#### MALICALIZA MANAMI MARKION MARDOLIZAR

License Number: MD419734

Name: ANN IRENE SCHUTT-AINE

#### Online Submission Date:

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	N N
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing unstitution?	N
s your malpractice insurance coverage current?	<b>Y</b>
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	Ņ
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or nealth care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state territory or country?	Ň
Since May 19, 2002, have any malpractice complaints been filed against you?	N

#### Online Submission Date:

#### 11/11/2004 9:08:03AM

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)?	Ň
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	Ň
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Since your last renewal, have you withdrawn an application for licensure in another licensing juristiction?	Ñ
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by and medical assistance agency for cause?	Ņ
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or nealth 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 affenses or drug offenses in any state, territory or country?	N
O you provide health care services to patients within the Commonwealth of PA?	Υ ,
f yes, is the percentage of patients that you provide care for in the Commonwealth 20% or more of our practice?	Ý
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Ň

#### Online Submission Date:

#### 10/10/2006 8:27:55AM

Renewal Question	Response '
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	N
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	Ň
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 juristiction?	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

## License Number: MD419734

Name : ANN IRENE SCHUTT-AINE

### T

Since your last renewal, have you had your DEA registration denied, revoked or restricted?  Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual	N
one less of drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil majoractice law suit?	, Ni

# PA STATE BOARD OF MEDICINE PO BOX 2649 HARRISBURG PA 17105

ANN IRENE SCHUTT-AINE 9829

1150

TO REGISTER YOU WILL NEED: Last Name: SCHUTT-AINE License Number: MD419734 Registration Code: 25813419

## INFORMATION REGARDING RENEWAL OF YOUR LICENSE

Expiration Date: 12/31/08

The Pennsylvania State Board of Medicine offers you the ability to renew your license online. You will need: 1) a valid credit card (Visa, Mastercard, Discover, American Express) and 2) your Registration Code 25913419. Go to <a href="https://www.myLicense.state.pa.us">www.myLicense.state.pa.us</a> to renew online. Follow the instructions and you will have immediate confirmation that your renewal is being processed. If you need assistance during the online renewal process, please email <a href="mailto:state.pa.us">state.pa.us</a>.

## DO NOT RETURN THIS FORM IF YOU RENEW ONLINE.

This is NOT a renewal application.

To request a paper renewal application, follow the directions below.

If you are unable to use the online renewal system, you will need a paper renewal application to complete your renewal. PLEASE NOTE that you will not receive a paper renewal application as in years past. This is the only license renewal notice you will receive, unless you request a paper renewal application. Board staff will not be able to take requests for paper renewal applications over the telephone due to the high volume of calls. Therefore, the following options are available to receive a paper renewal application:

BY MAIL Complete the information below and return this form to:

PA State Board of Medicine P.O. Box 2349 Harrisburg, PA 17105-2649

BY WEBSITE www.dos.state.pa.us/med

We encourage you to renew by December	1, 2008 to ensure that you receive your license by the expiration date.

	Yes, I need a paper renewal applicat	ion.
×	I have a change of address.	NEW ADDRESS:
		Social Security Number

I will not be practicing this profession in Pennsylvania after December 31, 2008. Please place my license on inactive status. (Return this form to the address above. No fee or continuing education is required.

E '99 FE POST Y OF Medicine Stati	ier Dolivery Address e Board of Medicine Pine Street 1st Floor isburg, PK, 17101	DOVE IN SECOND
APPLICATION FOR A GRADUAT GRADUATES OF ACCREDITED M	E LICENSE FOR EDICAL SCHOOLS S	$\frac{ O G G G}{ O G G}$
THIS APPLICATION IS TO BE GRADUATE LICENSE - DO NO	USED FOR INITIAL OT USE TO RENEW	
PEE - \$15.00  MAKE FEE FAYABLE TO COMMONWEALTH FEE NOT REPUNDABLE NOTE: A processing fee of \$20.00	Millibe Charged for the state	or money order returned unpaid by yo
THIS APPLICATION MUST BE SUBMITT 60 DAYS PRIOR TO START OF TR	ED AT LEAST Amo	ount (500)
TO BE COMPLETED BY APPLICA	ant:	3 1488.100
Please Print of Type		
NAME: ELION TAST	MINEY FIRST	MIDDLE MAIDD!
ADDRESS:		
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City	STATE LIP COL	Y
SOCIAL SECURITY		TELEPHONE WORK)
	DATE OF	WORK)
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NAME: & ADDRESS OF MEDICAL SCHOOL  HOY VILLE MEDICAL SCHOOL  150 Story MA	DATES OF ATTENDANCE	TELEPHONE WORK) HOMBERS:  DATE: OF GRADUATION
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Answer the following questions. If "YES" is answered to any of them, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

