Photograph, may

WAIVER	THE PROPERTY.
TO COMPLETE APPLICATION	
BAN 104 1/4/1/4/1/4/4/4/4/4/4/4/4/4/4/4/4/4/4/	Mari San
FORM 1 Hedical Education FORM 27-2 Postgraduate Training: FORM 37-2 Venification	
(電力) (電力) (The state of the	
FDBM 55 References 1	_
FORM 7 - AMA FORM 9 - Federation FORM 10 - Federation	
Studings - Federation	
AND CONTRACT OF LEADING METADONIC TO TAKE A TO A T	in the second se
pedicals Schools Diploma	
Special ty Board Certification & OBG-Jugoslavia	
completed Approved rouses	
neasonable Cause approved date:	
PINITE HALE.	the state of the s
will for approval;	
CHR approved:	
Reppend 1x: Arsey	
Appendix B Constitution of the Constitution of	
ANGEL LEGISLATION OF THE PROPERTY OF THE PROPE	
TEMPORARY PERMIT INFORMATION	
Location -	
Starting date -	
	Chine extens

Photograph may

경기가 되었다.	TP
30233	
LICENCE NUMBER	2-24-94
	DATE ISSUED
RAHE PASIC, Resad	
	DOB & NATIVITY
ADDRESS	
University of Sanatons W.	
Univ of Sarajevo, Yugusla MEDICAL SCHOOL, YEAR	ivia, 1975 -09603
BY EXAM (PA) - FE	OBG 1
• • • •	SPEC & SYATUS
11/29/93 ACKNOWLEDGED	
ACKNOWLEDGED	\$557
\$25 APP FEE PAID #404	
FEES PAID 1/50 #433	OATE RECEIVED 11/23/93
FEES PAID	DATE RECEIVED 1-14-94
TLES PAID	DATE RECEIVED
BOARD APPROVAL 12-15-93 (9/-
13	Waiver)

931075

KENTUCKY BOARD OF MEDICAL LICENSURE
310 Wakington Proy., Sura 18
Louiville, Kentucky 40222

K.B.M.L

NOV 0 2 1993

Application for License to Fractics Medicine/Oetocpy's y by Endoceament (Phrase Print or Type)

					24		
•	-	-	_	_			
	-	•	~		V		٦.
		-	v	_		-	×

Kame In Pull ROSALD		PASIC	
Address		(ks)	N.D.
City, State, Zirocie			(degree)
Social Soundy Humber	5. Tolephone (frome)		
Phone of Birth			ork) (502) 588-6049
7 Specify reseas for requiring medical Hosenurs in Kannacky	I live in Kentucky	Date of Birth	YU
Specify address to Kenty Wwhere you will be aventaling	Intravaity of the		
530 South Jackson Street, Louisvill	University of Loui	SATTIE HOS	ital,
9. in Specify your type of practices (solo, group, teaching, etc.)	Togobing		0.0
10. Ladicate your BCPAIO sumber: (broign medical graduates only	0-292-778-8	Speolaky;	OB/GYN ()DC
American Specialty Scard Cartification:)		the first of the special straight
	Number:	Deta o	Certification:
12. List the name, location and dates of attendance of every sollege NAME	and medical/osteopethic school you	theprosts exad	
LOCATION	DATES (PROM TO)	DEGREE
Scrajevo - Scrajevo - Scrajevo	Sept., 1970 -	Dec., 1979	
		2001/ 13/3	M.D. \
13. La what state or Canadian province die you receive your original	license to precise medicina/ortages	hv9	V -
(#ata/nerodena)		ly, 1992	
14 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			Yes
14. Lin all other metas cod Canadian provinces where you CURRENT STATE/PROVINCE TYPE LIC	TLY HOLD OR HAVE EVER HEL	D any type of much	(entrem)
1.00 december 1.	DAT	B CH HUNDANCE	CURRENT? YES/N
A Commence of the Commence of			The second secon
	2.30		
5. List all internable mulding			
5. List all internable, residency and followable programs you have con PLEASE LIST IN CHRONOLOGICAL ORDER.	releted alone medical/cateopathic ack	sool graduation.	
INTERNATION (List U.S. and Consider only)			
Hosp\$#:			
City, State:			ern zacha nazas
Terra: Marted: (Year & Month)	Completed: (Year &	Moorb	
Hospital Hungara Hospital - University, State Louisville, KY	sity of Louisville		
NAME OF THE PARTY			Sing or year
Termi Marted (Year & Month) Sept., 1988	Completed: (Year &)	Sept.	, 1989
Specially Pleidi OB/GYN			
RESIDENCY: (Lim U.S. and Capadian only) Hospital Humana Hospital Universit			
to Associate Tout - University	y of Louisville		
Cty, Many Louisville, Kentucky			
Torras Started (Year & Month) July, 1992	Completed: (Year & Mc	July,	1994
Speelaky Ploid: OB/GYN			
IN CHILONOLOGICAL ORDER, list all locations where you have	elas to an elas		
IN CHUONOLOGICAL ORDER, the still locations where you have prace explain dates of all extended abunde puriods. LOCATION & CITY, STATE TYPE OF ACTION	Oteo medicina/or eopathy since onu	loing your original	licensure. Also the and
ASSESSMENT TO BUT ACTIVE	TY 	DATES (PAO	
University Medical Center Inter	nship	1976 - 19	
Sarajevo, Yugoslavia Resid	ency	1978 - 19	
Paculi	ty		
William Control of the Control of th	-	1982 - 19	72
(CONTINUED)			
70 (2014)	olere)		4

University of Louisville		
Control of Control 116	Fallow	Sept., 1988 - Sept., 1989
Dept. of OB/GXN	Fellow	July, 1992 - July, 1994.
And the state of t		

17.0) Indicate which becauting examination(s) you have taken. Include all attempts, locations, accres, and deter: BE EXACT, INCLUDE ALL ATTEMPTS.

TYPE (FLEX, NAME, LACC, +++) LOCATION	\$COCE	DATE
Flex Part I & II PA, Harrisburg	72, 74	
Flex Part I & II PA, Pittaburg		Dec., 1992
POME TO COLLEGE	77, 75	Juna, 1993
CIRCLE PORTER TY	77	June, 1993
Louisville	75	March, 1993

IP YOU ANSWER "YES" TO ANY OF THE POLLOWING QUESTIONS, YOU ARE REQUIRED TO FURNISH COMPLETE DETAILS. PLEASE USE A

- 18. Have you ever been dismissed from, resigned while under investigation or falled to complete an academic year at a medical school or in a postgraduate [1783 1200]
- 19. Have you ever been decied a license or dealed the privilege of taking a licensure examination by any state or Canadian Economic authority?
- 21. Has any hospital, bospital modical staff or any other health care facility over revoked, suspended, restricted, limited, reprimended, placed on probables or [] YES (200)
- 12. Has the Federal Drug Enforcement Administration or any state or Canadian drug licensure/enforcement authority ever denied, revoked, suspended, [Imited, or otherwise dissiplined a controlled substance registration certificate issued to you?
- 23. Have you ever voluntarily or involuntarily surrandered a medical or cateopathic license, or controlled substance inglatration certificate issued to you?
- 24. Have you ever been or are you currently under investigation by any state or Canadian Ilcansure authority or any drug Ilcansure/anforcement authority?
- 25. Are any ligal proceedings regarding ficensure presently pending against you by any state or Canadian Heansure authority or any drug licensure/anforcement | YES | TNO
- 26. Have you ever been sharged or been convicted of a felony of misdemeanor by any federal, state or Caradian count [] YES [XNO]
- 27. Are any editional or civil legal sellous presently pending against you in any count
- 21. Have any mappressice sollone or other civil actions relating to your practice been filed against you in the last ten (10) years?
- 19 Have you ever suffered from or been treeted for any mental or emotional problems; or been sujudged of unsound mind?
- 30. Have you gyer suffered from or been treated for cruz or alectrol dependency?
 [] YES [] NO

APPLOAVIT OF APPLICANT, I HERESY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BYLEP. I UNDERSTAND THAT UNDER KENTUCKY LAW THE SUBMISSION OF ANY PALSE, PRAUDULENT OR POROBE STATEMENT, DCCUMENT 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 POR DETERMINION MY QUALIFICATIONS FOR LICENSURE. I ALSO AUTHORIZE THEM TO FURNISH ANY INFORMATION THEY MAY NOW OR IN THE PUTURE HAVE CONCERNING MY QUALIFICATIONS AND FITNESS TO PRACTICE MEDICAL PROPERTY.

How thou and proom to before me by Research of States of Africant this 26 may or Cletable 19 90 (ATTACK)

WONATURE OF HOTARY)

My commission expires: 2 1995

K B.W.L.

\$981075

Leaf of House

EDUCATIONAL COMMISSION for FOREIGN MEDICAL BRADUATES

WAS MARKET STREET, PHILADELPHIA, PENRSYLVANIA 19104, U.S.A. PHONE: 218 334-3600 CABLE: EDGGUNGIL, PHILADELPHIA

APPLICANT HAS NOT MET ALL. AZQUIREMENTS SEPTEMBER 17, 1993

FOR ECTMG CERTIFICATION

EXAMINATION OF

APPLICANT NUMBER

BASIC CLINICAL ENGLISH SCIENCE SCIENCE TEST:

76

PASSED

JULY 13-14. 1993

76

OR RESAD PASIC

DEAR DOCTOR:

THE REPORTS OF YOUR PERFORMANCE ON THE FOREIGN HEDICAL GRADUATE . EXAMINATION IN THE MEDICAL SCIENCES (FREENS) AND THE ECFHC ENGLISH STEST DISCSHOWN ABOVE TO THE STEED OF THE PROPERTY OF THE

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

AT PRESENT. YOU ARE NOT ELIGIBLE FOR ECFNG CERTIFICATION BECAUSE YOU HAVE NOT MET THE HEDICAL CREDENTIAL REQUIREMENTS.

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

NUNTIL YOU MEET ALL OF THE REQUIREMENTS FOR ECHNG CERTIFICATION YOU ARE NOT FELIGIBLE 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.

SECREGIREQUESTS PROGRAM DIRECTORS TO VERIFY WITH ECENG INFORMATION CONTAINED ON SCORE REPORTS.

HARJORIE P. WILSON, M.D.

PASSING PERFORMANCE ON ENGLISH TEST

ENCLOSURE INFORMATION BOOKLET

FORM 1J



THE UNIVERSITY OF SARAJEVO SCHOOL OF MEDICINE

DIPLOMA

for completition of the atudies 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 Hedical School at the University of Sarajevo that

Pasic Hamida Resad

who was born on community of buccessfully completed the studies required for the B.S. sometime degree in the field of General Medicine at the School of Hedicine in Sarajavo, on the day of December 25. 1976, whereby he met all necessary requirements for beeing granted the Bechelor of Science degree diploms.

In testiment of that, this Diploms is conferred to his, 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.

Res. No. 2192/1975

SCHOOL OF HEDICINE
(Prof De Exert Stratic)

UNIVERSITY OF SALLIENO
(Prof. Dr., Zdravko Besscovic).

thereby certified that this is a true translation of the orthonal document

Subactibed and sworn to before me this 22nd day of Junes

My Commission Empires.

Notary Public /State at Large, K)

4,600

13. Us.

Valorija Labudovio

ii. Valerija Labudović, nominaled for an chicle court interpreter, for English by the Republic Secretary of Justice, by the court recision number 05/5-704-14/80, doled June 25, 1990, do cerufy with my signales and seed that this is a true translation of the original propared in Serbo-Crosbus language.

