other KY counties in which you practice and percent of practice occurring in each county:
County: _____, ____% County: _____, ____% County: _____, ____%
2. Average total number of hours worked per week: _____

(7.) Specialty: Ob/Gyn (8.) Social Security No: [redacted]

(9.) Type of practice: (check one)

[X] Hospital Based	[ ] Resident/Fellow	[ ] Military	[ ] Inactive/Semi-Retired
[ ] Instructor	[ ] Private Practice	[ ] Research	[ ] Locum Tenens
[ ] Administrative Medicine	[ ] Occupational Medicine	[ ] Emergency Medicine	[ ] Public Health/Government

(10.) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [ ] Yes [ ] No

* * * If you answer "Yes" to questions (11.), (12.), or (13.), please attach a written explanation. * * *

(11.) Since you last registered your Kentucky license, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regard to any of the following:

a. medical or osteopathic licensure in any state or Canadian province;
[ ] Yes [X] No
b. membership or association in any medical or osteopathic association, society or specialty board;
[ ] Yes [X] No
c. controlled substance permit issued by any state or the United States (DEA);
[ ] Yes [X] No

(12.) Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?
[ ] Yes [X] No

(13.) Since you last registered, have you been arrested or convicted for violation of any felony or misdemeanor under the laws of any state or of the United States?
[ ] Yes [X] No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: Date: 2/23/98

• • • Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned • • •

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MAR 1 0 1998
K.B.M.L.

1998 Application for Registration of Kentucky Medical License -- Registration Fee: $100.00

Name: Resad Pasic, M.D., Ph.D. KY License No: 30233
(Please Type or Print)

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

If applicable, these questions should be read to include the clause, "Other than what is known already to the Kentucky Physicians Health Foundation – Impaired Physicians Program..."

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

** * * If You Answer "Yes" To Questions (1.), Or (2) Please Attach A Written Explanation. * * **

(1.) Since you last registered, have you suffered from or been treated for any medical condition which might impair your ability to continue to practice medicine? [redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol dependency? [redacted]

See above exemption

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Signature: [signature] Date: 2/23/98

** * * Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned * * **

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K.B.M.L.

300.00
$100.00 [✓] Check # 17989
$150.00 [ ] Check #
$200.00 [ ] Check #

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

1999 Application for Registration of Kentucky Medical/Osteopathic License
Registration Fee $100.00

If you practice in Kentucky or if you practice outside the Commonwealth and wish to maintain an active Kentucky medical/osteopathic license, complete this form, sign and return with your $100.00 annual registration fee to this office in the enclosed envelope. The deadline for registration is March 1. Late Registration (After March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee. Should you fail to register before April 1, 1999, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1, 1999, will be imposed an additional $100.00 fee. This form must be completed in its entirety.

(Please print or type changes)

Kentucky License No. 30233

(1.) Name: Resad Pasic M.D.

(2.) Social Security Number: [redacted] (3.) Date of Birth: [redacted]

RECEIVED
FEB 09 1999
K.B.M.L.

(4.) Mailing Address: UL, OBGYN 550 S. Jackson

City: Louisville State: KY Zip Code: 40202

(5.) Please indicate any changes/update to mailing address as listed above:

Street: N/A
(Mailing address must be a street address; Post Office address will no longer be accepted.)

City & State: _____ Zip Code: _____

(6.) Practice Address if Different from Mailing Address: N/A

City & State: _____ Zip Code: _____

(7.) Principal KY Practice County: JEFFERSON Percent of Practice in that county: 100 %

(a.) List other KY counties in which you practice and percent of practice occurring in each county:
County: _____, _____%
County: _____, _____%
County: _____, _____%

(b.) Average total number of hours worked per week: _____

(8.) Office Telephone Number: (502) 852-1371 E-Mail Address: [redacted]

(9.) Do you intend to practice medicine in Kentucky? [X] Yes [ ] No
If "NO" please specify reason for registering your Kentucky license: _____

(10.) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [X] Yes [ ] No

(11.) Specialty: Obstetrics/Gynecology

(12.) Type of Practice *(Please Indicate Below If Different)*: Hospital Based

[X] Hospital Based	[ ] Resident/Fellow	[ ] Military	[ ] Retired/Semi-Retired
[ ] Instructor	[X] Private Practice	[ ] Research	[ ] Locum Tenens
[ ] Administrative Medicine	[ ] Occupational Medicine	[ ] Emergency Medicine	[ ] Public Health/Government

(Over)

1999 Application for Registration of Kentucky Medical/Osteopathic License

Name: Resad Pasic M.D. **KY License Number:** 30233

*** If you answer "*Yes*" to questions (13.), (14.), or (15.), please attach a written explanation. ***

(13.) Since you last registered your Kentucky license, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regard to any of the following:

a. medical or osteopathic licensure in any state or Canadian province, including Kentucky;
[ ] Yes [✓] No

b. membership or association in any medical or osteopathic association, society or specialty board;
[ ] Yes [✓] No

c. controlled substance permit issued by any state or the United States (DEA);
[ ] Yes [✓] No

(14.) Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?
[ ] Yes [✓] No

(15.) Since you last registered, have you been convicted for violation of any felony or misdemeanor under the laws of any state or of the United States?
[ ] Yes [✓] No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: [signature] Date: 12. 18. 98

••• Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned •••

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DEC 21 1998
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FEB 09 1999
K.B.M.L.

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

1999 Application for Registration of Kentucky Medical/Osteopathic License

Name: Resad Pasic M.D. KY License No: 30233

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

If applicable, these questions should be read to include the clause, "Other than what is known already to the Kentucky Physicians Health Foundation – Impaired Physicians Program..."

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

** * * If You Answer "Yes" To Questions (1.), Or (2) Please Attach A Written Explanation. * * **

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and or dependency?

[redacted]

See above exemption

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: [signature] Date: 12·18·98

• • • Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned • • •

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K.B.M.L.

For Office Only: $125.00 | Check # 54692
$175.00 | Check #
$225.00 | Check #

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2001
Registration Fee $125.00

If you practice in Kentucky or if you practice outside the Commonwealth and wish to maintain an active Kentucky medical/osteopathic license, complete this form, sign and return with your $125.00 annual registration fee to this office in the enclosed envelope. The deadline for registration is March 1. Late Registration (After March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee. Should you fail to register before April 1, 2001, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1, 2001, will be imposed an additional $100.00 fee. This form must be completed in its entirety and received with proper payment or it will be returned.

