



**APPLICATION FOR A LICENSE TO PRACTICE
MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA**

State Form 29495 (R17 / 6-13)
Approved by State Board of Accounts, 2013

**MEDICAL LICENSING BOARD OF INDIANA
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: pla3@pla.IN.gov
www.pla.IN.gov

* Your Social Security number is being requested by this state agency in accordance with Indiana Code. Disclosure is mandatory and this record cannot be processed without it.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Application fee \$250.00	Date fee paid (month, day, year) 9/4/2014
Receipt number 5055880	Application number 2100671
License number 01074721A	License issuance date (month, day, year) 11/7/2014
Permit fee	Date fee paid (month, day, year)
Receipt number	Permit number
Permit issuance date (month, day, year)	



APPLICANT INFORMATION

Name of applicant (last, first, middle) GITTLER MANDY LYNN		Check one: <input checked="" type="checkbox"/> MD <input type="checkbox"/> DO	Social Security number *
Address of practice (number and street or rural route) 2000 W. Armitage			
City, state, and ZIP code Chicago IL 60647			
Telephone number (daytime)	Date of birth (month, day, year) 11/21/1970	Ethnicity ** Jewish	Race ** Jewish/Caucasian
Gender ** <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female			
Mailing address (number and street, city, state, and ZIP code) (if different from above) 936 N. Wood Chicago IL 60622			
E-mail address	National Provider Identifier number 1811929474	ECFMG certificate number	

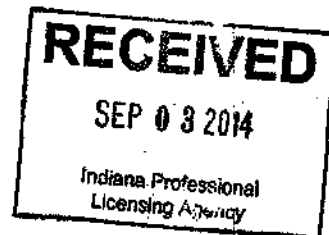
TEMPORARY PERMIT INFORMATION

Do you desire a temporary permit? Yes No

DOCTOR OF MEDICINE / OSTEOPATHIC DEGREE GRANTED BY

A foreign medical school must meet LCME standards at the time of graduation.

Name of school Rush Medical College	Location Chicago IL	Date of graduation (month, day, year) June 1998
Specialties Family Medicine	Board certification (#1 ABMS certification) ABFM	



EXAMINATION HISTORY

List each licensure examination, U.S. or international, you have taken (USMLE, NBME, NBOME, LMCC, etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information below.

State where Board Exam was taken: IL

Examination	Most Recent Date Taken (month/year)	Results		Number of Attempts	Examination	Most Recent Date Taken (month/year)	Results		Number of Attempts
		Passed	Failed				Passed	Failed	
FLEX Pre-1985		<input type="checkbox"/>	<input type="checkbox"/>		NBOME Part II		<input type="checkbox"/>	<input type="checkbox"/>	
FLEX Component 1		<input type="checkbox"/>	<input type="checkbox"/>		NBOME Part III		<input type="checkbox"/>	<input type="checkbox"/>	
FLEX Component 2		<input type="checkbox"/>	<input type="checkbox"/>		COMLEX-USA Level 1		<input type="checkbox"/>	<input type="checkbox"/>	
LMCC - Single		<input type="checkbox"/>	<input type="checkbox"/>		COMLEX-USA Level 2, CE		<input type="checkbox"/>	<input type="checkbox"/>	
LMCC - Part I		<input type="checkbox"/>	<input type="checkbox"/>		COMLEX-USA Level 2, PE		<input type="checkbox"/>	<input type="checkbox"/>	
LMCC - Part II		<input type="checkbox"/>	<input type="checkbox"/>		COMLEX-USA Level 3		<input type="checkbox"/>	<input type="checkbox"/>	
NBME Part I		<input type="checkbox"/>	<input type="checkbox"/>		COMVEX		<input type="checkbox"/>	<input type="checkbox"/>	
NBME Part II		<input type="checkbox"/>	<input type="checkbox"/>		USMLE Step I		<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
NBME Part III		<input type="checkbox"/>	<input type="checkbox"/>		USMLE Step II, CS		<input type="checkbox"/>	<input type="checkbox"/>	
SPEX		<input type="checkbox"/>	<input type="checkbox"/>		USMLE Step II, CK		<input checked="" type="checkbox"/>	<input type="checkbox"/>	1
NBOME Part I		<input type="checkbox"/>	<input type="checkbox"/>		USMLE Step III		<input checked="" type="checkbox"/>	<input type="checkbox"/>	1

PRE-MEDICAL / OSTEOPATHIC EDUCATION

NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Univ of IL	Champaign IL	8/88 - 5/92

MEDICAL / OSTEOPATHIC EDUCATION

A foreign medical school must meet LCME standards at the time of graduation.

NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
RUSH Medical College	Chicago IL	8/94 - 6/98

POSTGRADUATE MEDICAL / OSTEOPATHIC EDUCATION AND TRAINING IN THE UNITED STATES OR CANADA
(Include ALL internships, residencies and / or fellowships)

All programs must have been ACGME accredited at the time of enrollment.

NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)	ACGME / AOA / RC ACCREDITED?
/ Univ of Washington	SEATTLE, WA	6/98	6/2001	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

RECEIVED

SEP 03 2014

Indiana Professional
Licensing Agency

Gutler

LIST ALL PLACES YOU HAVE LIVED SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL
(if necessary, attach separate pages.)

GENERAL LOCATION	DATE (month, day, year)
Seattle WA	6/98 - 6/2007
Chicago, IL	6/2007 - present
San Juan WA	3/2001 - 9/2001
Blue Hill Maine	6/2002 - 9/2002

LIST ALL PLACES OF EMPLOYMENT SINCE GRADUATION FROM MEDICAL OR OSTEOPATHIC SCHOOL
(if necessary, attach separate pages.)

NAME AND ADDRESS OF EMPLOYER	RESPONSIBILITIES	DATE (month, day, year)
see attached		

LIST ALL STATES, INCLUDING INDIANA, IN WHICH YOU HAVE BEEN LICENSED TO PRACTICE ANY REGULATED HEALTH OCCUPATION, REGARDLESS OF STATUS

STATE	TYPE OF LICENSE, CERTIFICATE, REGISTRATION OR PERMIT	NUMBER	DATE ISSUED	CURRENT STATUS
IL	Physician	036-107772	2007	active
WA	MD & Physician	39065	1998	active
ME	TD-02-048 physician	TD-02-048	2014	active
MI	4301104737 physician	4301104737	4/2014	active
WI	48533-020 physician	48533-020	2008	expired
TN	38033 physician	38033	2004?	exp.

RECEIVED
SEP 03 2014
Indiana Professional
Licensing Agency

Gutfler

Employment for Mandy Gittler, MD

All Womens Health Family Medicine Foundation 2000 W Armitage, Chicago, IL	March 2014-present
National Healthcare 7405 N University St, Peoria IL	Oct 2010-August 2013
Planned Parenthood of IL 18 s Michigan Ave, Chicago IL	May 2008-present
All Women's Health, SC 2000 W Armitage, Chicago, IL 60647	June 2007-March 2014
Planned Parenthood of Wisconsin	Mar 2006-June 2007
Erie Family Health Center 2750 W North Ave , Chicago, IL 60647	June 2004-Mar 2006
All Women's Health, PS 3711 Pacific Ave Suite #200, Tacoma, WA 98418	Sept 2002-August 2012
Community Health Center of King County 138 S. 3rd Place, Renton, WA 98055	May 2002-June 2004
Tenney Hill Family Practice Water Street, Blue Hill, ME 04614	June-Aug 2002
Institute of Latin American Concern Santiago, Dominican Republic	Jan-Mar 2002
Inter Island Medical Center 550 Spring Street, Friday Harbor, WA 98250	Sept-Oct 2001
Cascade Family Clinic 7509 Custer Road W, Lakewood, WA 98499	July 2001
Seattle Medical and Wellness 1305 4th St #1105 Seattle, WA 98101	June 2001-June 2002
Planned Parenthood of Western Washington 2001 Madison St Seattle, WA 98122-2959	Jan 2001-June 2004