Julio Johnson

BOCIALISTIC REPUBLIC OF BOSNIA AND HEREMOOVINA REPUBLIC COMMITTER FOR HEALTH AND SOCIAL SECURITY SARAJEVO
N. 0:-154-415 1982
Barajavo, July 5 1982

According to the article 241 of the Public Seatth law (official gagatte of Socialistic Republic of Rosnia and Germagovine No 17/80) and the article 36 of the Regulations about the medical, dental, and pharmacoutical residency and other professions in public health (Official gazette of Socialistic Republic of Bosnia and Herzegovine No 22/72), president of the republican committee for health and social security in Gazajevo grants

CERTIFICATE

of board examination

CENTETRICE AND GYNEGOLOGY

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

According to the examining commission

he passed the examination

President of the examining

President of the

Prof dr Dragan Huterer

Prof Dr Soud Brklo

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

STATE OF KENTUCKY) ES

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

NOTARY PUBLIC, STATE AT LARGE, MY.

certified translator

Alternation of the second of t La Valerija Lebudović, pominated for an official court interpreter for English by the Republic Secretary of Justice, by the court fectalor number 05/6-164-14/80, deted June 25: 199), do ceruly with my signature and seal that this is a true translation of the original propered in Soroo-Creatian language.

fino folishe The All Land Control of the Control

Commence of the same of the sa

ण प्रतिक विकासिक

\$\$64.35 \$ 55.5

THE SACRETAGE and the second of the second o Epitalis (Tanari 1912)

Georgia (Tanari 1912)

Georgia (Tanari 1913)

And the second s

and a minimum of the second and the second process with the second

ेद्रार्वेश्वेत हो है। इस के क्षेत्र के विवस्तालय है है

The state of the state of the The same will be a shirt to make the Land State Name of

Property Constraint

APPENDIX C

Hospital Affiliations held for the last 5 years: Dates (from-to) Hospital/Address Tv	and the second of the second o
**************************************	pe of Privileges
1982 - 92 University Medical Center	
Sarajeno	OB/GYN
Sept., 1987 - Sept. Humana Rospital - University of Louisville	OB/GYN I
ONLIGHT OF LOUISV. IIS	OB/GYN J
July, 1997 . Present Humana Hospital - University Of Louisyalle	OB/GYN
	4. 不可以此一次被答 一次是《新聞傳播》

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, commitmion or teaching appointments thring 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, Saite 18 Louisville, Restucky 40222

Change Posts	M.D./D	.O	1/1	71 - 1
(Ploace print)		(Signature)		<u>- </u>
Address				
			,	
TO REFERENCE SOUR	CE: Please complete this for confidential, parament in Kee			
Adress. Your response is	confidential, permant to Ker for information furnished in	im, mga and roturn to	tos Board (KBM	L) at the above sext
relieves anyone of liability	for information furnished in	wood falib	cents pave signed	a Rezeraj Lajeste' A
	PLEASE PRINT OR	YPE ALL INFORM	SATION	
MPODTANT.				
int certainti i tue block	eming time for licensure direc	tly depends on timely	receipt of pritica	I forme much ac this
What nefvilence was	extended to the applicant?_		,	
Attailed Attail	Sept. 1987	&ctive		
Affiliation Dates T	ROM July, 1992	Sept.1988		2
	10m 0117, 1997	TO present		
Ware any limitations	imposed on such privileges?_			· ·
attach certified conles	of any documentation pertain	00	If YES, please	expiain briefly and
	or may executable person	TILE to such settion.		
	wer revoked, suspended, rost			
documentation portain				
rogatory Information, if a	ny; none			
	·		•	
nmante, if eay:_				
-1.				
of Suffi_Alfred T.	Thompson M 71 U	d/al Manas er s	_	Strain Strain
The state of the s	Thompson, M.D. Hos	an unde: <u>nalac</u> i	elty of Louisy	ille Hospital
10001 530 S. Jackeo	n. St., Louisville, KY	0202		
		MANA		
14/02/02		, A 45	, .	
e: 16/22/73	Signature:	w/1.00	_	
	-	(SEAL OF I	TOUBERAT V	
•	•			, a i e
		(If none, s	o maicate)	1 1 1 1 1 1

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:

Membucky Board of Medical Liouecure 310 Whittington Parkway, Suita 1B Louisville, Kentucky 40213

7_	_ 4 11.1		-		2.1.3.			
ш	eddition,	مطا	Rotton	775 ret	mast the	Patlan	d	

- a. Mocent (no older then six monits),
- b. Original signature.
- a. 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.

Ploage of Rire to inclosis	your pame below for identific	cation purposes.	•.
Name of Applicants	Resad Pasic		1

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

(please print)

Y PLEASE PRINT OR TYPE ALL INFORMATION.

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

Prom: Walter M. Wolfe, Jr., M.D.

(Poll Manne From Print)

University of Louisville, 550 South Jackson Street, Louisville, KY 40202

(Chy. East, Proces)

Telephone: (502) 588-1371

- 1. How long have you known the applicant? Five (5) years
- 2. Is what expectly are you acquainted with him/her? Teacher and Colleague

Have you ever received reports of poor purceives by this physicien or have you discussed concerns you had about his/her practice with medical staff officers at a hospital?

(over place)

"NOTE: IF YOU ANSWER "NO" TO QUESTIONS 16, 11 OR 15, PLEASE GIVE AN EXPLANATION.

330	Here you ever received reports of poor	YE	S. NO	NO APPI	T LICABLE		
	relationships between this physician and other members of hospital medical staff?	T)	M	11	•		
. 5 	Are you aware of any derogatory information about this physician with respect to his/ her shillty to practice medicine?	. []	Na	[]	•		
6.	Does ha'she have, or has ha'she had in the past, any mental or physical illnesses or personal problems that interfere with				•		
	his/her medical practice?	[]	M	{}			
7.	Has he/she ever abused alcohol or drugs or shown signs of chemical dependency?	[]	Ŋ	[] -	* ** **	2	
	Are you aware of any lawsuits havir to do with his/her medical practice that this physician has either lost or settled out	•				ias.	
•	of court?	[]	N	[]			
9.	Are you aware of any restrictions, limitations or other sotions of any nature taken against this physician by a hospital or other health related entity?						
10.		()	Ø	[] 	word		
	Acepital policies and function willingly according to these policies?	₽ð	4	mstaro D			
íi.	Dose he/she enjoy professional respect among his/her colleagues and in the community where he/she practices?						
		Ø	()	[]			
12,	Are you sorry to see this physicism leave your community?	Ŋ	[]	1)		* * * * * * * * * * * * * * * * * * * *	
l 3.	Do you recommend him/her for unrestricted medical licensure in Kentucky?	Ħ	[]	()			
XOX	DIENTS: Very well educate	d ara	dan	ne	olite	110:	_
<i>d</i> ,	hours of the mines		,		<i>y</i> .		.
-6	addin mull	MP.	12	rsu	free	(Es	res
(*) (*)			(Title)		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(Name of Hospital, if applicable)		(Date)			· · · · ·	

REFERENCE FORM

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

Kentucky Board of Modical Licensure
310 Whittington Parkway, Suite 1B
Leosiville, Kentucky 40222

In addition, the forme must meet the following criteria:

- E. Recent (no older than six months).
- b. Original signature,
- Seat by licensed physicians familiar with your practice. It is praferable that one he seat by the Program
 Director for those who recently completed residency training, or the last hospital where staff privileges.

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

Remai Pasic Remai		1	直接 网络外络丘鸡合会名	
	(jalease print)			
		military and the second		़
TO REFERENCE SOURCE: Please complete the	is form, sign and	roturn to the Bose	d (KRMI) at the about	
The state of the s	KARNUVIV IAUT	All smalles and bear	o signed a general release.	
relieves anyone of any liability for information furn	ushed in good fa	l th.		
PLEASE PHINT	OR TYPE ALL I	NEGRMATION		
ti and trained to be a control of the control of th				
IMPORTANT: The processing time for licensure	directly depends	on timely receipt o	f critical forms such as th	je,
From: Stanley A. Gall, M.D.			The style by the section of the sect	
(Nall Hume - Finne)				•
University of Louisville, 550 South	Jackson St	rest. Louisvi	Ille, KY 40202	
			a make y k <mark>i ji</mark> hiji	
Telephona: (502) 588-5811				
1. How long have you known the applicant?	400			
In What canacity are you assumed with himse	Th. (1)	. / 4 40 .		
In what capacity are you acquainted with him/	best Transfers	so, Calle	ague.	_
Language Commence of the Comme	A.,	NOT		
Have you ever received reports of poor	Y	S NO APP	LÎCABLE	
practice by this physician or have you				
discussed concerns you had about his/hor				3
practice with medical staff officers at		1. 26	an South Ville	
	11			ř.
10 tight 6 till 18 18 18 18 18 18 18 18 18 18 18 18 18				7

(over please)

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

٦,	Have you ever received reports of poor	YI	s no	NOT AFFLICA	N.B	
	relationships between this physician and other members of hospital memoral staff?	Ü	14	13	·	
. 5.	Are you aware of any derogatory information about this physician with respect to his/ her ability to practice medicine?	()	Des.	`		
6.	Does he/she have, or has he/she had in the past, any mental or physical illnesses or personal problems that interfers with	, (3	#	[]		
	Allalier medical scartice?	ជ	*	t i		
7.	Has ha/sho ever abused alcohol or drugs or shows algue of chemical dependency?	. ti	•	n		
	Are you aware of any lewsuits having to do with his/her modical practice that this physician has either lost or settled out					
•	Of court?	13	Ø	13		
	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?				,	
10.	Does this physician accept medical staff and	, ()	詳	[]		
	hospital policies and function willingly according to there policies?		[]	D		
	Does he/she enjoy professional respect among his/her colleagues and in the community					
	Where he/she practices?	N	[]	[]		
12,	Are you scery to see this physician leave	[]	B	•		
J. 1	Do you recommend him/her for unrestricted \u00c4 medical licensure in Kestucky/\u00e4				• • • • • • • • • • • • • • • • • • • •	į
	CENTS: De Pasic in an ex	(c) 1 les		() Chan't a		
			<u> </u>	- Conver	an.	-
\bigcap	Tanking Gall up		,			
lus	musity forwalle Hogin		(Min)	1.1.		
(N	Tarne of Hospital, # applicable)		(Date)	20193	·	-

RELEASE AND WAIVER OF RIGHTS FORM

- I, RESAD PASIC, hereby extherize the following individuals and easition to release all information (documented, oral or other) about uso in their powersion to the Kanksoky Roard of Medical Liouszers or its aguatet
 - 1. All madical/netsopathic schools which I have stiended.
 - All hospitals or other health core facilities at which I have ever held staff privileges, whather full or limited, temporary or permanent; and all hospitals or either health one facilities at which I have ever received training.
 - 3. All medical/osteopathic societies, specialty boards, and other medical/ostoopathic organizations with which I have been seasolated.
 - 4. All other state or Casadies licensure boards, factorel health agencies, and federal and state drug source agencies.
 - 5. All liestesed physicisms, nurses or other health sere professionals of any state or Canadian province.
 - 6. All attorneys who have participeted in civil or oriminal actions in which I was named party.

I horoby release the above-named individuals and emission from all liability for the release of information to the Board (KRML) or its agents.

I further authorize the Kentucky Board of Medical Licensure or my of its duly authorized agents to make any levestigations that they door necessary to secure information occurring 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 (f) any fuderal, state, possity or local governmental entity, (ii) any hospital or other health care facility, or (iii) any cher person upon a showing that the release of the information is vital to the health, safety and weithere of the

I hereby mele this release and waiver of rights for the purpose of allowing the Kesmoky Board of Medical Licensure to serry out its duties pursuant to my request for a license to practice medicine/asteopathy in the Consum-wealth of Kesmoky; and further, for the purpose of allowing the Board (KBML) to carry out its duties in regard to my continued licensure.