(Please print or type changes)

Kentucky License No. 30233

(1.) Name: Resad Pasic, M.D.

(2.) Social Security Number: [redacted]

(3.) Date of Birth: [redacted]

(4.) Mailing Address: UL, OB/GYN 550 S. Jackson
City: Louisville State: KY Zip Code: 40202
Country:

(5.) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post Office address will no longer be accepted.)

City & State: _____ Zip Code: _____

(6.) Practice Address if Different from Mailing Address: _____

City & State: _____ Zip Code: _____

(7.) Principal KY Practice County: Jefferson Percent of Practice in that county: 100 %

(a.) List other KY counties in which you practice and percentage of practice occurring in each county:
County: _____, _____%
County: _____, _____%
County: _____, _____%

(b.) Average total number of hours worked per week: _____

(8.) Office Telephone Number: (502) 852-6049 E-Mail Address: [redacted]

(9.) Do you intend to practice medicine in Kentucky? [✓] Yes [ ] No
If "NO" please specify reason for registering your Kentucky license: _____

(10.) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [✓] Yes [ ] No

(11.) Specialty: Obstetrics/Gynecology

(12.) Type of Practice:

[ ] Hospital Based
[✓] Instructor
[ ] Administrative Medicine
[ ] Resident/Fellow
[ ] Private Practice
[ ] Occupational Medicine
[ ] Military
[ ] Research
[ ] Emergency Medicine
[ ] Retired/Semi-Retired
[ ] Locum Tenens
[ ] Public Health/Government

(Over)

Application for Registration of Kentucky Medical/Osteopathic License for Year 2001

Name: Resad Pasic, M.D. **KY License Number: 30233**

(13) Since you registered your Kentucky medical/osteopathic license for the year 2000:

(a) Have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, or restricted by a State, Federal, or International authority, or have you surrendered such credential to avoid action or in connection with disciplinary investigation/action by such jurisdiction?
☐ Yes ☑ No

(b) Has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐ Yes ☑ No

(c) Have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital, while under investigation or while you were subject to disciplinary proceedings by the hospital?
☐ Yes ☑ No

(d) Have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐ Yes ☑ No

(e) Has the Drug Enforcement Administration or any other state or international drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐ Yes ☑ No

(f) Have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐ Yes ☑ No

(g) Have you been or are you currently under investigation by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☑ No

(h) Are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☑ No

(i) Have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐ Yes ☑ No

(j) To your knowledge, are you the subject of an investigation for a criminal act?
☐ Yes ☑ No

(k) Have you had to pay a judgement in a malpractice action or other civil action against your medical practice or are there any malpractice or other civil actions against your medical practice presently pending in any court?
☐ Yes ☑ No

If you answer "Yes" to question 13 a-k please attach a written explanation.

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: _____ Date: 12-15-00

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2001

Name: Rosad Pasic, M.D. KY License No: 30233

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

** * * If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation. * * **

(1.) Since you registered your license for the year 2000, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

(2.) Since you registered your license for the year 2000, have you suffered from or been treated for drug or alcohol abuse and or dependency?

[redacted]

See above exemption

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: _____ Date: 12-15-00

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned

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FEB 1 8 2000

K.B.M.L.

For Office Only: $125.00 [✓] Check # 32171
$150.00 [ ] Check #
$200.00 [ ] Check #

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2000
Registration Fee $125.00

If you practice in Kentucky or if you practice outside the Commonwealth and wish to maintain an active Kentucky medical/osteopathic license, complete this form, sign and return with your $125.00 annual registration fee to this office in the enclosed envelope. The deadline for registration is March 1. Late Registration (After March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee. Should you fail to register before April 1, 2000, your license will become inactive and subsequent practice in Kentucky will be considered the unauthorized practice of medicine or osteopathy. Anyone registering after April 1, 2000, will be imposed an additional $100.00 fee. This form must be completed in its entirety.

(Please print or type changes)

Kentucky License No. 30233

(1.) Name: Resad Pasic, M.D.

(2.) Social Security Number: [redacted] (3.) Date of Birth: [redacted]

(4.) Mailing Address: UL, OB/GYN 550 S. Jackson
City: Louisville State: KY Zip Code: 40202
Country:

(5.) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post Office address will no longer be accepted.)

City & State: _____ Zip Code: _____

(6.) Practice Address if Different from Mailing Address: _____

City & State: _____ Zip Code: _____

(7.) Principal KY Practice County: Jefferson Percent of Practice in that county: 100 %

(a.) List other KY counties in which you practice and percentage of practice occurring in each county:
County: _____, _____%
County: _____, _____%
County: _____, _____%

(b.) Average total number of hours worked per week: _____

(8.) Office Telephone Number: (502) 852-1371 E-Mail Address: [redacted]

(9.) Do you intend to practice medicine in Kentucky? [✓] Yes [ ] No
If "NO" please specify reason for registering your Kentucky license: _____

(10.) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [ ] Yes [ ] No

(11.) Specialty: Obstetrics/Gynecology

(12.) Type of Practice:

[✓] Hospital Based
[ ] Instructor
[ ] Administrative Medicine
[ ] Resident/Fellow
[ ] Private Practice
[ ] Occupational Medicine
[ ] Military
[ ] Research
[ ] Emergency Medicine
[ ] Retired/Semi-Retired
[ ] Locum Tenens
[ ] Public Health/Government

(Over)

Application for Registration of Kentucky Medical/Osteopathic License for Year 2000

Name: Resad Pasic, M.D. **KY License Number:** 30233

*** * * If you answer "Yes" to question (13), please attach a written explanation. * * ***

(13) Since you last registered your Kentucky medical/osteopathic license:

(a) Have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, or restricted by a State, Federal, or International authority, or have you surrendered such credential to avoid action or in connection with disciplinary investigation/action by such jurisdiction?
☐ Yes ☑ No

(b) Has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐ Yes ☑ No

(c) Have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital, while under investigation or while you were subject to disciplinary proceedings by the hospital?
☐ Yes ☑ No

(d) Have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐ Yes ☑ No

(e) Has the Drug Enforcement Administration or any other state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐ Yes ☑ No

(f) Have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐ Yes ☑ No

(g) Have you been or are you currently under investigation by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☑ No

(h) Are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☑ No

(i) Have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐ Yes ☑ No

(j) To your knowledge, are you the subject of an investigation for a criminal act?
☐ Yes ☑ No

(k) Have you had to pay a judgement in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
☐ Yes ☑ No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: _____ Date: 2/8/2000

** * * Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned * * **

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FEB 18 2000
K.B.M.L.

