

# History Detail

**Credential Holder**

Enter renewal information and click Save.

Credential Xref Insurance Firearms Details Letters Holds History Notes Cred: 1 of 1 > >>

**Name:** Gittler, Mandy MD

**Renewal Due:** 10/31/2011

**Profession:** Medicine and Surgery

**Credential #:** 48533-20

[Add History](#) | [View Online Activity](#)

**History**

Date	History Type	History	Actions
11/08/2011	CredHolderStatusChange	Status Change: ACTIVE to EXPIRED by DRL-WORLD\rnl142	
04/08/2011	RenewedAuto	Cred Holder Renewed - Auto Event	
04/07/2011	CredHolderStatusChange	Status Change: E to A by DRL-WORLD\rnl142	
04/06/2011	StandardRequirementAdded	Standard Requirement Added: STA	
11/09/2009	CredHolderStatusChange	Status Change: ACTIVE to EXPIRED by DRL-WORLD\lmf	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: FEE	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: CLS	
09/02/2009	StandardRequirementAdded	Standard Requirement Added: SIG	
10/05/2007	BlueLicensePrinted		
09/21/2007	RenewedAuto	From fee rec. year=2007 date printed=09/21/2007	
09/07/2007	StandardRequirementAdded	Standard Requirement Added: SIG	
09/07/2007	StandardRequirementAdded	Standard Requirement Added: FEE	
10/27/2005	RenewedAuto	From fee rec. year=2005 date printed=10/27/2005	
08/22/2005	EndorsedFrom	ENDORSED FROM USMLE	
08/22/2005	FromApplicationMethodInformation	From application: 216074 by method: ENDORSEMENT	
06/13/1998	GraduatedFrom	graduated from RUSH MED COLL-CHICAGO IL	

**Exam History**

There are no query results.

[Print History](#)

# Payment History

### Credential Holder

Enter renewal information and click Save.

Credential Xref Insurance Firearms Details Letters Holds History Notes Cred: 1 of 1

Name: Gittler, Mandy MD

Renewal Due: 10/31/2011

Profession: Medicine and Surgery

Credential #:48533-20

[Add Payment/Refund](#)

#### Payments/Refunds

Year	Batch Date	Code	Batch Type	Batch#	Batch Location	Amt. Paid	Actions
2009	04/06/2011	P	E	0	33	166	
2007	09/21/2007	P	E	0	534	106	
2005	10/25/2005	P	B	59	40	106	

2009

**Online Activity**

View credential holder renewal log, Activity information (online login info), Continuing education log

**Credential:** 48533-20 (Medicine and Surgery)

**Renewal:** 2013

**Name:** Gittler, Mandy MD

**Status:** REGULAR - NOT CURRENT(EXPIRED)

**Granted:** 08/22/2005 **Renew By:** 10/31/2011

**First Fee:**

**Online Renewal Log**

[< Back To Credential](#)

Renewal Year: 2009

**Log**

Time	Step #	Step Title	Message
4/6/2011 9:03:29 AM	1	Update Contact Info	Step completed, advancing to next step in renewal process...
4/6/2011 9:04:49 AM	2	Certification Of Legal Status	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
4/6/2011 9:04:56 AM	3	Affidavit of Credential Holder	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
4/6/2011 9:05:13 AM	7	Important information regarding your credential	Step completed, advancing to next step in renewal process...
4/6/2011 9:05:23 AM	10	Questions	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
4/6/2011 9:05:27 AM	10	Specialty	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>
4/6/2011 9:05:36 AM	7	List Opt-Out	Step completed, advancing to next step in renewal process... <a href="#">Survey</a> <a href="#">Answers</a>

**Continuing Education Log**

No Continuing Education log information recorded for this renewal year

2009

**Online Activity**

View credential holder renewal log, Activity information (online login info), Continuing education log

**Credential:** 48533-20 (Medicine and Surgery)

**Renewal:** 2013

**Name:** Gittler, Mandy MD

**Status:** REGULAR - NOT CURRENT(EXPIRED)

**Granted:** 08/22/2005 **Renew By:** 10/31/2011

**First Fee:**

**Online Renewal Log**

[< Back To Log](#)

**Answers**

I declare under penalty of law that I am: (check one)

a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

a citizen or national of the United States

2009

**Online Activity**

View credential holder renewal log, Activity information (online login info), Continuing education log

**Credential:** 48533-20 (Medicine and Surgery)

**Renewal:** 2013

**Name:** Gittler, Mandy MD

**Status:** REGULAR - NOT CURRENT(EXPIRED)

**Granted:** 08/22/2005 **Renew By:** 10/31/2011

**First Fee:**

**Online Renewal Log**

[< Back To Log](#)

**Answers**

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.

2009

**Online Activity**

View credential holder renewal log, Activity information (online login info), Continuing education log

**Credential:** 48533-20 (Medicine and Surgery)

**Renewal:** 2013

**Name:** Gittler, Mandy MD

**Status:** REGULAR - NOT CURRENT(EXPIRED)

**Granted:** 08/22/2005 **Renew By:** 10/31/2011

**First Fee:**

**Online Renewal Log**

[< Back To Log](#)

**Answers**

I have or will have completed \*30 hours of AMA or AOA Category I continuing education beginning January 1, 2008 and ending December 31, 2009, and I have or will have evidence of this which I will furnish to the Medical Examining Board upon request.

\* Three months of approved post-graduate training is equivalent to 30 hours of Category I credits.

2009

**Online Activity**

View credential holder renewal log, Activity information (online login info), Continuing education log

**Credential:** 48533-20 (Medicine and Surgery)

**Renewal:** 2013

**Name:** Gittler, Mandy MD

**Status:** REGULAR - NOT CURRENT(EXPIRED)

**Granted:** 08/22/2005 **Renew By:** 10/31/2011

**First Fee:**

**Online Renewal Log**

[< Back To Log](#)

**Answers**

**If your specialty area has changed from the one listed below, please correct it.**

Specialty:

2009

**Online Activity**

View credential holder renewal log, Activity information (online login info), Continuing education log

**Credential:** 48533-20 (Medicine and Surgery)

**Renewal:** 2013

**Name:** Gittler, Mandy MD

**Status:** REGULAR - NOT CURRENT(EXPIRED)

**Granted:** 08/22/2005 **Renew By:** 10/31/2011

**First Fee:**

**Online Renewal Log**

[< Back To Log](#)

**Answers**

Per Wis. Stat. § 440.14, if you are an individual or a sole proprietor, you may declare that your street address and/or PO Box # not be disclosed on any list of ten or more credential holders that the department furnishes to another person. Please check the box below to make this declaration.

**Please do not disclose my street address and/or PO Box # on lists**