

myLicense Renewal Question Responses

License Number: OS002825L

Name : WARREN I TAYLOR

Online Submission Date : 9/8/2004 6:39:30AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served.	N
Do you provide health care services to patients within the Commonwealth of PA?	Y
If yes, is the percentage of patients that you provide care for in the Commonwealth 20% or more of your practice?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	N

Online Submission Date : 8/23/2006 7:48:47AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served.	N
Do you maintain current medical professional liability insurance in the Commonwealth?	N

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF OSTEOPATHIC MEDICINE

OS0028261
 Renewal ID: 468563
 TAYLOR

WARREN H. TAYLOR

State Board of Osteopathic Medicine
 P.O. Box 8447
 Harrisburg, PA 17105-8447

Important Information

You can now **renew your license online** by visiting your browser to www.mylcenseidators.us and following the on-line steps as indicated. Your license renewal will be processed faster and quicker than by mail.
 Please take a few minutes to complete the enclosed survey form from the Department of Health and return it with your completed Renewal Application and fee. (Renewal by mail or separately if renewing online.)

- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required.
- I am retired from practice but desire to keep my license active to remain eligible to rejoin immediately (family members). I am exempt from the CME requirement. Renewal must be completed and fee required.

Name Change	Address Change
Indicate new name below, submit photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree or legal document indicating retaining of a maiden name, etc.)	

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

YES	NO	If you answered yes to questions 2-6, provide details AND attach certified copies of legal documents.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Do you hold a license to practice this profession in any other state or jurisdiction?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Since your initial application or your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Since your initial application or your last renewal, have you withdrawn an application for a license, had an application for a license denied, or been ordered to reapply for a license in any state or jurisdiction?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Since your initial application or your last renewal, have you been convicted, found guilty or pleaded not guilty or received probation without verdicts to any felony or misdemeanor, including any drug law violations, or any criminal charge pending and unresolved in any state or jurisdiction?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Since your initial application or your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or ambulatory care facility?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Since your initial application or your last renewal, have you had your DEA registration denied, revoked or annulled, or have you had your provider privileges terminated by any medical assistance agency for cause?

CONTINUING EDUCATION - SELECT ONE BELOW: You are required to finish your official continuing education certificate of completion card on the license renewal form during September, 2004 and provide them to the Board if requested.

During this renewal cycle (1/1/00-10/31/02) I have completed the required 100 hours of continuing education with at least 20 hours in our designated CME category for approval.
 I am currently enrolled in an accredited training program during this renewal cycle (1/1/00-10/31/02) and am exempt from the continuing education requirement.

I verify that this form is the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am subject to the criminal penalties for tampering with public records or information pursuant to 18 P.S. § 3912 and that any false statement made is subject to the penalties of 18 P.S. § 4904 relating to perjury, falsification of authentic and may result in my license being disciplined.

Signature: *Manda Ory* Date: *10/1/02*

EXPIRATION DATE	October 31, 2002
FEES - Payable to COMMONWEALTH OF PENNSYLVANIA	\$140.00
Write your license number on your payment. A \$20.00 fee will be assessed for a returned payment.	OS0028261
DAYS REC. 15.00 per month, prorated if a month.	
Mail renewal fee will be assessed if postal return is used.	
PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.	

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

OS - 002825
TAYLOR NEW

THIS IS YOUR RENEWAL APPLICATION - FEE IS \$140.00

STATE BOARD OF OSTEOPATHIC
MEDICINE
P.O. BOX 8417
HARRISBURG, PA 17105-8417

[REDACTED]

YOUR CURRENT LICENSE TO PRACTICE MEDICINE IN PENNSYLVANIA WILL EXPIRE ON OCTOBER 31, 2006. IT RENEWS THROUGH OCTOBER 31, 2007. PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$140.00 MADE PAYABLE TO THE COMMONWEALTH OF PA. RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR CHECK. A FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR ANY RENEWAL POST-DATED AFTER OCTOBER 31, 2006. A PROCESSING FEE OF \$10.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED BY YOUR BANK REGARDLESS OF THE REASON. PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL PENALTIES. IF YOU HAVE A CHANGE OF NAME AND/OR ADDRESS, INDICATE THIS CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE, OR OTHER OFFICIAL DOCUMENT. NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE. ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE RENEWAL APPLICATION WITHIN 30 DAYS OF FINAL DETERMINATION, WHICHEVER IS SOONER.