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2000

Name: Resad Pasic, M.D. KY License No: 30233

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

** * * If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation. * * **

See above exemption

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and or dependency?

[redacted]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: _____ Date: _____

• • • Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned • • •

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FEB 18 2000
K.B.M.L.

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Telephone: (502) 429-8046

* * Continuing Medical Education Certification Form * * *

1.) **Name: Pasic, Resad , M.D.**

2). **License Number: 30233**

3.) **Specialty: Obstetrics/Gynecology**

4.) **Current CME Cycle: January 1, 1997 – December 31, 1999**

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

(a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
(b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
(c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (60) hours of CME before the end of the cycle;
(d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
(e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion if twenty (20 hours of CME before the end of the cycle.

In order to comply with this requirement, please answer the following:

1. Have you completed your CME requirements for the current CME cycle noted in item (4)?
   [✓] Yes [ ] No

2. As part of the CME requirement, have you completed the 2 hours in an HIV/AIDS course approved by the Cabinet for Health Services?
   [✓] Yes [ ] No

3. Did you have an active Kentucky medical license during the years of the CME cycle noted in item (4)?
   First year of cycle? [✓] Yes [ ] No
   Second year of cycle? [✓] Yes [ ] No
   Third year of cycle? [✓] Yes [ ] No

4. Did you obtain initial licensure in Kentucky during the years of the CME cycle noted in item (4)?
   First year of cycle? [ ] Yes [✓] No
   Second year of cycle? [ ] Yes [✓] No
   Third year of cycle? [ ] Yes [✓] No

5. If you are a primary care physician and held a Kentucky license on or before June 30, 1996, did you complete the approved 3 hour domestic violence requirement?
   [✓] Yes [ ] No [ ] Not Applicable

(Signature) (Date) 2-8-2000

(12/98)

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JAN 0 2 2002
K.B.M.L.

For Office Use Only: $125.00 [✓] Check # 37216
$175.00 [ ] Check #
$225.00 [ ] Check #

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2002

Registration Fee: $125.00

Late Registration (After March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee. After April 1, 2002, you will be imposed an additional $100.00 fee.

Resad Pasic, M.D.
UL, OB/GYN
550 S Jackson St
Louisville, KY 40202-1622

Kentucky License No. 30233

1) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

2) Practice Address if Different from Mailing Address: _____
(Practice address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

3) Principal KY Practice County: JEFFERSON Percent of Practice in that County: 100 %

(a.) List other KY counties in which you practice and percentage of practice occurring in each county:

County: _____, _____%

County: _____, _____%

County: _____, _____%

(b.) Average total number of hours worked per week: _____

4) Office Telephone Number: (502) 852 6049

5) E-Mail Address (For Office Use Only): [redacted]

6) Do you intend to practice medicine in Kentucky? [✓] Yes [ ] No
If "NO" please specify reason for registering your Kentucky license: _____

7) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [✓] Yes [ ] No

8) Specialty: **Obstetrics/Gynecology**

9) Type of Practice:

[ ] Hospital Based
[✓] Faculty
[ ] Administrative Medicine
[ ] Resident/Fellow
[✓] Private Practice
[ ] Occupational Medicine
[ ] Military
[ ] Research
[ ] Emergency Medicine
[ ] Retired
[ ] Semi-Retired
[ ] Locum Tenens
[ ] Public Health/Government

Application for Registration of Kentucky Medical/Osteopathic License for Year 2002

Name: Resad Pasic, M.D. **KY License No: 30233**

10) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
☐Yes ☑No

11) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐Yes ☑No

12) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☑No

13) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐Yes ☑No

14) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐Yes ☑No

15) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐Yes ☑No

16) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities notes above?
☐Yes ☑No

17) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☑No

18) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐Yes ☑No

19) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐Yes ☑No

20) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
☐Yes ☑No

21) Since you last registered have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
☐Yes ☑No

If you answer "Yes" to question 10 - 21, please attach a written explanation.

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: _____ **Date:** 12-19-01

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2002

Name: Resad Pasic, M.D. **KY License No: 30233**

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

** * * If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation. * * **

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[redacted]

See above exemption

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: Rone Date: 12-19-01

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

RECEIVED

JAN 15 2003

K.B.M.L.

For Office Use Only: $125.00 [✓] Check# 39371
$175.00 [ ] Check#_____
$225.00 [ ] Check#_____

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2003

Registration Fee: $125.00

Late Registration (After March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee. After April 1, 2003, you will be imposed an additional $100.00 fee.

Name: Resad Pasic, M.D. **Kentucky License No:** 30233

Mailing Address: 550 S Jackson St
UL, OB/GYN
Louisville, KY 40202-1622

1) Please indicate any changes/updates to mailing address as listed above:

Street: _____

(Mailing address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

2) Practice Address if Different from Mailing Address: _____

(Practice address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

3) Principal KY Practice County: JEFFERSON Percent of Practice in that County: 799 %

(a.) List other KY counties in which you practice and percentage of practice occurring in each county:

County: _____, _____%

County: _____, _____%

County: _____, _____%

(b.) Average total number of hours worked per week: 40

4) Office Telephone Number: (502) 852 6049

5) E-Mail Address (For Office Use Only): [redacted]

6) Do you intend to practice medicine in Kentucky? [✓] Yes [ ] No
If "NO" please specify reason for registering your Kentucky license: _____

7) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [✓] Yes [ ] No

8) Specialty: **Obstetrics/Gynecology**

9) Type of Practice:

[✓] Hospital Based	[ ] Resident/Fellow	[ ] Military	[ ] Retired
[✓] Faculty	[✓] Private Practice	[ ] Research	[ ] Semi-Retired
[ ] Administrative Medicine	[ ] Occupational Medicine	[ ] Emergency Medicine	[ ] Locum Tenens
			[ ] Public Health/Government

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, KY 40222
Telephone: (502) 429-8046
www.kbml.org

Continuing Medical Education Information

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians wishing to maintain their Kentucky medical license to obtain 60 hours of CME every three years. This is the final year of the current three-year cycle (January 1, 2000 through December 31, 2002). Thirty of these required hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities. Two of the total 60 hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health Services. **Please do not send documentation of your CME credits to the Board unless requested.**

Request For Extension To Complete Required CME Hours

If you have not satisfied the CME requirements as stated above, you may request an extension of time. According to 201 KAR 9:310. section 4, "The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle."
In order to request an extension, please complete the section below, sign, date and return to the Board with the enclosed renewal form.