Do you hold a license to practice medicine and surgery (active or inactive, current or expired) in any state, territory or country? If "yes", list all states below. Have you withdrawn an application for a license, had an: application for a license denied or refused, or agreed not to reapply for a license in another state, territory or country? Has any disciplinary action been taken against your license in another state, territory or country? Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state of federal court? Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program.) 

#### SIGNED STATEMENT

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworp falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files of records requested by the Board.

Education.

1996 Présent Harvard Medical School

Boston, MA

MID expected June 2000 (5)

1992/1996: Yale University

New Havon, C.f.

BS in Biology with distinction or an Igade

Honors & Awards

(1997) resent to Scholar .

National Health Service Corps Scholarship Programs

\*Received a full agademic medical school school school school

/999-2000 : Lellow?

W.K. Kellogg Community Medicine Training Fellowship

Mattagan Community Health Center, Boston MA.

• Attained, experience in the philosophy and practices of community medical venters

Evaluated and highered upon the Pap smear tracking systeman roting patient are

Research Experience

August 1998 Independent Research

May 1996

livin Jones MD, PhD, advisor (Yale University Senior Thesis, Biology (Effect of 1811 on *In Ving* Mouse Polliculingenesis)

Developed an apparamodel to study murine ovarian followingsis:

(Silmin 4/1993) 3 Student Research Assistant

Misha Protic: PhD, National Institutes of Health, Bethesdy, MD

Performed DNA elongor and sequencing experiments

· Assisted with general late mannenance.

\*Extraçur cicular

American College of Obstatives and Cynecology, Medical Sindent Section: 1099 Preschi

1996 Présent Sindent National Medical Association: -

Participated in health promotion projects

Served as View President of Harvard Chapter, 1997.98

t-1997-Present Preplical Advisor

Pforzhenner House, Harvard Callege:

r Responsible for writing composite letters of recommendation for medical school.

Sentember 1996

Manyillo School Mentoring Program, Boston, MA June (1998

Acted as Big Siger sto 12 year old girl with behavioral and social difficulties.

Sőplérinői főirt

Me Vaugha Youth Development Brogram, Dorchester, MA March (1998)

Served as a megior/teacher of his after-school-totoring and youth-developinent program.

Summers 1997 Mentber

La Ban Licalus Projects Harvard Medical School

Student run árginizáltan sylúgh combines indlyídtjál combines szervice projects with ansgoing.

grayn community sorvice and health education mitiativest

Proficient in Spanish, 43 Personal

Hobbies include jorgeing; swinning, and reading

State Board of Medicine 717-783-1400				
717-787-2381 VERIFICATION OF MEDICAL ED	ÚCATION		ornau un out	
For Graduates of Accredited Medical School	A CONTRACTOR OF THE CONTRACTOR		<u> </u>	
SECTION 1: "To be completed by ap	plicant!			
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Name of medical schools <u>Howwoo</u>				
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SUBMITTHIS VERIFICATION OF REQUEST YOUR SCHOOL TO F OFFICIAL SCHOOL ENVELOPE	ETURN COMPLETED	I FORM TO YO FORM DIRES	UR MEDICAL:S CTLY, TO THE	CHOOL AND BOARD IN
SECTION 2: To be completed by De	an or Registrar of medic	al school:		
Name of medical student: // ১//	1 4 min 19	<u> </u>		
Date student began to attend this med	lical school:			1916 <u></u>
	. Mooth	Dey:		<b>Yes</b>
Data of graduation:	Day Year	4-66-64-4		
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Dati			: <u> </u>	
Upon completion, school must Board of Medicine in official s	chool envelope: DO	NOT RETAIN	n to applica	sylvania State NT
Regular Mailing Address State Board of Medicine P(O), Box 2649 Harrisburg, PA 17105-2649 U.S.A.	Courier De State Board 124 Pine St	llvery Addréss Lof Medicine reet, 1st Floor LPA 17101	U.S.A.	