ANSWER THE FOLLOWING QUESTIONS. IF YOU ANSWER YES TO ANY QUESTION 2-7, YOU MUST PROVIDE COMPLETE DETAILS ON AN ATTACHED 8 1/2 X 11 SHEET OF PAPER AND ATTACH APPLICABLY CERTIFIED DOCUMENTS. FAILURE TO PROVIDE PROPER ANSWERS WILL DELAY THE PROCESSING OF THE RENEWAL.

YES NO ** ANSWER THE FOLLOWING QUESTIONS, SIGN AND DATE **

- 1. DO YOU HOLD A LICENSE (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) TO PRACTICE MEDICINE IN ANY OTHER JURISDICTION? YES NO *MS, DE, NY, ME, PA, KY, MO*
- 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED GUILTY, RECEIVED PROBATION WITH OR WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL) WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE)
- 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS, HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR ABOARD NOT TO REPLY, FOR A LICENSE IN ANY STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION
- 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED OR SURRENDERED IN HOSPITAL, DISPENSARY, HOSPITAL OR ANY HEALTH CARE FACILITY?
- 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR OPIOID?

CONTINUING EDUCATION CERTIFICATION - CHECK ONE **

I HAVE COMPLETED AT LEAST 100 CREDIT HOURS OF NON OR ACCME APPROVED CONTINUING MEDICAL EDUCATION WITH AT LEAST 10 HOURS IN POWER GRANTED AOA CATEGORY I ACCREDITATION.
 AM EXEMPT FROM THE CONTINUING MEDICAL EDUCATION AND I HAVE COMPLETED THE ENCLOSED EXEMPTION FORM.

SIGNATURE: *[Signature]* DATE: *1/1/06*

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

Official Use Only

09 - 002825
TAYLOR RENEW

***** THIS IS YOUR RENEWAL NOTICE *****

WARREN L. TAYLOR

STATE BOARD OF ORTHOPAEDIC
MEDICINE
P.O. BOX 9007
HARRISBURG, PA 17105-8407

YOUR CURRENT LICENSE TO PRACTICE MEDICINE IN PENNSYLVANIA WILL EXPIRE ON OCTOBER 31, 1994. TO RENEW THROUGH OCTOBER 31, 1995, PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$150.00 PAID PAYABLE TO THE COMMONWEALTH OF PENNSYLVANIA. RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR LICENSES POST-DATED AFTER OCTOBER 31, 1994. A PROCESSING FEE OF \$10.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED BY YOUR BANK. PLEASE ADVISE OF THIS REASON. IF YOU HAVE A CHANGE OF ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED ADDRESS ABOVE.

RESPOND MORE SPECIFICALLY TO (HOWEVER) AND TO ACCURATELY DETERMINE THE IDENTITY OF LICENSEE, WE ARE REQUESTING YOU TO PROVIDE YOUR SOCIAL SECURITY NUMBER (SSN), DATE OF BIRTH (DOB), AND MEDICAL SCHOOL AND YEAR OF GRADUATION. PROVIDING THIS SSN IS VOLUNTARY; HOWEVER, YOUR REFUSAL TO PROVIDE THE INFORMATION MAY RESULT IN DELAY IN REPLYING TO YOUR CORRESPONDENCE. YOUR CONTRIBUTION TO THE COMMONWEALTH OF PENNSYLVANIA MAY BE CONFUSED WITH A DIFFERENT LICENSEE WITH A SIMILAR NAME.

IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

ACTIONS TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE RENEWAL NOTICE OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

ANSWER THE FOLLOWING QUESTIONS, SIGN AND DATE BELOW:

DO YOU HOLD A LICENSE TO PRACTICE MEDICINE IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE.

SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOU IN ANOTHER STATE, TERRITORY OR COUNTRY?

SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED GUILTY OR SOLELY CONTENDER OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATION IN ANY COURT?

SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY?

SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR DE A LICENSE TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY (MAA)?

HAVE YOU COMPLETED AT LEAST TWO CREDIT HOURS OF CME OR ANOTHER APPROVED CONTINUING MEDICAL EDUCATION WITH AN AGENCY APPROVED BY THE BOARD OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS?

IF YES, PLEASE COMPLETE THE CONTINUING MEDICAL EDUCATION REPORT AND I HAVE COMPLETED THE REPORT FORM.

PLEASE PRINT YOUR NAME AND SIGNATURE IN BLOCK LETTERS ON A 1/2 X 1/4 SHEET OF PAPER AND INCLUDE YOUR SOCIAL SECURITY NUMBER AND SIGNATURE.

DATE: 10/15/93

WARREN L. TAYLOR

WARREN L. TAYLOR

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS

PHOENIX 2079
OCTOBER 20, 1994
OS-AD-02925
TAYLOR, WARREN

*****THIS IS YOUR RENEWAL NOTICE*****

WARREN T. TAYLOR

STATE BOARD OF OSTEOPATHIC
MEDICINE
P.O. BOX 8447
HARRISBURG, PA 17105-8447



YOUR CURRENT LICENSE TO PRACTICE MEDICINE IN PENNSYLVANIA WILL EXPIRE ON OCTOBER 31, 1994. TO BEGIN THROUGH OCTOBER 31, 1994,
PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$75.00 DUE PAYABLE TO THE COMMONWEALTH OF
PA. BEFORE YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY FEE OF \$500 PER MONTH WILL BE CHARGED FOR RENEWAL
FORWARDED AFTER OCTOBER 31, 1994. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED BY YOUR BANK
FOR REASON OF THE REASON. IF YOU HAVE A CHANGE OF NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND
ADDRESS ABOVE.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE RENEWAL DATE OF
YOUR LICENSE. IN DAYS OF FINAL DISPOSITION, WHICH EVER IS SOONER.
IF SINCE YOUR LAST RENEWAL, YOU HAVE EXPERIENCED DIFFICULTIES AS A RESULT OF ALCOHOL OR OTHER DRUGS SUCH AS DIABETES OR
TREATMENT FOR CHEMICAL DEPENDENCY OR ABUSE OR ARRESTS FOR CHEMICAL USE RELATED OFFENSES, YOU MAY CONTACT THE BUREAU OF PROFESSIONAL
HEALTH MONITORING PROGRAM FOR CONFIDENTIAL INFORMATION AND ASSISTANCE AT 1-800-654-1122 OR 717-653-4857.

ANSWER THE FOLLOWING QUESTIONS AND SIGN AND DATE BELOW.

1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE IN ANY OTHER JURISDICTION? IF YES, LIST YOUR DNR: YES NO
NEW JERSEY, MARYLAND, KENTUCKY, KANSAS, CONNECTICUT

2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE,
TERRITORY OR COUNTRY? YES NO
NEW JERSEY, MARYLAND, KENTUCKY, KANSAS, CONNECTICUT

3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED GUILTY OR HAD CONTINGENT OR RESOLVED
PROSECUTION WITHOUT VERDICT AS TO ANY FELONY OR Misdemeanor, INCLUDING ANY DRUG LAW VIOLATION, IN ANY STATE OR
FEDERAL COURT? YES NO

4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES, LIMITED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER
HEALTH CARE FACILITY? YES NO

5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR
PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY (PAIN CLINIC)? YES NO

IF YOU ANSWERED "YES" TO QUESTIONS 1, 2, 3, 4 OR 5 ABOVE, PLEASE PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND ENCLOSE
COPIES OF ALL DOCUMENTS, IF ANY.