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2000 – December 31, 2002. I did not complete the required hours because: (please provide explanation)

_____

_____

_____

_____ _____
Printed Name Kentucky License Number

_____ _____
Signature Date

Danny M. Clark, M.D.
President

Telephone (502) 429-8046
Fax (502) 429-9923

KENTUCKY BOARD OF MEDICAL LICENSURE

Hurstbourne Office Park
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
www.kbml.org

Continuing Medical Education Certification Form

(1.) Name: RESAD PASIC (2.) License Number: 30233

(3.) Address: DEPT. OB/GYN S. JACKSON ST LOUISVILLE, KY 40202

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

(a) *A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;*
(b) *If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.*
(c) *A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (60) hours of CME before the end of the cycle;*
(d) *A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;*
(e) *A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion if twenty (20) hours of CME before the end of the cycle.*

In order to comply with this requirement, please answer the following:

1. Have you completed your CME requirements for the CME cycle ***1/1/2000 – 12/31/2002***?
   Yes ☒ No ☐

2. Did you have an active Kentucky medical license during the years of the CME cycle ***1/1/2000 – 12/31/2002***?

First year of cycle	(1/1/2000 – 12/31/2000)	Yes ☒	No ☐
Second year of cycle	(1/1/2001 – 12/31/2001)	Yes ☒	No ☐
Third year of cycle	(1/1/2002 – 12/31/2002)	Yes ☒	No ☐

3. Did you obtain initial licensure in Kentucky during the years of the CME cycle ***1/1/2000 – 12/31/2002***?

First year of cycle	(1/1/2000 – 12/31/2000)	Yes ☐	No ☒
Second year of cycle	(1/1/2001 – 12/31/2001)	Yes ☐	No ☒
Third year of cycle	(1/1/2002 – 12/31/2002)	Yes ☐	No ☒

Signature

12-15-02
Date

** Years of the cycle will change each CME cycle.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2003

Name: Resad Pasic, M.D. **License No: 30233**

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[redacted]

See above exemption

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: [signature] Date: 12-15-02

If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned

Application for Registration of Kentucky Medical/Osteopathic License for Year 2003

Name: Resad Pasic, M.D. **KY License No: 30233**

1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
☐Yes ☑No

2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐Yes ☑No

3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☑No

4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐Yes ☑No

5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐Yes ☑No

6) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐Yes ☑No

7) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities notes above?
☐Yes ☑No

8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☑No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐Yes ☑No

10) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐Yes ☑No

11) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
☐Yes ☑No

12) Since you last registered have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
☐Yes ☑No

13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐Yes ☑No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to KRS 311.595.

Applicant Signature: _____ **Date:** 12-15-02

If you answer "Yes" to question 10 - 22, please attach a written explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received

RECEIVED
JAN 19 2004
K.B.M.L.

For Office Use Only: ~~$125.00~~ $500. [ ] Check # 120
$175.00 [ ] Check #
$225.00 [ ] Check #

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2004
Registration Fee: $125.00

Late Registration (After March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee. After April 1, 2004, you will be imposed an additional $100.00 fee.

Please answer all questions on this application.
Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Name: Resad Pasic, M.D. **Kentucky License No:** 30233

Mailing Address: 550 S Jackson St
UL, OB/GYN
Louisville, KY 40202-1622

1) Please indicate any changes/updates to mailing address as listed above:

Street: _____
(Mailing address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

2) Practice Address if Different from Mailing Address: _____

(Practice address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

3) Principal KY Practice County: _____ Percent of Practice in that County: _____%

Average total number of hours worked per week: _____

4) Office Telephone Number: (502) 852 6049

5) E-Mail Address (For Office Use Only): [redacted]

6) Do you intend to practice medicine in Kentucky? [✓] Yes [ ] No
If "NO" please specify reason for registering your Kentucky license: _____

7) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [✓] Yes [ ] No

8) Specialty: Obstetrics/Gynecology

9) Type of Practice:

[X] Hospital Based
[X] Faculty
[ ] Administrative Medicine
[ ] Resident/Fellow
[X] Private Practice
[ ] Occupational Medicine
[ ] Military
[ ] Research
[ ] Emergency Medicine
[ ] Retired
[ ] Semi-Retired
[ ] Locum Tenens
[ ] Public Health/Government

Application for Registration of Kentucky Medical/Osteopathic License for Year 2004

KY License No: 30233

Name: Resad Pasic, M.D.

10) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
☐ Yes ☒ No

11) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐ Yes ☒ No

12) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☒ No

13) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐ Yes ☒ No

14) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐ Yes ☒ No

15) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐ Yes ☒ No

16) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities notes above?
☐ Yes ☒ No

17) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐ Yes ☒ No

18) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐ Yes ☒ No

19) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐ Yes ☒ No

20) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
☐ Yes ☒ No

21) Since you last registered have you had to pay a judgment in a malpractice action or other civil action against your medical practice or are any malpractice or other civil actions against your medical practice presently pending in any court?
☐ Yes ☒ No

22) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐ Yes ☒ No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature: _____ **Date:** 12-16-03

If you answer "Yes" to question 10 - 22, please attach a written explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2004

Name: Resad Pasic, M.D. **License No: 30233**

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

See above exemption

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature: _____ Date: 12-16-03

If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

RECEIVED

FEB 8 -

K.B.M.L.

$750 —

For Office Use Only: ~~$125.00~~ [ ] Check # 1518386
$175.00 [ ] Check #
$225.00 [ ] Check #

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2005

Registration Fee: $125.00

Late Registration (After March 1, but before April 1) may be made by payment of an additional $50.00 penalty fee. After April 1, 2005, you will be imposed an additional $100.00 fee.