HARVARD MEDICAL SCHOOL
OFFICE OF THE REGISTRAR
25 SHATTUCK STREET
BOSTON MASSACHUSETTS 02115 6092

State Board of Medicine P.O. Box 2649 Harrisburg, PA 17105-2649

MAR 9 0 200**0** 

Satth Licensing Boards

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49-101 (REV.1201)

Regular Stailing Address
STATE BOARD OF MEDICINE
P.O. BON 2649
HARNISBURG, P.A. 17105-2649
717.783-1400/717/5787-2381
medicine@pados.state.pa.us
Courier Delivery Address
STATE BOARD OF MEDICINE
124 PINE STREET, 1st FLOOR
HARRISBURG, FA. 17101



Amount 35 (C)

Date 5/00/12===

## APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION For Graduates of ACCREDITED Medical Schools

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(*) FLEX COMPONENT 1 - indicate state where taken: Date taken; (*) FLEX COMPONENT 2 - indicate state where taken: Date taken; (*) NATIONAL BOARD - PART I PART II PART III		
(/) USMLE STEP 1 / STEP 2 / STEP 3 / (*) EMCG Capadian (*) STATE BOARD - indicate state where taken:		
Post Graduate Education:		
PGY, Hospital: Magic Womens Hospital From 6/21/00 to: 6/20	ol :	
PGY2 Hospital Muyee-Womens Hospital From U 1,21,001 to 161,19	102	
Answer the following questions, if "YES" is answered to any of them, provide complete details on a separate secretified copies of relevant documents. Sign and date below.	***** heet as v	**** vell as
	YES	NO.
The yell hold licensure or certification (active or inactive, current of expired) to prectice in any other jurisdiction? If yes, list each one		/
The Have you ever withdrawn an application for a license, had an application denied trivelesed, or agreed not to reapply for a license in another state. Trespection or centification of centification.		1
3) Has any disciplinary action been taken equinst your license or corolficate in shother scare, recrisiony or country?		/
If Have you been convicted, found quilty, or pleaded quilty or hole contenderey, i.g. Section of probation without verdict at to any ferony or misdemeanor; including any drug law violation; in any state or federal count?		1
B. Mave you had practice privileges denied, revoked or restricted in a hospital or other health care recility?		1
6) Bave you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance degrey for tause?		V
7) Are you, of have you ever been, addicted to the intemperate use of alcohology of the highlight are of alcohology or other habit-forming drugs a Note You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program ).		
SIGNED STATEMENT.	R. Service	

I yerify that the statements in this application are true wid correct to the best of my knowledge, information and belief. A understand, that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign). to selense to the Pennsylvania State Board of Medicine any information, tiles or records requested by the Board.

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State Board of Mediciae P.O. Box 2649 Warn shery, I.A. (210) 2649

## Cerufacation of Moral Character

In he completed by two physicians with a license without restriction in good standing in the anited States or Canada.

Same example any Ann Schult-Ame	Artic
I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge; he sho is not addicted to the intemperate use of alcohol or to the habitual use of a margitude or other habit forming drug. Frecommend the applicant for a heense to practice medicine in the Commonwealth of Pennsylvania.	
have been personally acquainted with the applicant for 1 year(s). 11, month(s),	
SIGNATURE: LICENT Landewind Date: 5/9/02	
Print or type name as signed above: DANLEL V. LANDERS, M.D.	
State in which licensed: Penns January License Number: MI) 085 3.4.3	) -L
	Table State of

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practic medicine in the Commonwealth of Peimsylvania.
I have been personally acquainted with the applicant for 1 year(s) 1/2 month(s)
SIGNATURE Access December 2018 Date
Print or type name as signed above: Keesaar Condition 1744
State in which licensed: (The stand License Number: 1920 172406)

Return, Completed Form to Applicant

020184 8309

49-101 (R) V 12 (11)

Regular Mailing Address State flowed of Medicine P.O. Box 2647 Hansburg, PA 17103-2649

not be accepted.

Courses Delivery Address State Board of Medicine 124 Pine Street, Astriboof Harrsburg, P.S., 17401

#### VERIFICATION OF ACCIME APPROVED GRADUATE MEDICAL TRAINING

NAME: And Additional School Graduates

NAME: And Additional School Graduates

1. If training began before laiv (1987, one year of approved training at a first (PGY 1) of second (PGY 2) gay level must be verified. If the training began of the after laly 1, 1987, two (2) years of approved a training are required one in first (PGY 1) year level and one at second (PGY 2) year level.