*****CONTINUING EDUCATION SUBSCRIPTION*****
CHECK THE APPLICABLE STATEMENT AND PROVIDE THE REQUESTED INFORMATION.

I HAVE COMPLETED AT LEAST 100 CREDIT HOURS OF CMA CONTINUING MEDICAL EDUCATION IN CATEGORIES 1 AND 2 WITH AT LEAST
10 CREDIT HOURS IN A OR B AND A MINIMUM OF 10 CREDIT HOURS IN RISK MANAGEMENT AND A MINIMUM OF 5 CREDIT HOURS IN ALIATION
I AM EXEMPT FROM CONTINUING EDUCATION REQUIREMENTS AND HAVE COMPLETED THE ENCLOSED FORM.

I WAS LICENSED BY RECIPROCAL AGREEMENT IN PA SINCE NOVEMBER 1, 1994 AND MY LICENSE IS PROTECTED AT THE RATE OF 125
CREDIT HRS PER QUARTER. DATE OF LICENSE: _____ NUMBER OF CREDITS BARRED: _____

SIGNATURE: *Warren T. Taylor, D.O.* DATE: *8/19/94*

AUG 15 1994



OK
1/13

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2839
HARRISBURG, PA 17105-2839

Telephone: 717-737-4861
Fax: 717-787-7169
http://www.dhs.gov/psa/osteom/

April 24, 2007



Your name has been selected for audit of your continuing medical education for the license period from 11/1/2006 through 10/31/2007. Please forward your AOA Activity Report or supply copies of the certificates of successful completion for the 100 hours of approved CME that you certified you had completed when you signed your license renewal form. You should submit copies only as the certificates will not be returned. All copies must be on 8 1/2 x 11 sheets of paper and multiple certificates may be copied on one sheet.

Please verify the information below, sign and date and return this form with the CME to the Board at the address listed above before May 24, 2007.

VERIFICATION STATEMENT

I have attached copies of approved continuing medical education for programs I attended during the license period 11/1, 2006 through 10/31/2007.


Signature


Date



AMERICAN HEART ASSOCIATION
 520 North Dearborn Street
 Chicago, IL 60610-4202
 (773) 762-8700

MEMBER INFORMATION: Please refer to the member ID number on the back of your membership card. If you have a membership card, you can view an updated CME Activity Report any time through the CME Online Web Site. If you have not yet received your CME Online Web Site, please contact the following number for assistance: (773) 762-8700.

NAME: **WALTER TAYLOR, DO**
 ADDRESS: **1035 Maple Avenue
 Philadelphia, PA 19104**
 PHONE: **215-381-1100**

Rate	CME Hours Required	Event	Start Date	End Date	Category	Hours
150.00	15	3RD ANNUAL CLINICAL ASSEMBLY/TORONTO	01/01/01	01/31/01	1A	15.00
0.00	0	HOME STUDY READING			1B	15.00
0.00	0	HRS APPLIED TO PRIOR REG				0.00
0.00	0	RISK FACTORS/MEDICAL RISK MGMT			1B	0.00
0.00	0	HRS APPLIED TO PRIOR REG				0.00
0.00	0	TRENDS IN WOMEN'S MEDICAL			1A	0.00
0.00	0	HRS APPLIED TO PRIOR REG				0.00
0.00	0	MEETING OF AN ASSEMBLY OF NURSES			1A	0.00
0.00	0	HRS APPLIED TO PRIOR REG				0.00
0.00	0	THE AMERICAN HEART ASSOCIATION			1B	0.00
0.00	0	HRS APPLIED TO PRIOR REG				0.00
0.00	0	TRENDS IN WOMEN'S MEDICAL			1A	0.00
0.00	0	HRS APPLIED TO PRIOR REG				0.00
0.00	0	HOME STUDY READING			1B	0.00
0.00	0	HRS APPLIED TO PRIOR REG				0.00

Note: Hours included in CME activity on a complimentary basis are non-transferable. You can view an updated CME Activity Report any time through the CME Online Web Site. If you have not yet received your CME Online Web Site, please contact the following number for assistance: (773) 762-8700.