Gittler

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s), case information, detailed description of case / events and settlement amount, including court documents, if applicable. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
2. Have you ever been denied a license, certificate, registration or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state (including Indiana) or country, or surrendered your license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
3. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. Have you ever been the subject of an investigation by a regulatory agency concerning your license?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
5. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court, (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7. Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. Have you ever had a malpractice judgment against you or settled any malpractice action?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
10. Have you ever been terminated or disciplined by your employer while practicing as a physician or resigned in lieu of discipline?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Have you ever been excluded from being a Medicare / Medicaid provider?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
12. Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or any other reason during your medical education or post graduate training / residency program?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
13. Have you practiced as a MD/DO either clinically or administratively in the last three (3) years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant <i>Nandy Guttler MD</i>	Date signed (month, day, year) 7/17/14
---	---

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for medical licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

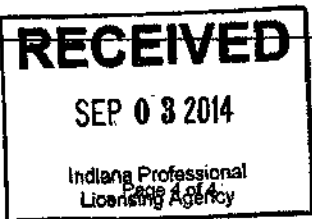
I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant <i>Nandy Guttler MD</i>	Date signed (month, day, year) 9/2/14
---	--



Guttler

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of IL
County of COOK } ss.

On this the 09 day of September, 2014, before me,
ZAILA L. BATAZ, the undersigned Notary Public,
Name of Notary Public
personally appeared Mandy Lynn Gittler,
Name(s) of Signer(s)

* This document is an exact copy of the original.

- personally known to me - OR -
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Zaila L. Batatz
Signature of Notary Public

Place Notary Seal/Stamp Above

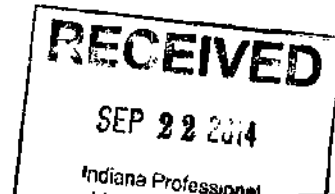
Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Medical Degree
Document Date: 09/09/14 Number of Pages: 1
Signer(s) Other Than Named Above: _____



OFFICIAL SEAL
ZAHLE E. BATES
Notary Public - State of Illinois
My Commission Expires May 18, 2018

Bush Honorary

Bush Medical College

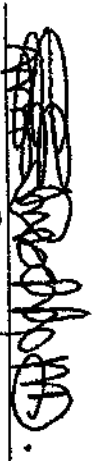
On the recommendation of the Faculty and by virtue of the authority vested in the Trustees, the degree of

Doctor of Medicine

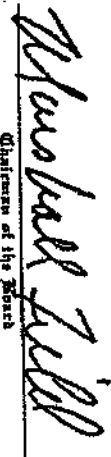
has been conferred on

Sammy Lynn Gittler

who has honorably fulfilled all the requirements prescribed for that degree. In witness thereof this Diploma is given in the city of Chicago this Thirtieth day of June, Nineteen Hundred Ninety-eight


Secretary


President


Chairman of the Board



RECEIVED
SEP 22 2014
Indiana Professional
Licensing Agency

INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of ILL.
County of Cook. } ss.

On this the 09 day of September, 2014, before me,
ZAILA L. BATAZ, the undersigned Notary Public,
Name of Notary Public
personally appeared Mandy Lynn Gittler
Name(s) of Signer(s)

- personally known to me -- OR --
- proved to me on the basis of satisfactory evidence

**This document is an exact copy of the original*

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.

WITNESS my hand and official seal.



Zaila L. Batatz
Signature of Notary Public

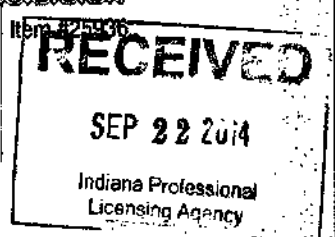
Place Notary Seal/Stamp Above

Any Other Required Information:
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: Residency Certification
Document Date: 09/09/14 Number of Pages: 1
Signer(s) Other Than Named Above: _____



OFFICIAL SEAL
SARA J. BATES
Notary Public - State of Illinois
My Commission Expires Mar 18, 2018




RECEIVED
SEP 22 2014
Indiana Professional
Licensing Agency

**University of Washington
School of Medicine
Department of Family Medicine**

This is to certify that
Mandy Lynn Gittler, M.D.

has successfully completed the
Family Practice Residency Training Program


June 25, 1998 - June 30, 2001



Dean, School of Medicine



Director, Family Practice Residency Program



Chair, Department of Family Medicine

The Federation of State Medical Boards
of the United States, Inc.
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
FAX (817) 868-4099