This release sad waiver of rights has no expiration date and shall remain affective during my Homeura in

BNOTE to and Subscribed Before Me By Read Price

On this the 25 day of Action 1923

BITAL NOTARY PUBLIC May 2 1995

APPENDIX A

(Foreign Medical Graduates enty)

	ame of medical school School of Medicine, University of Sara
2.5% Ad	M. Pijade 1. Sarajevo, Boshia
3. Ye	nr of Graduation 1975
la loc	your medical school officially recognized in good standing by the governmental jurisdiction in water Y of If yes, please provide written varifiable proof.
i. is y	your medical school accredited by any organization? Yes If yes, please provide written
	your medical institution connected with any other institution of higher education? Yes If your medical school's relationship with that institution Part of TE University atom in Yugoslavia
. Is y Dir	our medical sobool registered as a medical school, college, or university in the World Health Co
200 a. 5	How many months are required to complete your medical school's carriculum and become a medical degree?
yey.	松子说:"我是我们,我们就是我们,只是这些人的一个人,我们也没有什么。" 医二十二 医二十二二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
ъ.	How many months of the medical school curriculum did you sousily complete, not icoladinate advanced standing credit, under the direct authority of the medical school? 0.0 months
o.	If you sitended any other medical school, please indicate location and dates of attendence
How	many months of the medical school's curriculum are devoted to elestroom instruction in the because and how many in the clinical sciences? Basic Sciences 30 Clinical Sciences 30
14344	many months, if any, of sound clinical training with patients are required for graduation, and it clining is received, piease briefly describe the nature of this training. 30 months
	Direct participation in patient care in the University
	THE PROPERTY OF THE PROPERTY OF THE CUM OUT AND THE PERTY OF THE PROPERTY OF THE PERTY OF THE PE
	cospital in all specialties, including surgical procedu

II. W	re any of your clinical clerkships completed in the PENDIX B and provide the following information:	United States? NO) If yes, please o	Cmpleto
	How were your clerkships chosen?			
			And San Line De De San Line	T. System
	The state of the s			
b .	Who initiated the contact with each of the lestic	utions where you perf	tormed each clerkabi	p7
To the state of th	Were each of your clerkships approved in writin clerkship? If not, please explain in detail.	g by your medical sol	bool prior to begins	ng the
		1 1	1. 人口學問題:	
	HE STATE OF THE PROPERTY OF TH	to a second of the second of t		
	Jan	Santa in the santa	an Magalayasa	434740
	A FALSE OR INCORRECT STATEMENT, OR I IN CRIMINAL PENALTY AND/OR DENIAL O THE COMMONWEALTH OF KENTUCKY.		RACTICE HEDICI	NE OR
	Signature . ()	Colore		 ,
Sworn To and Sube	without Destroy Me by Read true	on this the 2	Z.	
M. A Petalu				
	A. A.	0	4	
	(Notary Public	garely	Jehr	\mathbf{x}_{i}
BLAL Stransville S	My commission supir	May 2,	1995	
	建树色色 (4.1)			

を表された WIVIVIVIX	OF MEDICAL LICENSURE K.B.M.I. ON REQUEST FORM SEP 30 No.
I berely make a request for an application for a license to	practice medicine in Kentucky and submit the factories
I NAME RESAD	PASIC
2 ADDRESS	
MEDICAL SCHOOL & COUNTRY	WGOSLAVIADATE GRADUATED DEC 1975
4 INTERNSHIP OR POSTGRADUATE TRAINING COM	(PLETED IN U.S. OR CANADA:
PG 5	OR LONG TOWN AND STREET
PG 6	0B/CYN 3ULY 1993 995
5. LIST STATES WHERE LICENSED TO PRACTICE MP	7 773 377
KENNCHY FT 127	7414 30 13 YES
	The state of the s
6. SPECIFY LICENSING EXAM PASSED: NATIONAL B EXAM FMG ULMLE, FLEX DATE PASSE	OARDS, FLEX, STATE BOARD, LINCC, USMLE, OTHER:
	WITH AN AVERAGE OF 75% OR BETTER?(1760 [] 100]
8. HAVE YOU EVER FAILED A LICENSING EXAM?	fre [] no If YES, give dates, locations and the number of reputitions
	SHOURG PA. REPETITION
9. A SPECIFY REASON FOR REQUIRING MEDICAL LICE	
10. SPECIFY ADDRESS IN KEHTUCKY WHERE YOU WI	A STATE OF THE STA
	ville, ky.
11 ARE YOU CERTIFIED BY AN AMERICAN SPECIALT	
If "YES", list specialty sortifications:	I DUARUT HW 8 MB
12. Forbion mbdical graduates only: ecfmg n if you answer "yes" to any of the following que	UMBER 0-292-778-6 ISTIONS, PLEASE EXPLAIN IN DETAIL ON A SEPARATE SHEET
SOUD KOKTANING SOURCE CONTRACTOR OF THE SOURCE OF THE SOUR	en or is any now pending against any medical
14. HAVE YOU EVER BEEN DENIED PRIVILEGES, OR BI DRAW FROM A HOSPITAL AND/OR MEDICAL STAFF	BEN DISCIPLINED BY, OR BEEN REQUESTED TO WITH-
15. HAVE YOU BEEN CONVICTED OF A FELONY OR MI THE PAST 10 YEARS? [] yes [] jec	SDEMEANOR OTHER THAN A TRAFFIC VIOLATION IN
SIGNATURE OT C	DATE 9/24/93
	931075

Repts E. Dewsen, M.D.



Trimbone (902) 429-0046 Fee (EA) 429-0023

KENTUCKY BOARD OF MEDICAL LICENSURE

HURSTBOURNS OFFICE PARK 310 Wakdagion Parkway, Salin 18 Loukville, Konjecky 40222

October 18, 1993

Reand Panic, M.D.

RE: Medical Licensure Application

Dear Dr. Pasic:

Enclosed please find an application for medical licensure in the Commonvealth 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 vaiver of this requirement by the Board based upon your board certification in obstetrics and gynecology in Bornia 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 Nedical Licensure.

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

Sincerely,

C. Villiam Schmidt Executive Director

CVSinbb

Enclosure

Annual or 🚳 counted page

The Mederation of State Medical Bourds

of the United States

DETARCHACOH

K.B.M.L DEC 0/2 1993 RECEIVED

BODD WEBTERN PLACE, BUTTE 767 FORT WORTH, TEXAS 76107-1618 (617) 738-8448

EXAMINEE, REBAD PASIC

Kentucky Board of Medical Licensure The Hurstbourne Office Park 316 Whittington Parkway, Suite 119

Louisvills 40222

[Itile] centified that the above named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Cicensing Soard(s) listed and obtained the following scores:

FINI 510626013

Data of Certifications 12/01/93

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

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

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.

Furthermores

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

Mal

K. B. M. L

DEC 0 3 1993 FORM 8

RECEIVED

DEA STATUS REQUEST

TO APPLICANT: In applying for a license to practice medicine in the Commonwealth of Kenticky, the Kenticky 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

RETURN THIS FORM TO THE KENTUCKY BOARD OF MEDICAL LICENSURE FOR

Physician's Signature

NAMB: RESAD PASIC

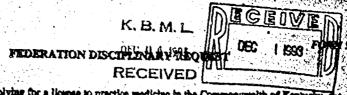
DATE OF BIRTH:

DEA A:

ATTN: Licensure Coordinator

A SEARCH HAS BEEN MADE OF THE FILES OF DEADORECORDS HAVE BEEN FOUND WHICH DISCLOSE A THON FOR THE INDIVIDUAL IDENTIFIED AROVE

DEA INVESTIGATOR



TO APPLICANT: In applying for a license to practice medicine in the Commonwealth of Establicity, the Kastucky Board of Medical Licensure requires a disciplinary search from the Federation of Established Boards: My signisture 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

Date of Graduation	,	B.C.F.M	.0.
12/25/75	0-292-778-8		
Medical School & Location			10 ty. 14 ty
University of Barajevo		Yugo	slavia
Social Security Number			
		,	
Date of Birth			
Cky, State & Zip			 -
Address			
Name			
RESAD PASIC			
			$\frac{1}{2} = \frac{1}{2} = \frac{1}{2}$
Physician's Signature		÷	
	7		

ATTN: Licensure Coordinator

NAMES OF REAL PROPERTY OF THE PERSONS OF THE PERSON

DEC - 8 1993

Describe House

Resad 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 parativities 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 a 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 value of Saray and the University of Louisville. Dr. Pasic is requesting a value of Missing and Saray and Saray and Saray of Saray and Sara

12-15-93 Goord

approve - waiver based an fellowship training at UL

Department of Obstetrics and Gynecology

Ambulatory Care Building School of Modisine University of Joulaville Louisville, Kentucky 40292 (502) 588–5814



UNIVERSITY of IOUISVILLE

September 24, 1993

Kantucky 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 BCFMG exam and FLBX 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 licensure.

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

Sincerely,

Read Pasio M.D.

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 mostle of clinical experience approved by the ACGME or the National Joint Committee. No other training will be considered. This form a must be cent from the reference nource directly to:

Kontucky Board of Medical Licensure 319 Whittington Parkway, Suito 13 Louisville, Kanbucky 40022

Name! Resad Pasic		и.р.л). 0 :
(pirese princ)			
Asicrees:			
			M.D./D.Q.
	(Rignature)).	
TO REFERENCE SOURCE: Please o	ocupiese ti la form, sism, seal se	ed return to the Board (KI	ML) at the above stated
address. Any fees for completion of this	form should be collected from	a the applicant. If you hav	re any additional informa-
tion that should be considered by this Bo	ard (KBML) prior to issuance : iting to the shove address. Pla	of a license to this applice ass affix the Seal of the li	est, please provide this () (central OR bave the form
Notarized.			
This is to certify that Dr. Rosad	Pasic		esticiantarily served the
University of Louisvill	e Hospital	Sept.198	7- Sept 1988 2 kopresent
		~	5 30 - 5 5 7 1 4 7 6 6 1 1 1 1 1
(same of hospital) This is a transitional interaction, (R aX specialized dealers	William in QB	GYN
Dr. Regad Pasic was awarded	OR will be awaided a certifical	te of completion on Ma	CERTIFICATE
It is further certified that the above trans	Calley, a class a	ned beothers (17 (2 100) at	17、医疗精神护治导的疾
or the National Joint Committee and con		s of clinical experience.	
	~		
	10 Jun	luga. Idl	1 m7
FRED PROPERTY	Signature of Adm	deletrister or Program Dis	ector n
SEAL OF THE HOSPITAL			
	,		55.337
Sworn to and subscribed before me this,	22 day of Rother.	1993 1	
A STATE OF THE STA	1, 1	Jessell Je	e novin
BEAL (ST HOTARY	Notary Public	coperar go	
		mais	main
数据发展了最高的	My commission a	upine May 2,	1943
参照的复数形式		0	

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 Pasio, 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. Pasio 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 Blochemistry 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 followship. 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.

Mz Nancy Bergin Septemer 27, 1993 Page Two

Sinterely,

Malja Gele un

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

SAC Vita

Department of Obstetrics and Crynecology

Ambulatory Care Building School of Medicine University of Lculaville Louisville, Kentucky 40292 (502) 888-5814

K. B. M. L

RECEIVED

UNIVERSITY of LOUISVILLE

November 4, 1993

M3. 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 Pasie 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 fellowahip 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.