	Total Accrual Hours Required	Hours Applicable Toward Requirement	Hours Needed
Category 1A	00.00	00.00	0.00
Category 1B	00.00	00.00	0.00
Category 2A	15.00		
Category 2B	18.00	07.00	0.00
Total Category 1 & 2	132.00	132.00	0.00
ACHA/CMA	132.00	132.00	0.00





COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 P. O. BOX 2649
 HARRISBURG, PENNSYLVANIA 17105

STATE BOARD OF OSTEOPATHIC MEDICINE

Telephone: (717) 783-4850
 Fax: (717) 783-4771
 WWW.DOS.STATE.PA.US

November 2, 1999

WARREN L. TAYLOR, D.O.



Dear Doctor:

Your name has been selected for audit of your continuing medical education for the licensure period from November 1, 1996 through October 31, 1998. Please forward your AOA Individual Activity Report or supply copies of the certificates of successful completion for the 100 hours of approved CME that you certified you had completed when you signed your licensure renewal form. You should submit copies only, as the certificates will not be returned. All copies must be on 8 1/2" x 11" sheets of paper and multiple certificates may be copied on one sheet.

Please verify the information below, sign and date, and return this form with CME to the Board at the address noted above before December 10, 1999.

VERIFICATION STATEMENT

I have attached copies of approved continuing medical education for programs I attended during the licensure period November 1, 1996 through October 31, 1998.

Signature

11/8/99

Date

29306
 Warren J. Taylor, D.O.
 616 Heather Ln
 Bryn Mawr, PA 19010-2020

ASO#	Activity Name	01/01/98	12/31/00	Activity Category	12/15/98
01/09/98	00503 NEONATAL RESUSCITATION PROGRAM/A			1A	6.0
01/16/98	00176 HURF/COOPER SURGICAL			2A	20.0
				HRS APPLIED TO PRI SPEC REQ	20.0
01/19/98	00498 BLS CHSE/AMERICAN HEART ASSOCIAT			1A	3.0
01/20/98	01734 VIDEO/DOMESTIC VIOLENCE/OSUCOM			1B	1.0
02/17/98	02177 CME/CROZER-CHESTER MED CTR			1A	1.0
				HRS APPLIED TO PRI SPEC REQ	1.0
03/18/98	03528 WOMEN'S HEALTH/CROZER-CHESTER ME			1A	6.0
				HRS APPLIED TO PRI SPEC REQ	6.0
04/08/98	02555 WOMEN'S HEALTH CARE/DANK DAVIS			2A	20.0
				HRS APPLIED TO PRI SPEC REQ	20.0
04/18/98	01734 VIDEO/DOMESTIC VIOLENCE/OSUCOM			1B	1.0
07/30/98	00100 CME QUIZ/JAOA/AOA			2B	3.0
				HRS APPLIED TO PRI SPEC REQ	3.0
09/30/98	00100 CME QUIZ/JAOA/AOA			2B	3.0
				HRS APPLIED TO PRI SPEC REQ	3.0
10/30/98	00007 HOME STUDY/READING			2B	16.0
				HRS APPLIED TO PRI SPEC REQ	16.0

NOTE: 150 CME hours are required for each 3-year CME cycle; 60 hours must be earned in AOA Category I or I-B, with at least 10 of the 60 hours earned exclusively in Category I-A. The remaining 90 hours can be earned in either Category I or Category II. CME requirements are prorated for physicians who join the AOA in the middle of the current CME cycle.



19.0	19.0	10.0	
2.0	2.0	28.0	
40.0	40.0	0.0	150.0
22.0	22.0	28.0	
83.0	83.0	67.0	NO
69.0	69.0	0.0	YES

May be met in Cat. 1A or 1B
 May be met in Cat. 1 or 2



000049-0360

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P.O. BOX 2649
HARRISBURG, PA 17105

STATE BOARD OF OSTEOPATHIC MEDICINE

Telephone: (717) 783-4868
Fax: (717) 787-7885
www.dos.state.pa.us

December 9, 1999

Warrenton Taylor, DO



Dear Doctor Taylor:

This letter will acknowledge your compliance with the continuing medical education audit for the November 1996 - October 1998 renewal cycle. If you have any questions, do not hesitate to contact the Board office.