BOARD ACTION SEARCH RECONCILIATION REPORT

September 5, 2014

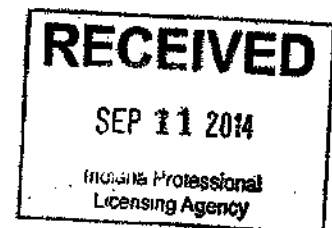
Medical Licensing Board of Indiana
Attn: Michael Minglin, J.D.
402 W Washington St, Room W072
Indianapolis, IN 46204-2298

Re: Board Action Query Dated: September 5, 2014
Your Reference Number:
FSMB Batch Number: BQ2472843

PRACTITIONERS CLEARED WITH NO ACTION AS OF APPLICABLE SEARCH DATE

<u>Name</u>	<u>DOB</u>	<u>School</u>	<u>Yr/Grad</u>	<u>Request ID</u>
Gittler, Mandy Lynn	11/21/1970	014070	1998	27461391

Please refer to prior clearance reports to determine the search date for each practitioner.



The Federation of State Medical Boards
of the United States, Inc.
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
FAX (817) 868-4099

BOARD ACTION CLEARANCE REPORT

September 5, 2014

Medical Licensing Board of Indiana
Attn: Michael Minglin, J.D.
402 W Washington St, Room W072
Indianapolis, IN 46204-2298

RECEIVED

SEP 11 2014

Indiana Professional
Licensing Agency

Re: Board Action Query Dated: September 5, 2014
Your Reference Number:
FSMB Batch Number: BQ2472843

The following is a report of the search results from the Board Action Data Bank as of September 5, 2014
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of September 5, 2014

Name	DOB	School	Yr/Grad	Request ID
Gittler, Mandy Lynn	11/21/1970	014070	1998	27461391

LICENSE HISTORY
State Board
ILLINOIS
MAINE
MICHIGAN
TENNESSEE
WASHINGTON
WISCONSIN

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.



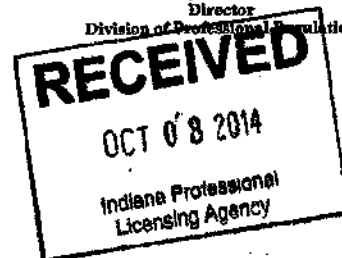
Illinois Department of Financial and Professional Regulation
Division of Professional Regulation

Pat Quinn
 Governor

Manuel Flores
 Acting Secretary

Jay Stewart
 Director
 Division of Professional Regulation

CERTIFICATION OF LICENSURE



Professional Licensing Agency
 Medical Licensing Board
 402 W Washington St Room W072
 Indianapolis IN 46204

Licensee: MANDY L GITTLER MD
 License Number: 036.107772
 Profession: LICENSED PHYSICIAN AND SURGEON
 Date of Issuance: 09/03/2002
 Expiration Date: 07/31/2017
 License Status: ACTIVE
 License Method: ENDORSEMENT-USMLE
 Disciplinary History: Has not been disciplined

This document is a certified copy of the records maintained and kept by this Department in the regular course of business as of today's date.



[Signature]
 #7

[Signature]
 September 30, 2014
 Date

Jay Stewart
 Director
 Division of Professional Regulation

Refer to the Department's Web Site at www.idfpr.com to verify professional licenses via License Look-Up.



Paul R. LePage
GOVERNOR

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

SHERIDAN R. OLDHAM, M.D.
CHAIRMAN

RANDAL C. MANNING, M.B.A.
EXECUTIVE DIRECTOR

September 02, 2014

To Whom It May Concern:

This is to certify that the records of the Maine Board of Licensure in Medicine indicate the following with regard to the licensee named below:

Licensee: MANDY GITTLER, M.D.
License Number: TD20048
Issue Date: 06/01/2002
Expiration Date: 11/30/2002
Current Status: E
Disciplinary Action: No

Examination Information:

Exam Date	Exam State	Exam Type	Exam Status	Exam Score	Exam Details
		USMLE 1 USMLE 2 USMLE 3	PASSED		

This license information was last updated on: 09/02/2014

If we can be of further assistance, please do not hesitate to contact the Board office.