2. Training at a first (PGY 1) year must be ACGMB approved entry level (training which requires no previous training). Fraining at a second (PGY 2) year must be ACGMB approved and can be any specialty. See listing are readily was considered acres to that no ne nesodal, dublicate this form and submit to each hospital.

To be completed to the program director at the hospital where the graduate training occurred. If training was in Pennsylvania information must coincide with data on graduate license. For applicants still in the second year of training this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED:

NAME OF SPONSORING INSTITUTION

CONTROL OF THE LIFE OF POLICY OF THE LIFE OF POLICY OF THE LOCATED IN

State

LOCATED IN

CONTROL OF THE C

If the hospital has no seal complete the following section and have this form notarized:

thereby certify that this hospital has no seal or stamp and that this form was completed by this hospital

frogram threstor's Signature.

Tails [motory seal]

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.

DIANA BRUCHA 4126411092; UPMC 300 HALKET ST PITTSBURGH PA 15213

LTR 1 OF 1

SHIP TO: STATE BOARD OF MEDICINE 124 PINE STREET, 1ST FLOOR

HARRISBURG PA 17101



PA 171 9-20



UPS NEXT DAY AIR

TRACKING #: 1Z AX4 042 01 9375 9478



BILLING: P/P

Reference No.1: 34774 Reference No.2: MD - PROG DIRE

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Lasanse Number ... MT 047906 T Name SCHUTT-AINE, ANN IRENE

Related Lic 6-21-2001 6-20-2002 2 OBG OBSTETRICS AND GYNECOLOGY HS 000288 L 6-21-2000 6-20-2001 I OBG OBSTETRICS AND GYNECOLOGY HS 000298 L

CARES NELP#HELE F3=EXII FAGE DOWN=NEXT RECORDS PAGE UP#PRIOR RECORDS

RIBANA APPLICANCE	INCUIRY 6/12/02 LE-11:39
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Name of Schutt-Aine Ann Irene	Entry Date 3.4. 05 7 16 / 2000 - 3
	Completion Date <b>05 / 20 / 2000</b> Beginning Date: <b>06 / 21 / 2000</b>
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Related License Number HS 000288 L UNIVERSITY HEALTH CENTER:

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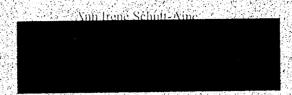
## Ppdated Curriculum Vitae Information:

Amr I Schull-Aine M II

#### Past-Graduate Education

6/2000 to Present
University (Tealth Center of Pittsburgh
Magees Weinens (Tospital
A00) Halket Street
Pittsburgh, PA-452130
Ob/Gyn Residency (Trawing
William R. Crowbleholme, M.D., Program Director

020194-0309



#### Medical Education

Harvard Medical School - Boston MA 09/1996 - 06/2000 MD: 06/2000

#### Undergraduate Education

Yale Umyersity, New Haven, CT = 08/1902 - 05/1906 BS; com lande: Biology

#### Medical School Honors/Awards

Scholar, National Health Service Corps Scholarship Program
Fellows: W.K. Kellogg Community Medicine Training Fellowship

#### Employment

0\$41944 : 08)1995 Contail J. Duncun, MD Medical Assistant Assisted with a theo procedures as well as patient scheduling and billing.

#### Research Experience

tik 1995 - 05, 1996
Vale University Department of Biology
Independent Research
Advisor Trying Jones, MD. PhD Senior Thesis. Department of Biology: "Liffect of TSH on In Vitro
Mouse Folliculogenesis" Developed in its vitro model to study marine ovarian folliculogenesis:

05/1993 - 08/1993 National Institutes of Health Stydent Research Assistant Preceptors Misba Protic, PhD Performed DNA cloning and sequencing experiments.

#### Valuateer Experience

.1631997 - 1331998 Mit Vaught Youth Development Program Mentor Teacher

This program is an after school inforing and youth development program for adolescents aged 11-18-1agency with homework assignments and organized workshops on various subjects, including goal setting and dealing with sexuality

ge 1997 - 68 (1997 Uskin Health Project

Member

One of fourteen first year medical students selected to participate in this organization which combines an individual summer-long community service project with ongoing group community service and health, awareness iniliatives:

04/1997 - 06/2000

Pfarzlieimer House, Harvard College

Pre-Medical Advisor

Served as mentar/advisor to that and undergraduate students. Responsible for writing the composite tetter of recommendation for medical school applicants.