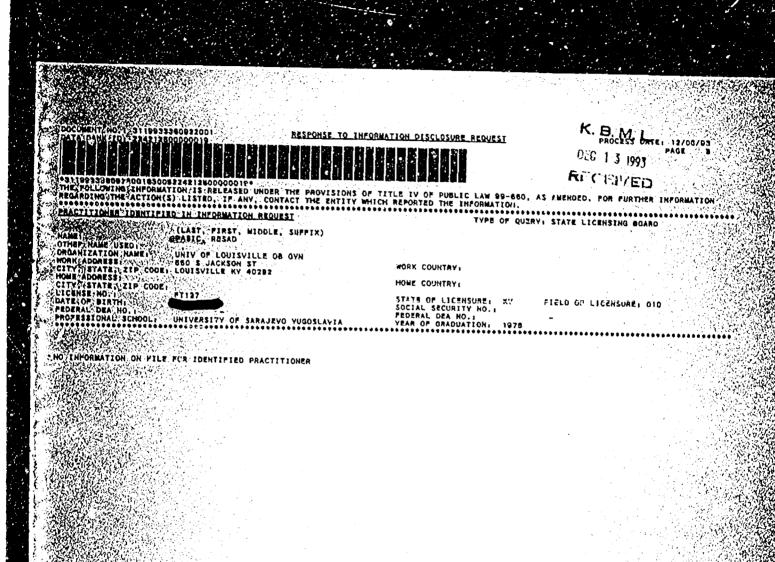
I support Dr. Pasic's application for licensure by the Kentucky Board of Medical Licensure. I would be happy to discuss Dr. Pasic's application with the Board if you so desire.

Sincerely,

Stanley a Hall W)

Donald E. Baxter Professor and Chairman

SAC:vlm





Reyte Z. Duwses, M.D.

Telephone (502) 425-0046 Fig. (502) 429-9923

KENTUCKY BOARD OF MEDICAL LICENSURE

HURSTBOURNE OFFICE PARK 319 Waltington Parkway, Selie 1B Louintille, Kentucky 40222

December 16, 1993

Resad Pasic, H.D.

Dear Dr. Pasici

This is to advise you that the Kentucky Board of Kedical 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. Villiam Schmidt Executive Director

CV8 inbb

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 HUMBER . 0-292-778-8

KEDICAL IDEALDHATION

FAMIC SCHOOL JUINE 09, 1993

CUMCAL SCORICE JULY 14, 1993

NOLISH EXAMENATION JULY 14, 1993

VALID THROUGH JULY 1995

DATE ISSUED FEBRUARY 18, 1994

FILED OF RECORD
FEB 24 894
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.

50 ORDERED this 15th day of December, 1993.

JOHN 3. LLEWELLYN, H.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, H.D., 1083 STONE SPRING, LOUISVILLE, KY 40223 on this the second day of Lineary, 1997.

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

KEME

KENTUCKY BOARD OF MEDICAL LICENSURE
HURSTBOURNE OFFICE PARK
310 WHITTINGTON PARKHAY, SUITE 18
LOUISVILLE, KENTUCKY 40222

JAN 1 1 1995 10530 RECEIVED 300

PRACTICE WEDICINE OSTEOPATHY IN THE COMMONNEALTH OF KENTUCKY

REGISTRATION FEF: \$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 fall 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.		Lio	ense Ho: 30233
Mailing Address:	reet address; Post O	ffice Box address wil	I not be accepted.
2 City & State:	Zip Code	Ky. County:	
Principal Ky. Practice Location	UNIVERSITY	of Louisville to	10SPITAL
city: Louisville	Zip Code: 40	92 Office Phone (52, 60 49
Principal Ky. Practice County		ercent of practice in	this oo.: <u>90</u> %
Other Ky. counties in which yo	ou practice: HAKALA	<u> </u>	
\bigvee_{Σ} Percent of practice occurring	in each county:	<u> </u>	<u> </u>
Average total number of hours	per week worked!	40	
Home Address!			
City & State	Zip Code: _	Home Phone: (
Medical School: 09603			Year Grad: 75
Birthdate: Gito Sex:		Social Security No:	
Specialty: Obstatrics & Gynecolo	gy 23 (If incorrect	, please indicate)	
Type of Practice: (check one)			
	esident / Fellow rivate Practice ccupational Medicine	Military Research Emergency Medic	Locum Tenens Insctive/ ine Semi-Retired
Do you currently have hospital s	taff privileges with	in the state? Nes	П Но
CONTINUING MEDICAL EDUCATIONAL R medical license DO NOT have to be already completed the *(60 HOURS	e completed until De	cember 31. 1996, howe	Jer. if you have
Haye you completed your CME requ	lrements for the JAH	UARY 1, 1994-DECEMBER	31, 1996 cycle?
X(60 hour requirement must include for Human Resources)	de 2 hours in an HIV	/AIDS course approved	by the Cabinet
		conti	nued on next name

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

Series -								
Name :	PASIC		RESAD		Ł	icense No:	30233	.
	teel));> : -	(first)	(m.i.)	•	And the state of	in the second	
						· .		
· · · · · · · · · · · · · · · · · · ·	. Unii madi	an act	ered your Ker of surrender rd to any of	or resignat	IOII) OL MIA	been disoi you current	plined or d ly under	en i ed;
1. Sec. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			opathic licer			nadian prov	inces	
	[] Yes	D Ho					•	
b	members or spec	ship or a	ssociation in ard;	any medioa	l or osteopa	thic associ	ation, soci	ety
	[] Yes	D No			•		•	
. 0	contro	led subs	tance permit	issued by a	ny state or	the United	States (DEA);
	☐ Yes	- D'AR						
		- 6 A I I I T U	ered, has any revoked, sysp	NEW OF 1626	1 10 COU)	vou, topitm	or any oth	er ed on
prob	tion, or	otherwi	se discipline	d your staf	f privileges	1 7		
	Yes	G 146						
3. Since	you las	st regist impair yo	ered, have yo ur ability to	ou suffered continue t	or been trea o practice m	ted for any odicine?	medical oc	endition
	Yes	D HO						
4. Sinos for t	/iolatio	st regist of any	ered your Ker felony or mis	itucky licen domeanor un	se, have you der the laws	been arres of any sta	ted or conv te or of th	ricted e Unite
	Yes	E LO						
(If)	ou answ	ered TYES	π to any of t	the above qu	estions, att	ach written	explanatio	on .)
,_,,				,	•		\$	
•								
•						•		
			٠.	•			•	
Į,i	EREBY	STATE T	HAT THE INF E, AND COMP ALSE INFORM	ORMATION T	CONTAINED HE BEST OF	ZH THIS AF My Knohle	PLICATION DGE: I	•
0 Å	PRSTÁN Ense t	D ANY F	ALSE INFORM PLINARY ACT	IATION ON I	MY APPLICA Ant to Krs	TION MAY 8 311.595.	SUBJECT MY	Ī
			Jon			nate.	12/22/	94
SIGN	ATURE:					NVIE,	·	

KENTUCKY BOARD OF MEDICAL LICENSURE

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

RECEIVED

JAN 16 1996

*** 1996 APPLICATION FOR REGISTRATION OF KENTUCKY MEDICAL LICENSE

REGISTRATION FEE: \$100.00

12376

100

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 ennual 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.
Mailing Address: *Mailing address must be a st	reet address; Post Office Bo	x address will not be accepted.
City & State:	Zip Code: KY	County:
Principal KY Practice Location:	University of Louisville	е
City: Louisville	Zip Code: 40202 Off	ice Phone: (_502_)852_5814
Principal KY Practice County: _	Jefferson Percent o	f practice in this co., 90%
Other KY counties in which yo	ou practice: <u>Meade</u>	
Percent of practice occurring	in each county:90x	<u></u>
Average total number of hours	per week worked:	
Home Address:	Zip Code:K	Y County:
Medical School: 09603llniv	ersity of Sarajevo	Year Srad: 75
Birthdate: Sex:	е	
Specialty: OBSTETRICS & GYNECOL	OGY 23 (If incorrect, please	e indicate)
Type of Practice: (chack one)		
Hospital Based N Instructor Administrative Medicine Resident / Fellow	Private Practice Occupational Medicine Military Research	Emorgency Medicine Inactive/Semi-Retired Locum Tenens Public Health/Government
Do you currently have hospital	staff privileges within the (Commonwealth of Kentucky?
Ø Yes □No		

	_					
Nen	M o :P	asic ast)	Resad (first)	(m.i.)	KY License No: _3	0233
med	ical lice	nse do n	ot have to be co	mpleted until D	requirements for regi ecember 31, 1996, howe g the past year, pleas	ver, if you hav
Hav Q Y		pleted y	our CME requirem	ents for the JA	NUARY 1, 1994-DECEMBER	31, 1996 cycle
*(6			t must include 2	hours in an HI	V/AIDS course approved	by the Cabinet
	; 					
AP	PLICATIO	ONS WIL	TO COMPLETE BE CONSIDERI FOR COMPLETI	ED BY THE BO	NG QUESTIONS. ONLY ARD. INCOMPLETE AI	COMPLETE PLICATIONS
1	have vou m	sade en a	istered your Ken act of surrender regard to any of	or resignation	have you been discipl ; or are you currently	ined or denied; under
	a. medi	ical or	steopathic licen	sure in any st	ate or Cenadian provin	Ce }
	ПΥє	s N	No			
	b. memb	' ?	r association in	any madical o	r osteopathic essociat	ion, society
	[] Ye	s Q	No			•
	c. cont	rolled:	ubstance permit	issued by any	state or the United St	ntes (DEA);
	ПУе	s [Но			
ŀ	health car	e facili	istered, has any ty revoked, susp rwise discipline	ended, restric	oital medical staff, o ted, limited, repriman rivileges?	r any other ded, placed on
	Yes	Йио				
3., S	Since you which migh	last reg t impair	istered, have yo your ability to	u suffered or b continue to p	peen treated for any me ractice medicine?	edical conditio
	☐ Yes	. Дио	•	•		
4. S	ince you felony or	last reg misdemea	istered, have yo nor under the la	u been errested ws of any state	l or convicted for viol or of the United Stat	lation of any tes?
	2aY []	No				
	ince you lependency		istered, have yo	u suffered from	or been treated for c	irug or alcohol
	[] Yes	Йно				
• (If you an	swered "	YES™ to any of t	ne above questi	ons, attach written ex	planation.)
IS	TRUE, A	ACCURA ND ANY	FE, AND COMPLIFALSE INFORMAPLINARY ACTION	ETE TO THE E ATION ON MY N PURSUANT T	TAINED IN THIS APPLEST OF MY KNOWLED APPLICATION MAY SUFFO KRS 311.595	GE. I
			Unn		DATE: /2/	18/95
9	TONATHOF.				DAIE:	- / /

JAN 21 1997

14395 #100°

9,693

K.B.M.L.