Please answer all questions on this application.
Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Name: Resad Pasic, M.D. **License No:** 30233

Mailing Address: 550 S Jackson St
UL, OB/GYN
Louisville, KY 40202-1622

1) Please indicate any changes/updates to mailing address as listed above:

Street: _____

(Mailing address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

2) Practice Address if Different from Mailing Address: _____

_____

(Practice address must be a street address; Post office address will no longer be accepted.)

City & State: _____ Zip Code: _____

3) Principal KY Practice County: JEFFERSON Percent of Practice in that County: 95 %

Average total number of hours worked per week: _____

4) Office Telephone Number: (502) 852 - 1371

5) E-Mail Address (For Office Use Only): [redacted]

6) Do you intend to practice medicine in Kentucky? [✓] Yes [ ] No
If "NO" please specify reason for registering your Kentucky license: _____

7) Do you currently have hospital staff privileges within the Commonwealth of Kentucky? [✓] Yes [ ] No

8) Specialty: **Obstetrics/Gynecology**

9) Type of Practice:

[ ] Hospital Based	[ ] Resident/Fellow	[ ] Military	[ ] Retired
[✓] Faculty	[✓] Private Practice	[ ] Research	[ ] Semi-Retired
[ ] Administrative Medicine	[ ] Occupational Medicine	[ ] Emergency Medicine	[ ] Locum Tenens
			[ ] Public Health/Government

Application for Registration of Kentucky Medical/Osteopathic License for Year 2005

Name: Resad Pasic, M.D. **License No: 30233**

10) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
☐Yes ☑No

11) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐Yes ☑No

12) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☑No

13) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐Yes ☑No

14) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐Yes ☑No

15) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐Yes ☑No

16) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities noted above?
☐Yes ☑No

17) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☑No

18) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐Yes ☑No

19) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
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20) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
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21) Since you last registered have you had to pay a judgment exceeding $100,000 in a malpractice action or other civil action against your medical practice?
☐Yes ☑No

22) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐Yes ☑No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature: _____ **Date:** 12-20-04

If you answer "Yes" to question 10 - 22, please attach a written explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2005

Name: Resad Pasic, M.D. **License No: 30233**

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[redacted]

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

See above exemption

Applicant Signature: _____ Date: 12-20-04

If You Answer "Yes" To Questions (1) Or (2) Please Attach A Written Explanation.

Only Completed Applications Will Be Processed; Incomplete Applications Or Applications Received Without Payment Will Be Returned.

$1125 -

RECEIVED

FEB 13 2006

K.B.M.L.

For Office Use Only: $125.00 [✓] Check # 1592949
$175.00 [ ] Check #
$225.00 [ ] Check #

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2006
Registration Fee: $125.00

Late Registration After March 1, but before April 1, may be made by payment of an additional $50.00 fee. After April 1, 2006, you will be imposed an additional $100.00 fee.

All questions on this application must be answered and received with the correct renewal fee. Applications with unanswered questions will be returned to you, which will create a delay in timely processing.

Note: *Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.*

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes", providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

(Please Type or Print)

1) Name: RESAD PASIC, MD 2) KY License No.: 30233

3) Mailing Address: UL, OB/GYN 550 S. JACKSON ST LOUISVILLE
(Street) (City)

Kentucky 40202
(State or Country) (Zip Code)

4) Practice Address:
(Note: Primary Practice address appears on the KBML Physician Profile at www.kbml.ky.gov.)

Primary Practice Address UL, OB/GYN 550 S. JACKSON ST LOU
(Street) (City)

KY 40202
(State or Country) (Zip Code)

5) Office Telephone Number: (502) 561 - 7464

6) E-Mail Address (***For Office Use Only***): [redacted]

Application for Registration of Kentucky Medical/Osteopathic License for Year 2006

Name: Resad Pasic, MD License No.: 30233

7) Are you currently practicing in Kentucky? ☑ Yes ☐ No

8) Please provide KY County and number of hours worked weekly in this county:

(a) County: Jefferson

(b) Number of hours worked weekly in this county: 40

If you have additional practice counties in Kentucky, please indicate so below:

a) Additional Practice County in KY: NA
Number of hours worked weekly in this county: _____

b) Additional Practice County in KY: NA
Number of hours worked weekly in this county: _____

9) Do you currently have hospital staff privileges in Kentucky? ☑ Yes ☐ No

10) Do you currently have a collaborative agreement with an ARNP? ☐ Yes ☐ No

11) Do you have plans to practice medicine in Kentucky during the year? ☑ Yes ☐ No

12) Specialty: OB/GYN

13) Type of Practice:

☐ Hospital Based	☐ Resident/Fellow	☐ Military	☐ Retired
☑ Faculty	☑ Private Practice	☐ Research	☐ Semi-Retired
☐ Administrative Medicine	☐ Occupational Medicine	☐ Emergency Medicine	☐ Locum Tenens
			☐ Public Health/Government

Questions (14) and (15) regarding gender and ethnicity are voluntary:

14) Gender [redacted]

15) Race/Ethnicity

[redacted]

Application for Registration of Kentucky Medical/Osteopathic License for Year 2006

Name: Besad Pasic, MD **License No.:** 30233

1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?
☐Yes ☑No

2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?
☐Yes ☑No

3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☑No

4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
☐Yes ☑No

5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
☐Yes ☑No

6) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?
☐Yes ☑No

7) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities noted above?
☐Yes ☑No

8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?
☐Yes ☑No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?
☐Yes ☑No

10) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
☐Yes ☑No

11) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
☐Yes ☑No

12) Since you last registered have you had to pay a judgment exceeding $250,000 in a malpractice action or other civil action against your medical practice?
☐Yes ☑No

13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
☐Yes ☑No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature: _____ **Date:** 1-23-06

If you answer "Yes" to questions 1 - 13, please attach a written explanation.

Application for Registration of Kentucky Medical/Osteopathic License for Year 2006

Name: Resad Pasic, MD License No.: 30233

The answers to these questions are exempt from public disclosure under KRS 61.878(1) (a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

1) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

2) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[redacted]

See above exemption

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

Applicant Signature: _____ Date: 1-23-06

If You Answer "Yes" To Questions 1 or 2, Please Attach A Written Explanation.

Kentucky Board of Medical Licensure

Continuing Medical Education Certification Form

CME Cycle: January 1, 2003 – December 31, 2005

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities. Two of the total sixty hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health and Family Services every ten-year period. Physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

(a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
(b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
(c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (60) hours of CME before the end of the cycle;
(d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
(e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion if twenty (20) hours of CME before the end of the cycle.