09/1996 - 06/1998 Manyille School Mentoring Program.

Mentor Big Sister

Acted as Big Sister to 12 year old girl with behavioral and social difficulties.

#### Licensure

USMLE Step 1 06/1998

Language Fluency (Other than English)

Spanish

#### Other Accomplishments

Student National Medical Association: Served as Vice-President of Harvard Chapter, 1997-98 Continue to participate in the group's helath promotion and education projects American College of Obstetrics and Grinecology. Member of medical student section.

#### Hobbies/Interests

Reading, jogging; swimming

Stlv Blabar Medicine P.O. Box 2649 Harrisburg, PA 17105-2649 717-783-1400 or 717-787-2381

	June 14 : 2002
ANN SCH	TT-AINE
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Dear Doc	lory:
The item	s checked below are required to complete your application. Additional information is low the item, if necessary. You may not practice in the Commonwealth of low the item, if necessary. You may not practice in the Commonwealth of low the item, if necessary. You may not practice in the Commonwealth of low the item, if necessary. You may not preciously a license.
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	envelope(s)
	5. Application - page 6 - Verification of Medical Education - <u>must be received</u> DIRECTLY from the <u>Medical School in an official Medical School envelope.</u>
	National Board scores - Endorsement of Certification - must be received DIRECTLY
	from the National Board in an official agency
	<ol> <li>LMCC score certification must be received DIRECTLY from the Medical Council of Canada in an official agency envelope</li> </ol>
	8. USMLE scores <u>must be received DIRECTLY from the Federation of State</u> Medical Boards, Inc. in an official agency envelope.
	9 FLEX scores <u>must be received DIRECTLY from the Federation of State Medica</u> <u>Boards, Inc. in an official agency envelope</u>

#### PAGE #2

unt of \$35.00 made payable to the "Commonwealth of Pennsylvania." ey order must be drawn on a US bank. NOTE: A processing fee of charged for any check or money order returned unpaid by your ess of the reason for non-payment. EGULATIONS WENT INTO EFFECT ON 2/12/02. THE BOARD HAS OUR \$20 FEE. AN ADDITIONAL \$15 WILL BE NEEDED.
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APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS WILL REQUIRE UPDATES OF CERTAIN SECTIONS.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG; PENNSYLVANIA 17105-2649 717-783-1400

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ANN IRENE SCHUTT-AINE UNIVERSITY HEALTH CENTER DEPT OF MED EDUCATION 121 MEYRAN AVENUE 201 LOFFFLER BUILDING PITTSBURGH, PA 15260

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Beginning Ending

Hospital

Level Specialty License # Hospital Name

06/21/2000 06/20/2001 1 OBG HS-000288-L UNIVERSITY HEALTH CENTER

### THIS IS YOUR RENEWAL NOTICE

1. Renewal Training Period:

Beginning Ending

Level Specialty License #

Hospital

Hospital Name

06/21/01 06/20/02 2 OBG H5-000288L UNIVERSITY HEALTH CTE

- 2. If you are not training in PA past ending date, check here.
- 3. Required Attachment See #3A on instruction page.

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- 4. Do you hold a license to practice medicine and surgery in any other jurisdiction? If yes, list each one:
- 5. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country?
- 6. Since your last renewal, have you been convicted, found guilty, or pleaded quilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court.
- 7. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
- 8. 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 cause?

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#### RENEWAL APPLICATION

AMMERINE SCHUTT-AINE INVERBITY HEALTH DENTER DERT OF MEDICATION iji meyhan avenue BOLLETEFLER BUILDING DOTSBURGH PA 15960

State Board of Medicing PO Box 2649 Harrisburg, PA 17105-2649

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Commonwealth of Pennsylvania
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08/14/2002

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#### RENEWAL APPLICATION

ANN IRENE SCHULL AINE UNIVERSITY HEALTH CENTER-DEPT OF MED EDUCATION SULTEANT MEDICAL ARTS BUILDING 3708 FIRTH AVENUE 7 PITESHUNGH PASTS213

Blate Beard of Medicine PO 901 2040 Merisburg 84 17705 2849

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