KY Licerise 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 fall 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 APPLICA (Please pri		PROCESSED		
NamePASIC, RESAD, M.D.		Soc	cial Security No:		
(inst)	(Urst)	(m)			
Mailing Address:					
*Mailing address must be	a street address; Post Office a	ddress will not be accep	oled.		:
City & State:		Zip Code:	_KY County0		
Principal KY Practice Location: 35	PT. OB/GIN	いれと			
City: Louisville		Zip Code:UO	29 Z Office Phone (, 852-	6049
Principal KY Practice County: Other KY countles in which you	75 (75 250 A)	Percent of	Practice in the county_	<u>80</u>	%
Percent of practice occurring in a	each county:	30	%	70	
Average total number of hours p	er week worked:	<u>50</u>			~
Home Address:					
City & State:	Zip	Code:K	Y County	-	
Medical School: 09603		Year Grad:_	75		
Birthdate:Sex:					•
peciality: 23 OBSTETRICS & CYNECOLO	OGY	If incorrect, plea	se Indicate)		
ype of Practice: (check one) Hospital Based Instructor Administrative Medicine Resident/Fellow	∑Private PracticeOccupational MediMilitaryResearch	rineins Lo Put	nergency Medicine nctive/Semi-Retired cum Tenens blic Health/Government		-, •
o you currently have hospital staff privile	ges within the Commonwes	Ith of Kentucky?	Yes No		

Continued on Back

Nei	me'	アルバイ	ବ୍ୟ	240	•		Lic no:	2075	-5
114	(iai	t) ·	(Firs	t)	(1	n.!.)			
100	•	Medical Education	n Requirement:		•				
5.72	V	Yes No	requirements for the .						
460	hour regs	trement must include .	hours in an HIY/AIDS	course approved by	the Cabinet for h	lealth Service	rs)	•••	•
You	are req	uired to complete applications will l	the following quest se returned for com	ions. Only con pletion.	iplete applicat	tions will b	e conside	red by the	Board.
1.			d your Kentucky licea currently under laves				ve you ma	de and act o	r surrender
	a.	medical or ost	eopathic licensure in a	any state or Can	adian province;	ł			
	b.	membership o YesNo	r association in any m	sedical or osteops	thic association	n, society o	r speciality	board;	
	e.	controlled sub	stance permit Issued t	y sny state or th	e United States	(DEA);		•	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
2.			, has any hospital, ho manded, placed on pr						pended,
3.		you last registered nue to practice med YesNo		r been treated for	r any medical c	ondition Wi	nich might	impair you	r mbility to
4.		you last registered tale or of the Unite YesNo	, have you been arres d States?	ted or convicted	for violation of	any felony	or misden	eanor unde	r the laws of
5.	Since	you last registered	, have you suffered fr	om or been treat	ed for drug or	nicohol dep	endency?		
		(If you answere	d "Yes" to any of the	above questions	, attach written	explanatio	п.)		
my k	nowled			nation on my					
Signa	iture:_		Olon	<u></u>	Date: _				

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

1996 Application for Registration of Kentucky Medical License -- Registration Fee: \$100.00 (Weate print or type)

Kentucky License No._

(L)	Name: Pasic	Re	sad			
	(last)	(first)		(mi)		
(2.)	Mailing Address: Obst	etrics & Gynecology	, Univ. of Lou	siville Schoo	l of Medicine	
		South Jackson Stree sville	KY	Zip Code;	40202	
(3.)	If "NO" please specify re	medicine in Kentucky? KX Ye nson for registering your Kentu				
(43)**	Principal KY Practice Loc	ntion: Same as abov	e			•. •
	Cile:		Zip Code:			
156	Office Telephone No. (502) 852–1371	The same of Spinster,	Address: SRANDEO	 1 NOMER,LOUISV	TLLE EDU
(6.)	Action of the same	inty: Jefferson		(Optional In of Practice in that cou	formation)	-
	County:	es in which you practice and po % County: r of hours worked per week:	reent of practice occurr	ing in each county:% County:	· · · · · · · · · · · · · · · · · · ·	_%
		· -				
(7.)	Specialty: OD, Type of practice: Check of	/Gyn(8.) Social Security No: _			
(%)	Type of practice: Check o	one)	:			10 mg
l [] lns	ospital Based Structor Iministrative Medicine	} Pesident/Fellow } Private Practice } Occupational Medicine	[] Military [] Research [] Emergency)	[] Lo Medicine [] Pu	active/Semi-Retired ocum Tenens ablic Health/Governme	nt
(10.)	Do you currently have hosp	pital staff privileges within the	Commonwealth of Ken	tucky7 [] Yes]N	0	
	* * * If you such	ver "}'es" to questions (11.), (12.), or (13.), please at	tach a written explai	e * * soline	
(11.)	Since you last registered you resignation; or are you curr	our Kentucky license, have you cutly under investigation in rep	been disciplined or der ard to any of the follow	nied; have you made a ving:	n act of surrender or	
	a. medical or osteopathi	c licensive in any state or Cana	dian province;			
,	b. inembership or associ	ation in any incdical or osteops	thic association, societ	y or specially board;		
		permit issued by any state or th	· United States (DEA);	±		
(12.)	Since you last registered, h limited, reprinanded, place () Yes X No	as any hospital, hospital medica d on probation, or otherwise di	nt staff, or any other her sciplined your staff priv	olds care facility revok vileges?	ed, suspended, restricte	cd,
(13.)	Since you last registered, he state or of the United States [] Yes [V, No	ove you been arrested or convidence of the second of the s	led for violation of any	felony or misdemean	or under the laws of an	y
belief	. I understand any false le	ion contained in this application	on is true, accurate as maje subject my licen	id complete to the be se to disciplinary acti	st of my knowledge a lon pursuant to KRS	nd
311.5	93					
Signal	lure:	u -	Date:	2/03	/98 %	
***	Only Completed Applications	Ball Be Processed; Incomplete A		n Received Waltout Pay	frem Will He Returned .	

ee above exemption

RECEIVED

MAR 1 0 1998

1998 Application of Rentucky Medical License -- Registration Fee: \$100.00

Name: Resad Pasic, M.D., Ph.	D. KY License No: 30233
to inspection only upon order of a court of competent jurisdict	disclosure under KRS 61.878(1Xa) and KRS 311.619 and shall be subject on, except that no court shall authorize the inspection by any party of any yided by the Kentucky Rules of Civil Procedure appearing pretriet

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..."

"lilegal 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 liceused health core 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?
- (2.) Since you last registered, have you suffered from or been treated for drug or alcohol dependency?

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

DEC 21 1998

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

200	00	
•		17009
00.0012	[] Check # _ [] Check # _	1 1981
\$150.00گر	[] Check #	
/\$200.00	[]Check #	
/	_	

(Over)

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/asteopathic 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 fall to register before April 1, 1999, your license will become inactive and subsequent practice in Kentucky will be considered the unsuthorized 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.

	•	•	K	entucky License i	va 30233
(1.)	Name: Resad	Pasic M.D.			
(2.) S	ocial Security Number	а:	(3.) Date o	Binh:	EIVED
4.) M	lailing Address: U	L, OBGYN 550 S. Jack	kson		FEB 0 9 1999
Ċ	iy: Louisville	State:	KY Zip C	Code: 40202	K.B.M.L.
	reet: N/A	nges/update to mailing address as lis		•	•
		ss must be a street address; Post Offi	ice address will no longer be	ассеріга.)	
	ly & State:		Zip (Code:	
.) Pra	actice Address If Diffe	rent from Mailing Address:			
	ly & State:		Zin Co	ite.	
	incipal XY Practice C	County: JEFFERSON	Percent of Practic	ce in that county:	100 %
) List other KY c County: County:	County: JEFFERSON Ountles In which you practice and pe	Percent of Practice occurring in %	ce in that county: _	100 %
) Pri) List other KY c County: County:	County: JEFFERSON Ountles In which you practice and pe	Percent of Practice occurring in %	ce in that county: _	100 %
.) Pri (a. (b.) List other KY c County: County: County: Average total n	County: JEFFERSON Ountles In which you practice and po	Percent of Practice occurring in %	ce in that county:	100 %
(a. (b.) Off) List other KY c County: County: County: Average total n Tice Telephone Numb	county: <u>JEFFERSON</u> countles In which you practice and po	Percent of Practice occurring in % % % % %	ce in that county:	100 %
(b.) Do If '	List other KY of County: County: County: Average total natice Telephone Numb you intend to practice "NO" please specify to	county: JEFFERSON countles in which you practice and positive of hours worked per week: er: (502) 852-137 concidence in Kentucky? Myes I reason for registering your Kentucky	Percent of Practice occurring in % % % % % % % % % % % % % % % % % %	ce in that county: each county:	100 %
(b.) Off (c.) Do if '	List other KY c County: County: County: Average total n Tice Telephone Numb you intend to practice "NO" please specify to	county: JEFFERSON countles in which you practice and possible of hours worked per week: cr: (502) 852-137 concdicine in Kentucky? Myes 1	Percent of Practice occurring in % % % % % % % % % % % % % % % % % %	ce in that county: each county:	100_%
(b) On .) Do .(f '0.) Do .(1.) Spo	List other KY c County: County: County: Average total n Tice Telephone Numb you intend to practice "NO" please specify to you currently have he ecially: Obstetr	county: JEFFERSON countles in which you practice and positive of hours worked per week: cr: (502) 852-137 concidence in Kentucky? [X] Yes [reason for registering your Kentucky pospital staff privileges within the Con-	Percent of Practice occurring in % % % % % % % % % % % % % % % % % %	ce in that county: each county:	100 %

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

KY License Number: 30233

Name: Resad Pasic M.D.

a, medical or osteopathic i [] Yes [] No b. membership or associati [] Yes [] No	No.				
c. controlled substance per	mit issued by any state	e or the United States	(DEA); : :	<i>f</i>	-
(14.) Since you last registered, has restricted, limited, reprimand [] Yes[VNo					ked, suspend
(15.) Since you last registered, hav state or of the United States? [] Yes[i/No	e you been convicted	for violation of any fo	clony or misder		ne laws of an
I hereby state that the information and belief. I understand any false i KRS 311.595.					
and belief. I understand any false i KRS 311.595. Applicant Signature:	information on my app	olication may subject	my license to d Date:	isciplinary acti	on pursuant
and belief. I understand any false i KRS 311.595.	information on my app	olication may subject	my license to d Date:	isciplinary acti	on pursuant
and belief. I understand any false i KRS 311.595. Applicant Signature:	information on my app	olication may subject	my license to d Date:	isciplinary acti	on pursuant
and belief. I understand any false i KRS 311.595. Applicant Signature:	information on my app	olication may subject	my license to d Date:	isciplinary acti	on pursuant
and belief. I understand any false i KRS 311.595. Applicant Signature:	information on my app	olication may subject	my license to d Date:	isciplinary acti	on pursuant

See above exemption

0

0

RECEIVED DEC 21 1998

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B Louisville, Kentucky 40222

RECEIVED FEB 0 9 1999

K.B.M.11999 Application for Registration of Kentucky Medical/Osteopathic License M.L.

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 logally 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?
- (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 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.

Date: 12 · 18 · 98 Pouc Applicant Signature:

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

DEC 2 7 2000

K.B.M.L.

For Office Only: \$125.00 Check # -5469 2 Chack \$225,00

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

Application for Registration of Kentucky Medical/Osteopathic License for Year 2001 Rogistration 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 i. Late Registration (After March i, but before April i) may be made by payment of an envelope. The deadline for registration is March i. Late Registration (After March i, but before April i) may be made by payment of an envelope. The deadline for registration is March if the second interest will become inactive and subsequent practice additional \$50,00 penalty fee. Should you full to register before April 1, 2001, your license will be considered the unauthorised practice of medicine or asteopathy. Anyone registering after April 1, 2001, will be in Kentucky will be considered the unauthorised practice of medicine or asteopathy. 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

)	Name: Resad Pasic, M.D.	
)	Social Security Number: (3.) Date of Births	
)	Malling Address: UL, OB/QYN 550 S. Jackson City: Louisville State: KY // Code: 40202 Country:	
)	Please indicate any changes/updates to mailing address as listed above:	
	Stroot: (Mailing address must be a street address; Post Office address will no longer be accepted.)	
	Chy & State:	
	Chy & State:	
)	Practice Address If Different from Mailing Addresss	
	Principal KY Practice County:	100 %
(.)	Pelucinal KY Practice County: 16/15-5- Percent of Practice in that county;	
	(a.) List other KY counties in which you practice and percentage of interior % County:	
R.)	Office Telephone Number: (502) 252 - 6049 I-Mail Address:	
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? Wes [] No	
11	.) Specialty: Obstetrics/Gynecology	
(12.	.) Typs of Practice:	tur oot traffeed
	(Resident/Sollow Military Retire	ed/Hemi-Retired m Tenens ic Health/Government

Namer Resad Pasic, M.D.

