

 PENNSYLVANIA Department of State		
<p>For questions about this website, please Click Here to send an E-Mail , or to contact your Board directly, Click Here.</p>		
<p>Click the X at the upper right corner to close this window and return to the list of licensees.</p>		
Person Information		
<p>Name: REBECCA KEENE JONES</p>		
Address Information		
<p>Address(city state zipcode): Mohnton PA 19540</p>		
License Information		
Type: Medical Physician and Surgeon	Secondary Type:	Number: MD051312L
Profession: Medicine	Status: Active	
Issue Date: 8/31/1993	Expires: 12/31/2010	Last Renewed: 10/24/2008
Discipline Action History		
<p>No disciplinary actions were found for this license.</p>		
<p>The Information above is considered primary source for verification of license credentials.</p>		



Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 289
HARRISBURG, PA 17105-2649
717-733-1400
717-737-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
ROOM 612 TRANSPORTATION & SAFETY BLDG.
COMMONWEALTH AVE. & FORSTER STREET
HARRISBURG, PA 17120

Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment

430198
NO
JONES
OSBY
APPL

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

Official Use Only

Amount 20

Date 6/19/83

Application Fee: \$20.00 *not refundable*
Make check payable to the "Commonwealth of Pennsylvania."

Please Print or Type

NAME: JONES REBECCA KEENE

Permanent Address: _____
State _____ Zip Code _____

Date of Birth: _____ Social Security Number: _____

If your medical/licensure records are listed under another name or names list below:

LIST MEDICAL SCHOOL(S) ATTENDED:	DATES OF ATTENDANCE
<u>University of Pennsylvania</u>	From: <u>9/8/76</u> to <u>6/19/80</u>
	From: _____ to _____
Date of Graduation: <u>5/91</u>	

List all states, territories and countries in which you have ever possessed a license without restriction to practice medicine and surgery (active or inactive, current or expired). If you have never had a license, write "NONE."

NONE

Check licensing examination:

<input type="checkbox"/>	FLEX - indicate state where taken:	Date taken:
<input type="checkbox"/>	FLEX COMPONENT 1 - indicate state where taken:	Date taken:
<input type="checkbox"/>	FLEX COMPONENT 2 - indicate state where taken:	Date taken:
<input checked="" type="checkbox"/>	NATIONAL BOARD PART I <u>1/88</u> PART II <u>1/91</u> PART III <u>3/92</u>	
<input type="checkbox"/>	USMLE - STEP 1 _____ STEP 2 _____ STEP 3 _____	
<input type="checkbox"/>	LMCC - Canadian _____	
<input checked="" type="checkbox"/>	STATE BOARD - indicate state where taken: _____	

Post Graduate Education:

PGY1 Hospital: Reading Hospital From: 6/24/91 to: 6/24/92

PGY2 Hospital: Reading Hospital From: 6/25/92 to: 6/25/93

All of the questions must be answered. You must sign and date this form before returning it to be processed.

If you answer "YES" to any of the questions, you must provide complete details on a separate 8 1/2 x 11 sheet as well as certified copies of relevant documents.

- | | | |
|---|-------|----------|
| | YES | NO |
| 1. Has any disciplinary action been taken against your license in another state, territory or country? | _____ | <u>X</u> |
| 2. 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 or federal court? | _____ | <u>X</u> |
| 3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? | _____ | <u>X</u> |
| 4. 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? | _____ | <u>X</u> |

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 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 release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant: _____
Date: 7/30/93

Regular Mailing Address
State Board of Medicine
P.O. Box 2647
Harrisburg, PA 17105-2647

Covered by this Address
State Board of Medicine
Room 1000, 100 North 2nd Street
Harrisburg, PA 17102-1000

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates

01-AT-21

TO BE COMPLETED BY APPLICANT

Name: JONES REBECCA KEENE
Last First Middle

Address: _____

State: _____ Zip Code: _____

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. See listing on back.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

To be completed by 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 not be accepted.

Name of Hospital: Reading Hospital and Medical Center

Located in: Reading PA
City State

1st Year from 6/24/91 To 6/24/92 Specialty OB/Gyn Level PGY 1

2nd Year from 6/25/92 To 6/25/93 Specialty OB/Gyn Level PGY 2

"I certify that Rebecca K. Jones successfully completed/
(Name of Applicant)
~~successfully complete~~ this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

Signature of Program Director: [Signature]
Date: 7/26/93

If the hospital has no seal complete the following section and have this form notarized.
I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature: _____
Date: _____

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE



STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-787-2381

*direct
dt*

430196 014

OFFICIAL USE ONLY									
M	D	-							
LICENSE NUMBER									
						E	D	U	C

VERIFICATION OF GRADUATION FROM MEDICAL SCHOOL

For graduates of United States or Canadian medical schools.