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle. If you have not completed the required hours noted above in sections (a) – (e), please complete the **"Request for Extension to Complete Required CME Hours"** which is included with this application. Payment of $100.00 will be required in order to request this extension. **It should be noted that failure to complete this form, pay the extension fee and return with your 2006 renewal application will result in delay of your renewal application being processed.**

Name: RESAD PARIC MD License Number: 30233

Address: UL, OB/GYN 550 S. JACKSON LOU KY 40202

In order to comply with this requirement, please answer the following:

Have you completed your CME requirements for the CME cycle ***1/1/2003 – 12/31/2005***?

☑ Yes ☐ No

Signature

1-23-06

Date

Please do not send documentation of your CME hours to the Board unless requested.

For Office Use Only: $100 _____

Kentucky Board of Medical Licensure
Continuing Medical Education
Extension Fee: $100.00

Request For Extension To Complete Required CME Hours

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will access a $100.00 fee. According to 201 KAR 9:310. section 4, "*The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle.*"

In order to request an extension, please complete the section below, sign, date and return to the Board with the enclosed 2006 renewal application and fee. You will receive correspondence from the Board after April 1, 2006 accepting your extension request with instructions for submitting required CME hours. **Your extension acceptance letter will be mailed separate from your wallet card.**

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2003 – December 31, 2005. I did not complete the required hours because: (please provide explanation)

_____

_____

_____

_____

_____

_____

Reminder: Please enclose the $100.00 extension fee when returning application.

_____ Printed Name

_____ Kentucky License Number

_____ Signature

_____ Date

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

Registration Fee: $150.00

Late Registration After March 1, but before April 1, may be made by payment of an additional $50.00 fee. After April 1, 2007, you will be imposed an additional $100.00 fee. All questions on this application must be answered and received with the correct renewal fee. Applications with unanswered questions will be returned to you, which will create a delay in timely processing.

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes", providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

1) Name:	Resad Pasic
2) KY License No.:	30233
3) Mailing Address:	UL, OB/GYN Louisville, KY 40202
4) Practice Address:	UL, OB/GYN Louisville, KY 40202
5) Office Telephone Number:	5025617465
6) E-mail Address:	[redacted]

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

7) Are you currently practicing in Kentucky? Yes

8) Please provide KY County and number of hours worked weekly in this county:

a) County: Jefferson

b) Number of hours worked weekly in this county: 40

If you have additional practice counties in Kentucky, please indicate so below:

a) Additional Practice County in KY:

Number of hours worked weekly in this county:

b) Additional Practice County in KY:

Number of hours worked weekly in this county:

9) Do you currently have hospital staff privileges in Kentucky? Yes

10) Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)?

No

11) Do you have plans to practice medicine in Kentucky during the year?

12) Specialty: Obstetrics/Gynecology

13) Type of Practice: Faculty

14) Gender: [redacted]

15) Race/Ethnicity: [redacted]

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?

No

2) Since you last registered have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction?

No

3) Since you last registered have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority?

No

4) Since you last registered has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5) Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?

No

6) Since you last registered has any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimanded, placed on probation or otherwise disciplined your staff privileges?

No

7) Since you last registered have you resigned your privileges or failed to renew privileges at a licensed hospital or from the medical staff of the hospital or any other health care entity, while under investigation or while you were subject to disciplinary proceedings by any of the entities noted above?

No

8) Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority?

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10) Since you last registered have you been convicted of a felony or misdemeanor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?

No

11) Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?

No

12) Since you last registered have you had to pay a judgment of $250,000 or greater in a malpractice action or other civil action against your medical practice?

No

13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2007

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them. "Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

See above exemption

1) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

2) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

☑ **I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.**

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

Lic. # 30233
Renewal Date: 1/21/2008 2:23:18 PM

Registration Fee: $150.00

Late Registration After March 1, but before April 1, may be made by payment of an additional $50.00 fee. After April 1, 2008, you will be imposed an additional $100.00 fee. All questions on this application must be answered and received with the correct renewal fee. Applications with unanswered questions will be returned to you, which will create a delay in timely processing.

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes", providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

1) Name:	Resad Pasic
2) KY License No.:	30233
3) Mailing Address:	University Ob/Gyn Associates, PSC Louisville, KY 40202
4) Practice Address:	UL, OB/GYN Louisville, KY 40202
5) Office Telephone Number:	5025617463
6) E-mail Address:	[redacted]

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

Lic. # 30233
Renewal Date: 1/21/2008 2:23:18 PM

7) Are you currently practicing in Kentucky? Yes

8) Please provide KY County and number of hours worked weekly in this county:

a) County: Jefferson

b) Number of hours worked weekly in this county: 50

If you have additional practice counties in Kentucky, please indicate so below:

a) Additional Practice County in KY:

Number of hours worked weekly in this county:

b) Additional Practice County in KY:

Number of hours worked weekly in this county:

9) Do you currently have hospital staff privileges in Kentucky? Yes

10) Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)?

No

11) Do you have plans to practice medicine in Kentucky during the year?

12) Specialty: Obstetrics/Gynecology

13) Type of Practice: Faculty

14) Gender: [redacted]

15) Race/Ethnicity: [redacted]

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

Lic. # 30233
Renewal Date: 1/21/2008 2:23:18 PM

1) Since you last registered have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority?

No

2) Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3) Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4) Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5) Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6) Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7) Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

8) Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society

No

10) Since you last registered, have you entered a guilty plea, nolo contendere plea or Alford plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11) Since you last registered, have you had to pay a judgment of $250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12) Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2008

Lic. # 30233
Renewal Date: 1/21/2008 2:23:18 PM

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them. "Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.

If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

1) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

2) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[redacted]

See above exemption

☑ **I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.**

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 30233

Renewal Date/Time: 1/7/2009 9:11:36 AM

The fee to renew a license is $150.00. Registrations taking place after March 1 but before April 1 will be assessed an additional $50 fee per license. After April 1, 2009, you should contact the Board in order to reinstate a license.

Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer, "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action.

If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Note: You cannot change your name through this renewal application.

You will need to notify the Board in writing of a name change. However, you may proceed with your renewal and notify the Board afterwards.