KY License Number: 30233

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

	(a)	liave 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?
		And setting a life consection with executating in a confinement of a view transmission.
	(b)	line any hospital, hospital medical staff or any other health care entity revoked, suspended, restricted, limited, reprimended placed on probability or otherwise disciplined your staff privileges?
	(c)	Have you resigned your privileges or falled 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 O
	(d)	Have you been reployed, suspended, expelled or disciplined by any professional medical association or society? Yes Who
	(0)	line the Drug Enforcement Administration or any other state or international drug licensure/enforcement authority desied revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you? []Yes []No
	(n	Have you voluntarily or involuntarily surrendered a medical or extended license, or controlled substance registration continents issued to you? Yes The
. 4	(g)	Have you been or are you currently under investigation by any State, l'ederal or international licensure authority or any doing licensure/enforcement authority? []Yes []No
I	(h)	Are any logal proceedings regarding licensure presently pending against you by any State, Federal or International Ilcensure authority or any doc licensure/enforcement authority?
1	(1)	Have you been convisted of a felony or misdementor by any State, Federal or International court? Are any criminal charges presently pending against you in any of those courts?
•	U)	To your knowledge are you the subject of un investigation for a criminal act?
((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.
know	ledg	state that the information contained in this application is true, accurate and complete to the best of my see and belief. I understand any false information on my application may subject my license to disciplinary repeat to KRS 311.595.
		Signature: Date: 12-15-00
Appli	cant	Signature: Dato: 12-15-00
Only	C	ompleted Applications Will Be Processed; Incomplete Applications Or Applications

Only

Kentucky Board of Medical Licensure 310 Whitington Parkway, Sulte 1B Louisville, Kentucky 40222

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

Namer Resad Pasic, M.D.	KY License No: 30233
shall be subject to inspection only upon order of a inspection by any party of any materials pertaining of Civil Procedure governing pretrial discovery, be displosed in any contested case proceeding, in	from public disclosure under KRS 61.878(1)(a) and KRS 311.619 and a court of competent jurisdiction, except that no court shall authorize the g to civil litigation beyond that which is provided by the Kentucky Rules. The answers to these questions may be considered by the Board and may cluding a Show Cause proceeding, or appeal of a licensing decision based.
	pally obtained controlled substance or dangerous drug; the term "lilegal i controlled substance or dangerous drug which is not taken in accordance essional who prescribed the controlled substance or dangerous drug.
* * * If You Answor "Yes" To Que	stions (1) Or (2) Please Attach A Written Explanation. * * *
psychiatric condition which might impair yo	r 2000, have you suffered from or been treated for any medical and/or air ability to continue to practice medicine? r 2000, have you suffered from or been treated for drug or alcohol abuse
I heroby state that the information contained in knowledge and belief. I understand any false action pursuant to KRS 311.595.	in this application is true, accurate and complete to the best of my information on my application may subject my license to disciplinary
A welliams Claustures	Date: 12-15-00

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

HECHIVED

RECEIVED

FEB 2 4 200J

For Office Only: \$125.00 11/Check # 32/71
\$150.00 | Check # 5200.00 | Check #

FEB 18 2008

Kennicky Board of Medical Licensure

K.B.M.L.

310 Whittington Farkway, Suite 1B Louisville, Kentucky 40222

Application for Registration of Kentucky Medical/Osteopathic License for Year 2000 Registration Fee S125.00

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 affice 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 asteopathy. 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

		•	cittueny License (10. 30233
(1.)	Name: Resad Pasic, M.D.		
(2.)	Social Security Number:	(3.) Date of Birth:	
(4.)	Mailing Address: UL, OB/CYN 550 S. Jackson City: Louisville State: KY Country:	Zip Code: 40202	
(5.)	Please indicate any changes/updates to mailing address	as listed above:	
	•		
	Street: (Mailing address must be a street address; Pos	st Office address will no lorger	ha saameed)
	City & State:	Ziŗ	Code:
(6.)	Practice Address if Different from Mailing Address:		
	City & State:	7in C	ivle:
(7.)	Principal KY Practice County: Jefferson	Percent of Prac	tice in that county: 100 %
	(a.) List other KY counties in which you practice an County: County: County: County: Average total number of hours worked per week	nd percentage of practice occurri	· —
(8.)	Office Telephone Number: (502) 852-13		ess:
(9.)	Do you intend to practice medicine in Kentucky? NI Yearn "NO" please specify reason for registering your Renti	es († No	
(10.)	Do you currently have hospital s aff privileges within the	Commonwealth of Kentucky?	Yes No
	Specialty: Obstetrics/Gynecology		
(12.) 1	Type of Practice:		
linst	pital Based [] Resident/Fellow ructor [] Private Practice ninistrative Medicine [] Occupational Medicine	[] Military [] Research [] Entergency Medicine	[] Retired/Semi-Retired [] Locum Tenens [] Public Health/Government

Name:	Resad Pasic, M.D.	and the second	KY License Number:	30233	••
	* * * If you answer "	Yes" to question (13), p	lease attach a written	ı explanation.	***
(13)	Since you last registered your K	kentucky medical/osteopat	hic license:		
(a	Have you had any license, cert suspended, probated, or restric avoid selion or in connection w Yes	ico dy a State, Federal, or in	/crnational authority, or ha	ive vou surrender	onal denied, revoked ed such credential t
(Ъ) Has any hospital, hospital medi placed on probation or otherwis Yes	ical staff or any other health e disciplined your staff privil	care entity revoked, suspen eges?	ided, restricted, l	imited, reprimanded
(c)	Have you resigned your privileg while under investigation or whi	ges or failed to renew privileg ile you were subject to discip	es at a licensed hospital or linary proceedings by the h	from the medical ospital?	staff of the hospital
(d)	Have you been reproved, suspen	ded, expelled or disciplined t	y any professional medical	association or so	ciety?
(c)	Has the Drug Enforcement Adr revoked, suspended, restricted, li Yes No	ninistration or any other stal imited, or otherwise disciplin	e or International drug lice ed a controlled substance re	ensure/enforceme gistration certific	ent authority denied ate issued to you?
(1)	Have you voluntarily or involu certificate issued to you? Yes Too	intarily surrendered a medic	al or osteopathic license.	or controlled su	ibstance registration
(g)	Have you been or are you curren licensure/enforcement authority?	ntly under investigation by an	y State, Federal or Internat	ional licensure a	u'hority or any drug
(h)	Are any legal proceedings regard authority or any drug licensure/er Yes No	ling licensure presently pend nforcement authority?	ing against you by any Sia	te, Federal or Int	emational licensure
(i)	Have you been convicted of a fel presently pending against you in a yes Wo	lony or misdementor by any any of those courts?	State, Federal or Internation	nol court? Are a	ny criminal charges
(j)	To your knowledge, are you the s	subject of an investigation for	a criminal act?		
(k)	Have you had to pay a judgemental practice or other civil actions of Yes Ro	ent in a malpractice action c against your medical practice	or other civil action agains presently pending in any co	t your medical pourt?	practice or are any
unalen	state that the information cor ge and belief. I understand ar irsuant to KRS 311.595.	ntained in this application ny false information on m	i is true, accurate and c y application may subj	omplete to the ect my license	best of my to disciplinary
pplicant	Signature:	Sour-	Date:	2/8/	2000
• • Only Co	ompleted Applications Will Be Process	sed; Incomplete Applications Or	Applications Received Withou	ut Payment Will Re	Returned

FEB 1 8 2000

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B Louisville, Kentucky 40222

K.B.M.L.
Application for Registration of Kentucky Medical/Osteopathic License for Year 2000

KY License No: 30233 Name: Resad Pasic, M.D. 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.) \$ince 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 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.



FEB 1 8 2000

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 18 Louisville, KY 40222 Telephone: (502) 429-8046

K.B.M.L. ** Continuing Medical Education Certification Form ***

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

2). License Number: 30233

(Signature)

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/ouc

	Have you completed your CME requirements for the current CME cycle noted in item (4)? [Yes [] No
).	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
1.	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 dornestic violence requirement? [] Yes [] No [] Not Applicable

2 - 8 - 2000

JAN U 2 2301

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

K.B.M.L. 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

Stree	t:	e address will no longer be acce	epted) .
O:h.	& State:	• · ·	
	ce Address if Different from Mailing Address:		
City	& State:	Zip Code:	
	pal KY Practice County: JEFFERSON	·	
(a.)	List other KY counties in which you practice and pen		
	County:	,%	•
-	County:	<i></i> %	
	County:		
(b.)	Average total number of hours worked per week:		•
) Office	Telephone Number: (802) 882 6049		
) E-Ma	il Address (For Office Use Only):		
If "	ou intend to practice medicine in Kentucky? [Wes [NO" please specify reason for registering your Kentucky		
) Do yo	ou currently have hospital staff privileges within the Com	monwealth of Kentucky? [1]	s []No
l) Speci	alty: Obstetrics/Gynecology		
) Туре	of Practice:	••••••••••••••••••••••••••••••••••••••	
[] Hospita	Based Resident/Fellow Private Practice Occupational Medicine	[] Military [] Research [] Emergency Medicine	[] Retired [] Semi-Retired [] Locum Tenens

N	ame: Resad Pasic, M.D. KY License No: 3023
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
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 Avo
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 Aroo
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
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 Pro
18)	Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society? Yes Tho
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
20)	Since you last registered to your knowledge, are you the subject of an investigation for a criminal act? Yes The
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 The
	If you answer "Yes" to question 10 - 21, please attach a written explanation.

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

action pursuant to KRS 311.595.

Applicant Signature:

Name: Resad Pasic, M.D.	KY License No: 30233
The answers to these questions are exempt from public dis- shall be subject to inspection only upon order of a court of compe- inspection by any party of any materials pertaining to civil litigati of Civil Procedure governing pretrial discovery. The answers to be disclosed in any contested case proceeding, including a Show	ion beyond that which is provided by the Kentucky Rules these questions may be considered by the Board and may
upon them. "Illegal drug use" means the use of an illegally obtained codrug use" also means the use of a legally obtained controlled subswith the direction of the licensed health care professional who professi	ontrolled substance or dangerous drug; the term "illegal
* * * 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 tree might impose your ability to continue to practice medicine? (2.) Since you last registered, have you suffered from or been tree. 	
mpgou g	
A hereby state that the information contained in this application on the state that the information contained in this application on the state of th	ion is true, accurate and complete to the best of my my application may subject my license to disciplinar
Applicant Signature:	Date: 12 - 19 - 01

JAN 1 5 2003

For Office Use Only: \$125.00 J Check# 3937/

\$175.00 [] Check#____ \$225.00 [] Check#____

K.B.M.L.