Sincerely,

STATE BOARD OF OSTEOPATHIC MEDICINE

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

- 1. DO YOU HOLD A LICENSE TO PRACTICE OSTEOPATHIC MEDICINE IN ANY OTHER STATE, TERRITORY OR COUNTRY? YES NO
 IF YOU ANSWERED YES, PLEASE LIST EACH STATE, TERRITORY OR COUNTRY.
NY
PA
- 2. HAS DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN PENNSYLVANIA OR IN ANOTHER STATE SINCE YOUR LAST RENEWAL OR APPLICATION? YES NO
- 3. IS THERE ANY DISCIPLINARY ACTION PENDING AGAINST YOUR LICENSE IN PENNSYLVANIA OR IN ANOTHER STATE? YES NO
- 4. HAVE YOU, SINCE YOUR LAST RENEWAL OR APPLICATION, BEEN CONVICTED OF, PLED GUILTY OR ENTERED A PLEA OF NOLO CONTENDERE TO A DRUG RELATED FELONY? YES NO
- 5. HAVE YOU EVER BEEN CONVICTED OF A CRIME INVOLVING THE PRACTICE OF OSTEOPATHIC MEDICINE OR MORAL TURPITUDE? YES NO
- 6. HAVE YOU EVER ENGAGED IN THE EXCESSIVE USE OF ALCOHOL, DRUGS, NARCOTICS OR OTHER CHEMICALS? YES NO
 (NOTE: YOU MAY ANSWER "NO" IF YOU ARE CURRENTLY A PARTICIPANT IN THE IMPAIRED PROFESSIONAL PROGRAM)

 **NAME **
 ** **
 **STREET **
 ** **
 **CITY ** STATE ** ZIP **

OS-002825-L/TAYLO

WARREN L TAYLOR



RECEIVED

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF OSTEOPATHIC MEDICINE
P.O. BOX 2648
HARRISBURG, PA. 17105-2648
PHONE: (717) 783-1400

Warren J. Taylor



ENDING

08-002025-1/TAYLOR/70/

THIS IS YOUR RENEWAL NOTICE

Your current license to practice osteopathic medicine in Pennsylvania expires on October 31, 1986. To renew your license through October 31, 1988, you must complete the questionnaire on the reverse side of this notice and return this letter along with a check or money order in the amount of \$75.00 each payable to "Commonwealth of Pennsylvania" in the enclosed envelope. Please write your ID number on your payment. If you have a change of name or address, please insert information below.

A late penalty of \$5.00 per month or part of a month will be charged for all renewals postmarked after October 31, 1986.

REINDER - IN ORDER TO PRACTICE IN PENNSYLVANIA, YOU MUST HAVE A CURRENTLY VALID LICENSE AND COMPLY WITH MALPRACTICE INSURANCE REQUIREMENTS.

If you are not practicing in Pennsylvania, you may contact the Mutual Professional Liability Catastrophes Loss Fund, P.O. Box 12030, Harrisburg, PA 17108 - for exemption.

CONTINUING EDUCATION - Each person licensed to practice osteopathic medicine (with restriction) during the two-year period immediately preceding a renewal must re-register with the Board. You must complete a program of continuing medical education as defined by and acceptable to the Board. You will not be required to submit proof of completion of an approved program until the 1988-1990 renewal period. If the regulations have not yet been established by the Board, when regulations are established the licensee will be so informed.

PLEASE ANSWER QUESTIONS ON REVERSE SIDE OF FORM

NAME AND/OR ADDRESS CHANGE _____

9/9/86
(Date)

[Signature]
(Signature of Licensee)

THE FOLLOWING QUESTIONS MUST BE ANSWERED:

YES NO

1. Do you hold a license to practice osteopathic medicine in any other state, territory or country? (include active and inactive)

If you answered "yes", please list: None

2. Has any disciplinary action ever been taken against your license in another state, territory or country?

3. Is there any disciplinary action pending against your license in another state, territory or country?

If you answered "yes" to questions 2 and 3, please provide detail below (add a 1/2 sheet if necessary)

(Disciplinary action taken in another state, territory or country shall be reported to the Board on the principal registration application or within 90 days of final disposition.)