TO BE COMPLETED BY APPLICANT:

Name: JONES REBECCA KEENE
Last First Middle Maiden

Address: _____
Street

City: _____ State: _____ Zip Code: _____

Name of medical school: Univ. of Penna

Location: Phila, PA

To be completed by Dean or Registrar

I certify that Rebecca K. Jones, who began
(Name of Applicant)
 attendance at this school on Sept 2, 1986, has successfully completed all the
(Date) will
 required courses and examinations and has graduated from the above named school on
May 21, 1991. will
(Date)

[Seal of School]

Signature of [Signature]
 Dean or Registrar:

Date: April 1, 1991

UPON COMPLETION, SCHOOL MUST RETURN THIS FORM DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF MEDICINE. DO NOT RETURN TO THE APPLICANT.

1/27/91

430196

CURRICULUM VITAE

REBECCA K. JONES

Dob

EDUCATION / POST-GRADUATE TRAINING

1991 - present READING HOSPITAL OB/GYN
READING, PA RESIDENCY

1986 - 1991 UNIV OF PENN MD
SCHOOL OF MEDICINE

1982 - 1986 POST-GRAD PRE-MED
TRAINING, RAISED CHILD

1979 - 1982 INSTITUTE OF CHILD DEVELOPMENT
UNIV OF MINNESOTA

1977 - 1979 UNIV OF EDINBURGH M Phil
SCOTLAND UK

1973 - 1977 BOSTON UNIV BA
BOSTON, MA

HEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
PROFESSIONAL AND
PERSONAL AFFAIRS

Official Use Only

035929

MD - 051312 - L

JONES RNEW

THIS IS YOUR RENEWAL NOTICE

STATE BOARD OF MEDICINE
P.O. BOX 8414
HARRISBURG, PA. 17105-8414

REBECCA KWENE JONES

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1994. TO RENEW THROUGH DECEMBER 31, 1996 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$80.00, MADE PAYABLE TO THE "COMMONWEALTH OF PA." RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1994. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE.

YOU ARE HEREBY NOTIFIED THAT IF YOU ARE PRACTICING IN THIS COMMONWEALTH, YOU ARE REQUIRED TO FURNISH SATISFACTORY PROOF TO THE OFFICE OF THE MEDICAL PROFESSIONAL LIABILITY CATASTROPHE LOSS FUND THAT YOU ARE IN COMPLIANCE WITH THE HEALTH CARE SERVICES MALPRACTICE ACT.

IF, SINCE YOUR LAST RENEWAL, YOU HAVE EXPERIENCED DIFFICULTIES AS A RESULT OF ALCOHOL OR OTHER DRUGS SUCH AS DIAGNOSIS OF TREATMENT FOR CHEMICAL DEPENDENCY OR ABUSE OR ARRESTS FOR CHEMICAL-USE-RELATED OFFENSES, YOU MAY CONTACT THE BUREAU'S IMPAIRED PROFESSIONAL PROGRAM FOR CONFIDENTIAL INFORMATION AND ASSISTANCE AT 1-800-554-3426.

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

IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, PLEASE PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY.

THE FOLLOWING QUESTIONS MUST BE ANSWERED AND YOU MUST SIGN BELOW.

- | | YES | NO |
|---|-----|----|
| 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE. | () | X |
| 2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? | () | X |
| 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED GUILTY OR NOLU CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATION, IN ANY STATE OR FEDERAL COURT? | () | X |
| 4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY? | () | X |
| 5. 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? | () | X |

IF YOU WANT TO HAVE YOUR LICENSE PLACED ON "INACTIVE" STATUS, CHECK HERE.
NO FEE IS REQUIRED FOR INACTIVE STATUS. YOU ARE STILL REQUIRED TO ANSWER THE ABOVE QUESTIONS AND SIGN BELOW.