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.	Kentuc	ky License No: 30233
Mailing Address:	550 S Jackson St UL, OB/GYN Louisville, KY 40202-1622	165 1	
1) Please indicate any cl	nanges/updates to mailing address as li	sted above:	
Street:	s must be a street address; Post office	address will no longer be acc	epled)
	*	·	•
	Serent from Mailing Address:		
(Practice addres	s must be a street address; Post office	address will no longer be acc	epted)
City & State:		Zip Code	·
· ·	County: JEFFER > O A		
(a.) List other KY co	unties in which you practice and perce	ntage of practice occurring in	each county:
County:	,	%	
County:	·	%	•
County:		%	
(b.) Average total nu	mber of hours worked per week:	40	· · · · · · · · · · · · · · · · · · ·
4) Office Telephone Nur	mber: (502) 152 6049	-	
5) E-Mail Address (For	Office Use Only):		
6) Do you intend to pract If "NO" please specify re	tice medicine in Kentucky? []Xeasón for registering your Kentucky lice	es [] No ense:	
7) Do you currently have	e hospital staff privileges within the Co	mmonwealth of Kentucky? [Yes []No
8) Specialty: Obstetr	ics/Gynecology		
9) Type of Practice:		-	
lospital Based aculty Administrative Medicine	[] Resident/Fellow [] Private Practice [] Occupational Medicine	[] Military [] Research [] Emergency Medicine	[] Retired [] Semi-Retired [] 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

According to 201 KAR 9:310. section a sufficient cause has not yet received come order to request an extension, please enclosed renewal form. Please grant an extension to come	 The Board may grantinuing medical educ complete the section becomes the complete the section. 	ted above, you may request an extension of time. Int an extension of time to a physician who for ation requirements for the cycle." Delow, sign, date and return to the Board with the Medical Education hours required for the CME ete the required hours because: (please provide
•		
	•	•
Printed Name		Kentucky License Number
Signature		Date



Danny M. Clark, M.D. President

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

KENTUCKY BOARD OF MEDICAL LICENSURE

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

ntinuing Medical Education Certification Form

(1.) Name: _	RES	AD	PASIC	(2	2.) License Nun	nber: _	30	233
•	<u> 2561.</u>		6. TACKSON	ST	Louisvill	. 5 , 1	KY.	4020
A	the Continui	no Medical	Education (CME) reg	gulation	201 KAR 9:31	0, for e	ach (3	3) year
According w	a licensee sha	ill complete:					٠	
					c	CMF ou	clo:	
(a) A tota	l of sixty (60) ho	ours of CME, if	his/her license has been ed for each year of a CM	renewed j E cycle. li	jor each year oj a icensee shall comp	lete twe	nty (20) hours of
(b) If his/	her license has i	10t been renew - which his/her	ea jor each year of a Chi license has been renewe	d.	,			
/ 1 A Radio	maaa suhaca initi	al licensure Wo	is graniea ine jirsi yeur o	f the CMI	Ecycle for which v	erificati	on is s	ивтіпеа:
comp	letion of (60) ho	urs of CME be	fore the end of the cycle; as granted the second year	r of the C	ME cycle for whic	h a verij	fication	ı is
(d) A lice	nsee whose initi	al licensure wo n of forty (40) i	hours of CME before the	end of the	cycle;			السناد مناه
4.10	kaaa initi	al licensure we	is orantea ine iniru yew i	<i>)</i>] HIE C272	E cycle for which	verificat	ion is:	ѕиотнеа;
comp	letion if twenty ((20) hours of C	ME before the end of the	сусіе.				
In order to	comply with t	his requiren	nent, please answer t	he follo	wing:			
						000 - 1	12/31/	/2002?
1. I	Have you com Yes ☑ No [ipleted your	CME requirements for	or uie C	WIE CYCIC 17172			
	2' 1 have	on octive Ke	entucky medical licen	se durin	g the years of t	he CM	Е сус	le
2. I)ig you nave 1/1/2000 – 12	/31/200 2 ?	indoity mountains					
	First year of c	vele	(1/1/2000 - 12/31/20	00)	Yes No			
	Second year o	of cycle	(1/1/2001 - 12/31/20	01)	Yes No			
	Third year of	cycle	(1/1/2002 – 12/31/20	002)	Yes No [
	-		77	mino tho	wears of the Cl	ME cvo	le	
3.	Did you obtai	n initial lice	nsure in Kentucky du	iiiig iiic	years or the er	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
	1/1/2000 - 12		(1/1/2000 - 12/31/20	000)	Yes 🛮 No	3		
	First year of	•	(1/1/2000 - 12/31/2001 - 12/3	001)	Yes 🗹 No			
	Second year of Third year of	cvcle	(1/1/2002 - 12/31/20	002)	Yes No	×	-	
	imin your or							
	· ·	The	_	_		2 - 15	<u> 0</u>	2
Cianobico	(Date			
Signature	f the cycle wi				•			

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?

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:

anc

Date:

2-15-02

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

Name:	Resad Pasic, M.D.	KY License No: 30233
1)	Since you last registered have you had any license, certificate, registration or other professional denied, revoked, suspended, probated, restricted, reprimanded, limit action, by a state medical/osteopathic licensing board, or Federal, or International Yes No	inti, or subjected to tally outer order pro-
2)	Since you last registered have you surrendered such credential, or placed it into action or in connection with or in anticipation of a disciplinary investigation/act jurisdiction? Yes No	ion by the necising addition of seen
3)	Since you last registered have you been or are you currently under investigation licensing board, Federal or International licensure authority or any drug licensur	esemble and only is
4)	Since you last registered has the Drug Enforcement Administration (DEA), or a licensure/enforcement authority denied, revoked, suspended, restricted, limited, substance registration certificate issued to you? Yes No	of one; wise disciplined a commoned
. 5)	Since you last registered have you voluntarily or involuntarily surrendered a me substance registration certificate issued to you? Yes No	
6)	Since you last registered has any hospital, hospital medical staff or any other he restricted, limited, reprimanded, placed on probation or otherwise disciplined your results.	om am hitanekezi
7)	Since you last registered have you resigned your privileges or failed to renew privileges or failed to renew privileges are staff of the hospital or any other health care entity, while under investig disciplinary proceedings by any of the entities notes above? Yes No	ation of while you were subject to
8)	Since you last registered are any legal proceedings regarding licensure presently or International licensure authority or any drug licensure/enforcement authority. Yes No	y pending against you by any State, Federal ?
9)	Since you last registered have you been removed, suspended, expelled or discipassociation or society? Yes No	
10)	Since you last registered have you been convicted of a felony or misdemeanor to Are any criminal charges presently pending against you in any of those courts? Yes No.	oy any State, Federal or International court?
11)	Since you last registered to your knowledge, are you the subject of an investigation of the subject of an investigation of the subject of the	tion for a criminal act?
12)	practice or are any malpractice or other civil actions against your medical practices. Since	the presently pending in any vous.
13)	Are you <u>currently</u> in default on any student loan repayment obligations payable by the Kentucky Higher Education Assistance Authority?	to the financial aid programs administered
knowledge	ate that the information contained in this application is true, accurate and belief. I understand any false information on my application massuant to KRS 311.595.	ly subject my needse to disciplinary
_		eate: 17-15-02

RE	CI	E	V	ED

JAN 19 2007

For Office Use Only: \$125.00 [] Chock #_	120
\$175.00 [] Check #_	
\$225.00 [] Check #_	

\$225.00 [] Check #_______ Application for Renewal of Kentucky Medical/Osteopathic License for Year 2004

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 scaled 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

Please indicate any cl	anges/updates to mailing address as l	isted above:	
	s must be a street address; Post offic		oted)
(Mailing addres	s must be a street address; Post offic	E BOOLESS WITH NO TONGOL OF TOOL	:
	•	Zip Code:_	
) Practice Address if D	ifferent from Mailing Address:		
(Practice addre	ss must be a street address; Post offic	ce address will no longer be acce	pted)
		Zip Code:	
City & State:			in that County:
) Principal KY Practic	e County:	Percent of Practice	in that County:
) Tillicipal K. Linous			
Average total number	er of hours worked per week:	_	
	umber: (502) 852 60	249	
Office Telephone N	umber: () 6 2.)		
5) E-Mail Address (Fo	r Office Use Only):		
	3	20 1 1No	
6) Do you intend to pro	actice medicine in Kentucky?	liceuse.	
If "NO" please specify	reason for registering your Kentucky	11001130.	•
7) Do you currently ha	ve hospital staff privileges within the	Common wealth of Kentucky?	YYes []No
· ·	stetrics/Gynecology		
9) Type of Practice:		•	
lospital Based aculty Administrative Medicine	[] Resident/Fellow ►Private Practice [] Occupational Medicine	[] Military [] Research [] Emergency Medicine	[] Retired [] Semi-Retired [] Locum Tenens [] Public Health/Governmen

	KY License No: 30233
	Name: Resad Pasic, M.D.
je .	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 and the medical/osfeopathic licensing board, or Federal, or International authority?
	es No
	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?
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?
14)	Since you last registered have you voluntarily or involuntarily surrendered a medical or osteopathic license, or controlled substance registration certificate issued to you?
	1 fes 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? Line was 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?
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?
17)	Since you last registered are any legal proceedings regarding licensure presently pending against you by any State, rederated or International licensure authority or any drug licensure/enforcement authority? L Ves XNo
18)	Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society? Yes PNO
19)	Are any criminal charges presently pending against you in any of these course. Yes XNo
20)	Since you last registered to your knowledge, are you the subject of an investigation for a criminal act?
21)	practice or are any malpractice or other civil actions against your moster.
22	by the Kentucky Higher Education Assistance Authority?
knowledg	state that the information contained in this application is true, accurate and complete to the best of my ge and belief. I understand any false information on my application may subject my license to disciplinary and the Medical Practice Age.
anne Pri	Date: 17-16-03
	The Signature: Date: 17-16-03 If you answer "Yes" to question 10 - 22, please attach a written explanation. The same of the
Only Co	empleted Applications Will Be Processed; Incomplete Applications
Without	Payment Will Be Returned.

se above exemption

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?

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 L - 1 6 - C

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

\$750 For Office Use Only: \$125.00 [] Check # 1518384 \$175.00 [] Check # \$225.00 [] Check #

FEBApplication 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 expanged 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 expanged, 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 ch	anges/updates to mailing address	as listed above:	
St	reet:			
	(Mailing address	s must be a street address; Post oj	ffice address will no longer be	accepted.)
С	ity & State:		Zip Coc	le:
2)	Practice Address if Dif	ferent from Mailing Address:		·
	(Practice addres	s must be a street address; Post o	ssice address will no longer be	accepted.)
С	ity & State:		Zip Coc	le:
		County: JEFFER Se		
	Average total number	of hours worked per week:	· · · · · · · · · · · · · · · · · · ·	•
4)	Office Telephone Nur	nber: (502) 852 - 1	37	
5)	E-Mail Address (For	Office Use Only):		
. II ()	Do you intend to prac ""NO" please specify re	tice medicine in Kentucky? [peason for registering your Kentucky	Yes [] No license:	
7)	Do you currently have	hospital staff privileges within the	e Commonwealth of Kentucky?	[] Yes [] No
8)	Specialty: Obstetric	cs/Gynecology		
9)	Type of Practice:			
acu	ital Based lty inistrative Medicine	[] Resident/Fellow [] Private Practice [] Occupational Medicine	[] Military [] Research [] Emergency Medicine	[] Retired [] Semi-Retired [] Locum Tenens [] Public Health/Government

•		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
	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 Tho
	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 You
•	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 Wo
	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 Mo
	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
	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 Yes
Í	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 Ao
	18)	Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society? Yes
	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 Tho
	20)	Since you last registered to your knowledge, are you the subject of an investigation for a criminal act? Yes 1)6
	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 Tho
	22)	Are you <u>currently</u> in default on any student loan repayment obligations payable to the financial aid programs administered by the Kentucky Higher Education Assistance Authority? Yes Aro
knowl	edge	ate that the information contained in this application is true, accurate and complete to the best of my and belief. I understand any false information on my application may subject my license to disciplinary want to the Medical Practice Act.
Appli	cant :	Signature:
- •		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.