Sincerely,

Randal C. Manning
Executive Director



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
LANSING

MIKE ZIMMER
ACTING DIRECTOR

VERIFICATION OF LICENSURE
MICHIGAN BOARD OF MEDICINE
VERIFICATION OF LICENSURE AS OF September 02, 2014

NAME: Mandy Lynn Gittler **BIRTHDATE:** 11/21/1970
ADDRESS: 936 N Wood
Chicago IL 606220000
TYPE: Medical Doctor **ORIGINAL DATE:** 04/11/2014
LICENSE NUMBER: 4301104737 **STATUS:** Active **EXPIRATION DATE:** 01/31/2015
OBTAINED BY: Endorsement - Licensed >= 10 Years

EXAM DATE EXAM TYPE EXAM SCORE OR RESULT

DISCIPLINARY ACTION NONE

OPEN FORMAL COMPLAINTS NONE

This license information was last updated on: 9/1/2014



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
MEDICAL QUALITY ASSURANCE COMMISSION
P.O. Box 47866, Olympia, WA 98504-7866

September 02, 2014

INDIANA, MEDICAL LICENSING BOARD OF
402 W WASHINGTON ST, ROOM W066
INDIANAPOLIS, IN 46204

Subject: Credential Verification

To Whom It May Concern:

This will verify the status of the Physician And Surgeon License for MANDY GITTLER.

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Year of Birth:	11/21/1970
Credential Number:	MD,MD00039065
Credential Type:	Physician And Surgeon License
Current Credential Status:	ACTIVE
First Credential Date:	08/30/2000
Current Expiration Date:	11/21/2014
Last Renewal Date:	10/30/2012
DISCIPLINARY ACTION:	No

This license information was last updated on: 09/01/2014

If you have questions, please call (360)-236-2768 for physicians and (360) 236-2771 for physician assistants, or visit our Online Provider Credential Search at www.doh.wa.gov.



Dawn Thompson

Dawn Thompson, Licensing Lead



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243
tennessee.gov/health

TENNESSEE BOARD OF MEDICAL EXAMINERS
1-800-778-4123

September 2, 2014

MANDY LYNN GITTLER, MD
2047 W SAINT PAUL AVE
CHICAGO IL 60647

RECEIVED

SEP 05 2014

Indiana Professional
Licensing Agency

TO WHOM IT MAY CONCERN:

The Tennessee Board of Medical Examiners is pleased to furnish the following information from our files:

PROFESSION: Medical Doctor
NAME: MANDY LYNN GITTLER
RANK: Locum Tenens Provider
LICENSE NUMBER: MD38033
ISSUE DATE: 09/03/2003
EXPIRATION DATE: 11/30/2004
CURRENT STATUS: Expired
STATUS DATE: 01/12/2005



COMMENTS: There is no derogatory information in our files concerning this individual. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

Natonya Shelton

Board Administrator
Tennessee Board of Medical Examiners

MD/LVI

To expedite the verification process, the above is the standard format used by the Medical Board of Tennessee.

**Wisconsin Department of Safety and
Professional Services
Wisconsin Medical Examining Board**

Electronic Licensure Verification

This real-time Licensure Verification page is electronically certified proof of licensure, as requested, and as it appears in the files of the Wisconsin Medical Examining Board as of Wednesday, November 05, 2014 2:05:56 PM - Central Standard Time

License Information

Name	GITTLER, MANDY L
Credential Type	Medicine and Surgery, MD
Credential Number	48533-20
Location	CHICAGO, IL
Status	credential license is not current (expired)
Issue Date	08/22/2005
Expiration Date	10/31/2011
Disciplinary Order(s)	No
Licensee	MANDY L GITTLER

History

Description	Code	Date
ENDORSED FROM USMLE	ENDORSED FROM	08/22/2005
graduated from RUSH MED COLL-CHICAGO IL	GRADUATED FROM	06/13/1998

Abortionist Applies for Medical License, You Won't Believe What She Left Off Her Application

by Cheryl Sullenger | Indianapolis, IN | LifeNews.com | 11/17/14 1:04 PM

- [Print](#)
- [Email](#)

State

- [4032](#)
- [Share](#)

Mandy Gittler has something to hide. On July 20, 2012, she reported to work as usual at a Chicago Planned Parenthood abortion clinic. But what happened next was anything but routine.