SIGNATURE _____

DATE 10/1/94

00000974

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
PROFESSIONAL AND
PERSONAL AFFAIRS

Official Use Only

041596

MD - 051312 - L

JONES RNEW

THIS IS YOUR RENEWAL NOTICE

STATE BOARD OF MEDICINE
P.O. BOX 8414
HARRISBURG, PA. 17105-8414

REBECCA KEENE JONES

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1996. TO RENEW THROUGH DECEMBER 31, 1999 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$80.00, MADE PAYABLE TO THE "COMMONWEALTH OF PA." RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1996. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE AND ATTACH A COPY OF LEGAL DOCUMENTATION OF THE NAME CHANGE.

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 BIENNIAL RENEWAL NOTICE WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, PLEASE PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY.

- YES NO
1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE ON THE BACK.
 2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY 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?
 4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY?
 5. 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?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.
NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTIONS ABOVE.

SIGN AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

NAME OF MEDICAL SCHOOL: Univ of Penn

YEAR OF GRADUATION: 1991

CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT UNDER 18 PA. C.S. SECTION 4904 RELATING TO
KNOWN FALSIFICATION TO AUTHORITIES.

SIGNATURE: _____

DATE: 9/30/96

HEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
OF PROFESSIONAL AND
NATIONAL AFFAIRS

Official Use Only

036936

MD - 051312 - L

JONES R NEW

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

STATE BOARD OF MEDICINE
P.O. BOX 8414
HARRISBURG, PA. 17105-8414

REBECCA KEENE JONES

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1998. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2000, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 MADE PAYABLE TO THE COMMONWEALTH OF PA. WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1998. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE 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 BIENNIAL RENEWAL NOTICE OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 1, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY. FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO

() (X) 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW.

() (X) 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?

() (X) 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED GUILTY, RECEIVED PROBATION 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.)

() (X) 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 AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.

() (X) 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?

() (X) 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 CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.

NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C.B. 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

DATE

9/28/98

00001994

HEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
OF PROFESSIONAL AND
NATIONAL AFFAIRS

Official Use Only

045515

MD - 051312 - L

JONES R NEW

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

STATE BOARD OF MEDICINE
P.O. BOX 8414
HARRISBURG, PA. 17105-8414

REBECCA KEENE JONES

Current

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 2000. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2002, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 MADE PAYABLE TO THE "COMMONWEALTH OF PA." WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE 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 BIENNIAL RENEWAL NOTICE OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER 'YES' TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS ON A 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY. FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO

- () 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE.
- () 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 NOLO CONTENDERE, RECEIVED PROBATION 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 AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER 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, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A 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 CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.
NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW:

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4904, RELATING TO UNKNOWN FALSIFICATION TO AUTHORITIES.

SIGNATURE

DATE

7/26/00

00002497

Have you met your current CE requirements?

Y 2004-10-12 13:49:02.667 REBECCA KEENE JONES

Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?

N 2004-10-12 13:49:02.667 REBECCA KEENE JONES

Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?

N 2004-10-12 13:49:02.667 REBECCA KEENE JONES

Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?

N 2004-10-12 13:49:02.667 REBECCA KEENE JONES

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 2004-10-12 13:49:02.667 REBECCA KEENE JONES

Do you provide health care services to patients within the Commonwealth of PA?

Y 2004-10-12 13:49:02.667 REBECCA KEENE JONES

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. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)

N 2004-10-12 13:49:02.667 REBECCA KEENE JONES

Since your initial application or last renewal, whichever is later, have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict to any crime, felony or misdemeanor, including any DUI/DWI, drug law violations, or are any criminal charges pending and unresolved in any state or jurisdiction?

N 2004-10-12 13:49:02.650 REBECCA KEENE JONES

Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, had an application for a license denied or refused, or for disciplinary reasons agreed not to reapply for a license in any state or jurisdiction?

N 2004-10-12 13:49:02.650 REBECCA KEENE JONES

Are you submitting a name change with this renewal?

N 2004-10-12 13:49:02.650 REBECCA KEENE JONES

Do you hold a license (active, inactive or expired) to practice in any other state or jurisdiction?

N 2004-10-12 13:49:02.650 REBECCA KEENE JONES

Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license in any other state or jurisdiction?

N 2004-10-12 13:49:02.650 REBECCA KEENE JONES

myLicense Renewal Question Responses

License Number: MD051312L

Name : REBECCA KEENE JONES

Online Submission Date : 10/26/2006 8:01:00AM

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
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?	N

Online Submission Date : 10/24/2008 7:01:10AM

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
Do you maintain current medical professional liability insurance in the Commonwealth?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N