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?

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:

To Questions (1) Or (2) Please Attach A Written Explanation

\$1125-

RECEIVED

FEB 9 3 2006

For Office Use Only:	\$125.00		1592949
•	\$175.00	Check #	
	\$225.00	Check #	

K.B.M.L.

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 <u>correct renewal</u> fee. Applications with <u>unanswered questions will be returned</u> 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 en 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: R-e-SAD PASIC A	4 2) KY License No.: 30233
3) Mailing Address: UL ORGYN 550	S. JACKSONST LOUNNE
Kentuckes	40202
State or Country)	Zip Code)
4) Practice Address: (Note: Primary Practice address appears on the K	BML Physician Profile at <u>www.kbml.ky.gov</u> .)
Primary Practice Address 10 08/94 N (Street)	50 S JACKSON ST COY
Kn	40202
(State or Country)	(Zip Code)
5) Office Telephone Number: (502)_56/	7464
6) E-Mail Address (For Office Use Only):	

Abblication for 1708.00	ation of Kentucky Me	.40	307.33
amo: Respo	PASIC	MO Licens	se No.:
Are you currently practicing Please provide KY Count (a) County: (b) Number of he you have additional practice County (b) Number County (b) Number of he you have additional practice County (b) Number County (c) Number	y and number of hours we sours worked weekly in the ctice counties in Kenturanty in KY: mber of hours worked we	is county:40 cky, please indicate s NA ekly in this county:	-
9) Do you currently have h 10) Do you currently have 11) Do you have plans to p	nospital staff privileges in a collaborative agreemen practice medicine in Kent	Kentucky? ☐Yes ☐≀ nt with an ARNP? ☐Ye	s []No
10) Do you currently have 11) Do you have plans to p	nospital staff privileges in a collaborative agreemer	Kentucky? ☐Yes ☐≀ nt with an ARNP? ☐Ye	s □No
10) Do you currently have 11) Do you have plans to p 12) Specialty:	nospital staff privileges in a collaborative agreemen practice medicine in Kent	Kentucky? ☐Yes ☐≀ nt with an ARNP? ☐Ye	s □No

Αp	plicati	on for	Regist	ration		-			ic License			
Name	•	8	ess	10	PASI	<u>i</u> ,	MD	l	.icense No.: _	<i>3</i> 02	<u> -3</u>	<u>3</u>
1)	care pro	fessional ary aption	denied, r	evoked.	suspended	1. probat	ted, restricte	d, reprimande	her privilege to d, limited, or si r international a	ubjected to	s a hea	alth ther
2)	disciplin	ary action of such	or in cor	nection	surrendere with or In a	ed such e enticipati	credential, or on of a discl	r placed it into plinary investig	an inactive sta gation/action b	atus, to avo y the licens	ild sing	
3)	Since you licensing Yes	board, F	<u>ilstered</u> h ederal or	ave you Internat	been or are lonal licens	e you cu sure aut	irrently under horlty or any	r investigation drug licensure	by any State re- elenforcement	nedical/ost authority?	leopati	n ic
4)	licensure	e/enforce ce registra	ment auth	ority der	rug Enforce nled, revok sued to you	ed, susp	dministration pended, restr	n (DEA), or an icted, limited,	y state or Inter or otherwise d	national dr Isciplined a	ug a contr	olled
-	controlle ☐Yes	d substar	nce regist	ration ce	ertificate Iss	sued to y	you?		lical or osteopa	•		
6)	Since yo restricted ∐Yes	ou last reg d, limited, [1]No	<u>listered</u> ha repriman	as any h ided, pla	ospital, hos ced on pro	spitał mo bation o	edical staff or or otherwise o	r any other he disciplined you	alth care entity ur staff privilege	revoked, : es?	susper	ıded,
7)	the med	cal staff	of the hos	pital or a	resigned you any other h he entities	ealth ca	re entity, whi	d to renew pri le under inves	vileges at a lic stigation or whi	ensed hos le you werd	pital or e subje	from ect to
8)	Since yo Federal Yes	or Interna	<u>istered</u> au tional lice	re any le ensure al	gal procee uthority or a	dings re any drug	garding licen j licensure/ei	sure presently nforcement au	y pending agai thority?	nst you by	any Si	ate,
9)	Since you associate	ion or 900	<u>Istered</u> ha lety?	ave you	been remo	ved, sus	spended, exp	elled or discip	olined by any p	rofessiona	l medic	al _
•	Since you court? A	re any cr	<u>istered</u> ha iminal cha	ave you i arges pro	been convi esently per	cted of a	a felony or m ainst you in a	isdemeanor b any of those c	y any State, Fo ourts?	ederal or In	itemati	ional
11)	Since yo	u last red	istered to	your kn	owledge, a	re you t	he subject of	an Investigati	on for a crimin	al act?		•
•	Since you action action action	u last rea gainst you No	istered ha r medical	ave you l practice	had to pay 97	a judgm	ent exceedir	ng \$250,000 ln	a malpractice	action or o	other c	iyil
	administ ∐Yes	ered by th	e Kentuc	ky Highe	er Educatio	n Assist	lance Author	ity?	the financial a		,	
knowle	edge and	hat the ir i belief. I it to the fi	underst	and any	faise info	s applic rmation	cation is true on my appi	ication may s	nd complete t subject my lice	ense to di	sciplin	ary
	•	aturo:	-		(16x)	4		Date	: 1-2	3-0	6	
whhite	ant Sign	If y	ou answe	r "Yes"	to question	ons 1 - 1	13, please a	ttach a writter	n explanation.	,		

•		License for Year 2006
Application for Registration	on of Kentucky Medical/C	Steopathic License for Year 2006
Name: Resan P.	Asic, MD	License No.: 30233
shall be subject to inspection only upon inspection by any party of any materials Civil Procedure governing pretrial disco disclosed in any contested case process upon them. "Illegal drug use" means the use use" also means the use of a legally obtained the direction of the licensed health care if you are currently a participant Program) or a similar program in anoth are written.	s pertaining to civil litigation beyond by the answers to these quest eding, including a Show Cause proposed of an illegally obtained controlled substance or daily a professional who prescribed the controlled substance or daily in the Kentucky Physicians Health her state, make note of your involved.	under KRS 61.878(1) (a) and KRS 311.619 and adiction, except that no court shall authorize the distribution that which is provided by the Kentucky Rules of tons may be considered by the Board and may be ceeding, or appeal of a licensing decision based substance or dangerous drug; the term "illegal drug rigerous drug which is not taken in accordance with controlled substance or dangerous drug. Foundation Program (Impaired Physicians ament and answer the following questions as they
might impair your ability to continu	to brasses	any medical and/or psychiatric condition which
2) Since you last registered, have yo	ou suffered from or been treated fo	r drug or alcohol abuse and/or dependency?
Thereby state that the information of the knowledge and belief. I understand action pursuant to the Medical Praces	a fally letter in .	we, accurate and complete to the best of my plication may subject my license to disciplinary $1-23-06$

"Yes" 16 Questions 1 or 2, Please Attach A Written Explanation.

Applicant Signature:

If You Answer

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	PASIC	Lice	ense Numbe	er: 30035
	W. OBJGN N				
	o comply with this i				
Have you (completed your CME	requirements for	the CME cycle 1/1/	2003 – 12/3	31/2005?
Signature	00	w_	Da		23-06

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

For	Office	Use	Only:	\$100		
1 01	0				-	

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.

	om your wallet card.		g Medical	Education hours required for
lease grant an extension to complete the Continuing Medical Education hours require le CME cycle January 1, 2003 – December 31, 2005. I did not complete the required ecause: (please provide explanation)				
cause: (please pr	Ovide explanation)			
	<u> </u>			
			.	
·				
			1 1	
ominder: Please	e enclose the \$100.00	extension	fee when	returning application.
GIIIII GOTT				
				- Number
Printed Name			:	Kentucky License Number
			•	<u> </u>

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 nondisclosure 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:

7) Are you currently practicing in Kentucky?	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:



15) Race/Ethnicity:

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?

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

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?



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.

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 nondisclosure 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:

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:



15) Race/Ethnicity:



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

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

See above exemption

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 any materials pertaining to civil litigation beyond that which is provided by the Kentucky any materials pertaining to civil litigation beyond that which is provided by the Kentucky any materials pertaining to civil litigation beyond that which is provided by the Kentucky any materials pertaining to civil litigation beyond that which is provided by the Kentucky any materials pertaining to civil litigation beyond that which is any contested case proceeding, 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. The term "illegal drug use" also means the use of a legally obtained 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?

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.

Lic. # 30233

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:

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?

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?

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?

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?

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?

10) Since you last registered, have you entered a guilty plea, noto 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

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 dangerous 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?



Lic. # 30233

Renewal Date/Time:

1/7/2009 9:11:36 AM

Are you currently retired from the practice of medicine?

No

Gender:

Race/Ethnicity:

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 weekl	y in this cou	nty:
a) County: Jefferson b) Number of hours worked week			50
If you have additional practice count	ties in Kentucky, pleas	se indicate	so below:
a) Additional Practice County in I Number of hours v	KY: worked weekly in this co	ounty:	
b) Additional Practice County in Number of hours	KY: worked weekly in this co	ounty:	·
Do you currently have hospital staff pr	ivileges in Kentucky?	Yes	
Do you currently have a collaborative Advanced Registered Nurse Practition	agreement with an ner (ARNP)?	No	
Do you have plans to practice medicing	ne in Kentucky during th	ne year?	Yes
Specialty: Obstetrics/Gynecolog	ЭУ		
Type of Practice: Faculty		·	

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.)

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

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

- 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

Application Renewed On: 01/05/10

Resad Pasic M.D.

KY License #: 30233

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

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



14. Race

Application Renewed On: 01/05/10

M.D. Pasic Resad

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

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

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?



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

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.

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:

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

Application Renewed On: 01/18/11

Resad Pasic M.D.

KY License #: 30233

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

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

14. Race

Application Renewed On: 01/18/11 M.D. Pasic Resad

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
- 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
- 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 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?

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

See above exemption

2011 Application for Renewal of Kentucky Medical/Osteopathic License

Application Renewed On: 01/18/11

questions as they are written.

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

- (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?
- 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

Pasic M.D. Resad

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 ino'. 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.

University of Louisville, ACB 1. Mailing Address:

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

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

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



16. Race

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?
- 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?
- 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?
- 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 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?
- 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

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

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?

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

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

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.

Mailing Address: PO BOX 909

Louisville, KY 40201

 Practice Address: University Ob/Gyn Associates, PS 401 E. Chestnut Street

Louisville, KY 40202

3. Phone: (502) 561-7463

4. Email

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

Application Renewed On: 01/23/13

KY License #: 30233 Resad Pasic M.D.

- 7. Please provide KY County and number of hours worked weekly in this county:
 - a) county Jefferson
 - b) Hours

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

17. Race

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?
- 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 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?
- 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?
- 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

Date: 01/23/13

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?

(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

Date: 01/23/13

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

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 mon-disclosure, will result in a minimum fine of \$1,000.00.

1. Mailing Address: PO BOX 909

Louisville, KY 40201

2. Practice Address: 401 E. Chestnut Street

Suite 410

Louisville, KY 40202

3. Phone: (502) 561-7463

Ý

4. Email:

5. Are you retired? No

6. Are you currently practicing in Kentucky? Yes

Application Renewed On: 02/24/14

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



17. Race



Application Renewed On: 02/24/14

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?
- 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?
- 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?
- 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?

Application Renewed On: 02/24/14

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?

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

Date: 02/24/14

Application Renewed On: 02/24/14

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?

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

Date: 02/24/14