Please verify your mailing address and indicate whether or not it is correct. If the address is incorrect, you may edit it. If you reside outside the United States, please choose "Out-of-Country" in the drop-down selection for State..

Name:	Resad Pasic
KY License No.:	30233
Mailing Address:	University Ob/Gyn Associates, PSC Louisville, KY 40202
Practice Address:	UL, OB/GYN Louisville, KY 40202
Office Telephone Number:	5025617463
E-mail Address:	[redacted]

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 30233

Renewal Date/Time: 1/7/2009 9:11:36 AM

1) Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?

No

2) Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?

No

3) Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

4) Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?

No

5) Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?

No

6) Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?

No

7) Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?

No

8) Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?

No

9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society?

No

10) Since you last registered, have you entered a guilty plea, nolo contendere plea or Alford plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?

No

11) Since you last registered, have you had to pay a settlement or judgment of $250,000 or greater in a malpractice action or other civil action against your medical practice?

No

12) Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?

No

13) Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?

No

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 30233

Renewal Date/Time: 1/7/2009 9:11:36 AM

The answers to the following questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

"Illegal drug use" means the use of an illegally obtained controlled substance or dangerous drug; the term "illegal drug use" also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug. If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

1) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

2) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

See above exemption

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 30233

Renewal Date/Time: 1/7/2009 9:11:36 AM

Are you currently retired from the practice of medicine? No

Gender: [redacted]

Race/Ethnicity: [redacted]

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 30233

Renewal Date/Time: 1/7/2009 9:11:36 AM

Are you currently practicing in Kentucky? Yes

Please provide KY County and number of hours worked weekly in this county:

a) County: Jefferson

b) Number of hours worked weekly in this county: 50

If you have additional practice counties in Kentucky, please indicate so below:

a) Additional Practice County in KY:

Number of hours worked weekly in this county:

b) Additional Practice County in KY:

Number of hours worked weekly in this county:

Do you currently have hospital staff privileges in Kentucky? Yes

Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)? No

Do you have plans to practice medicine in Kentucky during the year? Yes

Specialty: Obstetrics/Gynecology

Type of Practice: Faculty

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 30233

Renewal Date/Time: 1/7/2009 9:11:36 AM

CME Certification

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:
(a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
(b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
(c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of sixty (60) hours of CME before the end of the cycle;
(d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
(e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion of twenty (20) hours of CME before the end of the cycle.

Have you completed your CME requirements for the CME cycle 1/1/2006-12/31/2008?

Yes

(Note: Continuing Medication Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians wishing to maintain their Kentucky medical license to obtain 60 hours of CME every three years. The CME cycle for which you are reporting is January 1, 2006 through December 31, 2008. Thirty of these required hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thrity hours may consist of non-supervised personal activities. Two of the total 60 hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health and Family Services every ten year period. Please do not send documentation of your CME credits to the Board unless requested.)

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2009

Lic. # 30233

Renewal Date/Time: 1/7/2009 9:11:36 AM

I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Typing my name serves as my electronic signature. By submitting this application online and typing my name, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by typing my name, I understand that I must file a paper application which includes my written signature.

Resad Pasic

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2010 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: $150.00

Application Renewed On: 01/05/10
Resad Pasic M.D. KY License #: 30233

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

1. Mailing Address: UL, OB/GYN
550 S. Jackson
Louisville, KY 40202

2. Practice Address: University Ob/Gyn Associates, PS
401 E. Chestnut Street
Louisville, KY 40202

3. Phone:

4. Email [redacted]

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

7. Please provide KY County and number of hours worked weekly in this county:
a) county Jefferson
b) Hours 50

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/05/10
Resad Pasic M.D. KY License #: 30233

If you have additional practice counties in Kentucky, please indicate so below:

a) county	Hours	0
b) county	Hours	0

8. Do you currently have hospital staff privileges in Kentucky? Yes

9. Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)? No

10. Do you have plans to practice medicine in Kentucky during the year? Yes

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Gender [redacted]

14. Race [redacted]

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/05/10
Resad Pasic M.D. KY License #: 30233

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?
No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?
No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?
No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?
No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?
No

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/05/10
Resad Pasic M.D. KY License #: 30233

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?
No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?
No

11. Since you last registered, have you had to pay a settlement or judgment of $250,000 or greater in a malpractice action or other civil action against your medical practice?
No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?
No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Resad Pasic, MD
Date: 01/05/10

2010 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/05/10

Resad Pasic M.D. KY License #: 30233

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.
Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.
If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

See above exemption

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Resad Pasic, MD
Date: 01/05/10

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2011 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: $150.00

Application Renewed On: 01/18/11
Resad Pasic M.D. KY License #: 30233

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

1. Mailing Address: UL, OB/GYN
550 S. Jackson
Louisville, KY 40202

2. Practice Address: University Ob/Gyn Associates, PS
401 E. Chestnut Street
Louisville, KY 40202

3. Phone:

4. Email: [redacted]

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

7. Please provide KY County and number of hours worked weekly in this county:
   a) county Jefferson
   b) Hours 40

2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/18/11
Resad Pasic M.D. KY License #: 30233

If you have additional practice counties in Kentucky, please indicate so below:

a) county	Hours	0
b) county	Hours	0

8. Do you currently have hospital staff privileges in Kentucky? Yes

9. Do you currently have a collaborative agreement with an Advanced Registered Nurse Practitioner (ARNP)? Yes

10. Do you have plans to practice medicine in Kentucky during the year? Yes

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Gender [redacted]

14. Race [redacted]

2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/18/11
Resad Pasic M.D. KY License #: 30233

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?
No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?
No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?
No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?
No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?
No

2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/18/11
Resad Pasic M.D. KY License #: 30233

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?
No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?
No

11. Since you last registered, have you had to pay a settlement or judgment of $250,000 or greater in a malpractice action or other civil action against your medical practice?
No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?
No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Resad Pasic, M.D.
Date: 01/18/11

2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/18/11

Resad Pasic M.D. KY License #: 30233

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.
Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.
If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

See above exemption

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Resad Pasic, M.D.
Date: 01/18/11

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2012 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: $150.00

Application Renewed On: 01/29/12
Resad Pasic M.D. KY License #: 30233

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of $1,000.00.