That day, Gittler fatally botched a second trimester abortion on a young African-American woman named Tonya Reaves. While Reaves' life ebbed away, Gittler delayed her transport to the hospital for 5½ hours. By then it was too late. Reaves died from internal injuries that had been inflicted upon her by Gittler during two consecutive incomplete abortion procedures that ruptured her uterus and caused internal hemorrhaging.



Reaves' family sued and on January 24, 2014, they settled their malpractice case with Gittler's employer, Planned Parenthood of Illinois, for the significant amount of \$2 million, most of which will be paid to Reaves' surviving young son, Alvin Jones, III, throughout his life.

That incident is certainly not the kind of thing that an abortionist wants on his or her resume.

Later, Gittler shut down her private Chicago abortion facility and took her abortion act on the road, hiring on at a Planned Parenthood abortion facility in Kalamazoo, Michigan, and an independent abortion facility in Peoria, Illinois.

It appeared that her professional career had survived the Reaves abortion/death scandal and was moving on as a "circuit-riding" abortionist.

Then on September 3, 2014, Gittler submitted an application to obtain a medical license in Indiana, which was granted on November 7.

When Operation Rescue received a copy of Gittler's Indiana application, one answer jumped out.

Next to a question that asked whether she had ever had a malpractice judgment against her or settled any malpractice action, Gittler had marked the box indicating "no."

There was no mention of Tonya Reaves, her tragic and avoidable death, or the malpractice suit that clearly named Gittler as a defendant – and not a word about the \$2 million settlement for her fatal acts that "deviated from the standard of care."

Last week, Operation Rescue filed a complaint against Gittler with the Indiana Attorney General for violations of the Indiana Administrative Code, which states regarding license applications, "All information on the application shall be submitted under oath or affirmation, subject to the penalties for perjury."

It is clear from the documentation Operation Rescue included with its complaint that Gittler was the primary person responsible for Reaves' death and that Planned Parenthood agreed to pay because there was simply no defense for Gittler's negligence.

Operation Rescue's complaint narrative connects the dots from one court document to another and discusses a letter from the plaintiff's expert witness that places the blame for Reaves' death squarely on Gittler's shoulders.

Filed with the *Jones v. Planned Parenthood* complaint documents, a redacted medical opinion dated September 28, 2012, can be found. . . That letter is purportedly written by a physician who is board certified in Obstetrics/Gynecology who is familiar with abortion procedures.

The letter notes that Mandy Gittler performed a dilation and evacuation abortion on Tonya Reaves on July 20, 2012, at a Planned Parenthood of Illinois office without the use of ultrasound guidance. After the procedure, Reaves experienced excessive bleeding and another dilation and evacuation procedure was performed by Gittler. The reviewing physician stated that Gittler "did not timely recognize that the patient needed to be transferred to a hospital for care and treatment, which resulted in a delay in her receiving care and treatment that she needed." Reaves died as a result.

The letter further notes that each procedure done by Gittler and her delay in sending her patient to the hospital each represented deviations in the standard of care and concludes that if the deviations had not occurred, Reaves would have survived.

Gittler submitted to a sworn deposition in *Jones v. Planned Parenthood* on August 22, 2013, wherein she admits having conducted two dilation and evacuation abortion procedures on Reaves on July 20, 2012, at a Planned Parenthood of Illinois office. . . She further admits to a timeline that showed Reaves was not transported to a hospital for 5 ½ hours after Reaves' first procedure and the onset of excessive bleeding.

It was soon after Gittler's deposition, in which she shamelessly attempted to blame Reaves' death on a non-existent uterine deformity, that her employer, Planned Parenthood of Illinois, settled the malpractice suit. Gittler left them with nothing to defend. Her negligence was obvious.

"It is our position that Gittler intentionally concealed information about Reaves' death and the ensuing malpractice suit and settlement from the Medical Licensing Board of Indiana," said Troy Newman, President of Operation Rescue. "We are asking for her medical license to be rescinded or revoked because deception was used to obtain it."

If the Indiana Attorney General's office finds that Gittler committed perjury, she could be criminally charged.

"We cannot stand idly by while Gittler acts like Tonya Reaves' death never happened. It was extremely disappointing when the Illinois medical board decided to place the lives of other women at risk by excusing Gittler of responsibility for taking Tonya's life," said Newman. "If Indiana decides to act, it won't be perfect justice, but it will be something. Tonya deserves at least that."