1. Mailing Address: University of Louisville, ACB
Dept. of Ob/Gyn, 2nd Fl, ACB
Louisville, KY 40202

2. Practice Address: University Ob/Gyn Associates, PS
401 E. Chestnut Street
Louisville, KY 40202

3. Phone: (502) 561-7463

4. Email: [redacted]

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/29/12
Resad Pasic M.D. KY License #: 30233

7. Please provide KY County and number of hours worked weekly in this county:

a) county Jefferson
b) Hours 40
401 East Chestnut Street
Louisville, KY 40202

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? Yes

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? No

If so, please list their names.

10. Do you have plans to practice medicine in Kentucky during the year? Yes

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you prescribe controlled substances to patients for a period of more than 90 days? No

15. Gender [redacted]

16. Race [redacted]

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/29/12
Resad Pasic M.D. KY License #: 30233

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?
No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?
No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?
No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?
No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?
No

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/29/12
Resad Pasic M.D. KY License #: 30233

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?
No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?
No

11. Since you last registered, have you had to pay a settlement or judgment of $250,000 or greater in a malpractice action or other civil action against your medical practice?
No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?
No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
No

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Resad Pasic, M.D.
Date: 01/29/12

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/29/12

Resad Pasic M.D. KY License #: 30233

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.
Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.
If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

See above exemption

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[redacted]

X I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Resad Pasic, M.D.
Date: 01/29/12

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/29/12
Resad Pasic M.D. KY License #: 30233

Continuing Medical Education Requirements

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain 60 hours of CME every three years. Thirty hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities. Two of the total sixty hours must be acquired in a HIV/AIDS course approved by the Kentucky Cabinet for Health and Family Services every ten-year period. A physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

(a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
(b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
(c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (60) hours of CME before the end of the cycle;
(d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
(e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion of twenty (20) hours of CME before the end of the cycle.

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle.

1. Have you completed your CME requirements for the CME cycle January 1, 2009 to December 31,2011?
Yes

2012 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/29/12
Resad Pasic M.D. KY License #: 30233

Continuing Medical Education Requirements

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will access a $100.00 fee. According to 201 KAR 9:310. section 4, 'The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle.' In order to request an extension, please provide explanation below. You will receive correspondence from the Board after April 1, 2012 accepting your extension request with instructions for submitting required CME hours. Your extension acceptance letter will be mailed separate from your wallet card.
Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2009 - December 31, 2011. I did not complete the required hours because:

I hereby state that the information I have provided in this application is true, accurate and complete to the best of my knowledge and belief. I understand that any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act. Checking this box serves as my electronic signature. By submitting this application online and checking this box, I waive any claim that my electronic signature is not my actual signature in any disciplinary proceeding based upon an allegation that specific answers in this application are not true. If I refuse to provide this waiver by checking the checkbox, I understand that I must file a paper application which includes my actual signature.

Electronic Signature: Resad Pasic, M.D.
Date: 01/29/12

Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2013 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: $150.00

Application Renewed On: 01/23/13
Resad Pasic M.D. KY License #: 30233

Note: Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. You must answer 'yes' to any question if the event(s) described in that question has actually occurred. You must answer, 'yes' in such circumstances even if you have been advised by an attorney or other person that you may answer 'no'. You must also answer 'yes' in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated 'confidential' by the body involved. After answering 'yes' to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated 'confidential,' attorney has advised that you properly answer 'no'). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer 'yes' to a question, you should err in favor of answering 'yes', providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of $1,000.00.

1. Mailing Address: PO BOX 909

   Louisville, KY 40201

2. Practice Address: University Ob/Gyn Associates, PS
   401 E. Chestnut Street
   Louisville, KY 40202

3. Phone: (502) 561-7463

4. Email [redacted]

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

2013 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/23/13
Resad Pasic M.D. KY License #: 30233

7. Please provide KY County and number of hours worked weekly in this county:

a) county Jefferson
b) Hours 40
401 East Chestnut Street
Louisville, KY 40202

If you have additional practice counties in Kentucky, please indicate so below:

a) county Hours 0

b) county Hours 0

8. Do you currently have hospital staff privileges in Kentucky? Yes

9. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? No

If so, please list their names.

10. Do you have plans to practice medicine in Kentucky during the year? Yes

11. Type of Practice? Faculty

12. Specialty? Obstetrics/Gynecology

13. Do you work in or own a pain/bariatric clinic? No

14. Do you prescribe controlled substances to patients for a period of more than 90 days? No

15. Do you have an active DEA registration in the state of Kentucky? yes

DEA Number(s): BP3922362

16. Gender [redacted]

17. Race [redacted]

2013 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/23/13
Resad Pasic M.D. KY License #: 30233

1. Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board?
No

2. Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board?
No

3. Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
No

4. Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you?
No

5. Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?
No

6. Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?
No

7. Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings?
No

2013 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/23/13
Resad Pasic M.D. KY License #: 30233

8. Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board?
No

9. Since you last registered, have you been removed, suspended, expelled or disciplined by any professional medical association or society?
No

10. Since you last registered, have you entered a guilty plea, nolo contendere plea or 'Alford' plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court?
No

11. Since you last registered, have you had to pay a settlement or judgment of $250,000 or greater in a malpractice action or other civil action against your medical practice?
No

12. Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you?
No

13. Are you currently in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority?
No

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Electronic Signature: Resad Pasic
Date: 01/23/13

2013 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/23/13

Resad Pasic M.D. KY License #: 30233

The answers to these questions are exempt from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answers to these questions may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.
Illegal drug use means the use of an illegally obtained controlled substance or dangerous drug; the term illegal drug use also means the use of a legally obtained controlled substance or dangerous drug which is not taken in accordance with the direction of the licensed health care professional who prescribed the controlled substance or dangerous drug.
If you are currently a participant in the Kentucky Physicians Health Foundation Program (Impaired Physicians Program) or a similar program in another state, make note of your involvement and answer the following questions as they are written.

(1.) Since you last registered, have you suffered from or been treated for any medical and/or psychiatric condition which might impair your ability to continue to practice medicine?

[redacted]

(2.) Since you last registered, have you suffered from or been treated for drug or alcohol abuse and/or dependency?

[redacted]

See above exemption

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Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

2014 Application for Renewal of Kentucky Medical/Osteopathic License -
Renewal Fee: $150.00

Application Renewed On: 02/24/14
Resad Pasic M.D. KY License #: 30233

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2014 Application for Renewal of Kentucky Medical/Osteopathic License

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