

Board: Medicine

Licensee Full Name: AMNA IBRAHIM DERMISH

License No: MT187794

2376994_LIC_2_01/12/2011

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

MT187794 DERMISH

RENEWAL APPLICATION

AMNA IBRAHIM DERMISH 9849
PENNSYLVANIA HOSPITAL
MARY MARTINO COORDINATOR
ACADEMIC AFFAIRS OFFICE
800 SPRUCE STREET
PHILADELPHIA PA 19107

State Board of Medicine MAY 2 4 2010 PO Box 2649
Harrisburg, PA 17105

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. YOU MUST SIGN, DATE AND RETURN THIS FORM.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If Y	'ES to 2-8 - provide details AND attach certified copies of legal document(s).
		1.	Do you hold or have you ever held a license, certification, or registration (active or inactive, current or expired) to practice this profession in any other state or jurisdiction? List:
		2.	Since your initial application or your last renewal, whichever is later, have you ever had disciplinary action taken against your license, certification, or registration issued to you in any profession in any other state or jurisdiction?
		3.	Since your Initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certification, or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?
		4.	Since your Initial application or your last renewal, whichever is later, have you been convicted, found guilty or pleaded noto contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.
		5.	Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
		6.	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
		7.	Since your initial application or your last renewal, whichever is later, 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?
		8.	Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

Please review and update, as necessary, the following information regarding your license:

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	06/18/2009	06/17/2010	Level 4	Obstetrics and Gynecology	HS000181L	PENNSYLVANIA HOSPITAL
Renewal						,
Signature	e of Licensee (Ma	ndatory): ,			Dat	e: 41310
Medical S	School Graduation	Date:)*		SSI	N:

ATTACHMENTS FOR RENEWING:

- FEE \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment, A \$20.00 fee will be assessed for a returned payment.
- LATE FEE \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the expiration date.
- NAME CHANGE DOCUMENT Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- PGY 2 LEVEL Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- PGY 3 LEVEL or above Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.



Board: Medicine

<u>Licensee Full Name:</u> AMNA IBRAHIM DERMISH

License No: MT187794

2376994_LIC_2_01/24/2011

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

EVEST SCRIPT DERMISH

RENEWAL APPLICATION

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive

status. No fee is required. YOU MUST SIGN, DATE AND RETURN THIS FORM.

AMNA IBRAHIM DERMISH 9849 PENNSYLVANIA HOSPITAL MARY MARTINO COORDINATOR **ACADEMIC AFFAIRS OFFICE** 800 SPRUCE STREET PHILADELPHIA PA 19107

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

•		14 V	ES to 2.8	NS MUST BE AN	s AND att	ach certified coples of legal	document(s).	
YES	NO X	1.	Do you he	old or have you ever	held a lice	nse, certification, or registration (a on? List:	clive or inactive, o	
	X	2.	Since yo	ur initial applicationse, certification, or i	n or your	last renewal, whichever is later, issued to you in any profession in	any other state or	ad disciplinary action taken against jurisdiction?
	X	3.	Since yo	on, or registration, h	on or your ad an appli-	last renewal, whichever is late cation denied or refused, or for dis n in any state or jurisdiction?	er, have you with sciplinary reasons	drawn an application for a license, agreed not to reapply for a license,
	X	4.	Since yo plea of n other dis	ur initial application of contenders, or position (excluding processions or are the	n or your I received pr acquittal or ere any crim	ast renewal, whichever is later, robation without verdict, accelera dismissal) of any criminal charge inal charges pending and unresoluted.	ted renabilitative es, felony or misc ved in any state of	nvicted, pleaded guilty or entered a disposition (ARD) or received any demeanor, including any DUI/DWI, jurisdiction?
	X	5.	Since M	ay 19, 2002, have	you been	arrested for criminal homicid	e, aggravated as	ssault, sexual oftenses, or drug
	X	6.	restricted	in a bosolial or othe	ir health cai	re facility?		actice privileges denied, revoked or
	X	7.	or restrict	ed or have you had	vour provid	er privileges terminated by any me	egical assistance a	r DEA registration denled, revoked agency for cause?
	X	8.	Since M	ay 19, 2002, have	any melph	actice complaints been filed ac	gainst you? If y filing date and t	es, the Board requires that you <u>he date you were served</u> . If the
Please	revie	w ar				owing information regard	,	
	Be	ginni	ng Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Curren	1 (06/18	/2008	06/17/2009	Level 3	Obstetrics and Gynecology	HS000181L	PENNSYLVANIA HOSPITAL

ATTACHMENTS FOR RENEWING:

06/18/2008

Signature of Licensee (Mandatory):

Medical School Graduation Date:

Current Renewal

06/17/2009

- FEE \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A \$20.00 fee will be assessed for a returned payment.
- LATE FEE \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the expiration date.
- NAME CHANGE DOCUMENT Submit a photocopy of a logal document verifying name change (i.e., marriage certificate, divorce decree,
- PGY 2 LEVEL Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- PGY 3 LEVEL or above Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.

Date:

SSN



expenses.

Liceusing Pludents and graduates of U.S. and Canadian medical schools are registered for Siep. I PATIONAL BOARD OF MEDICAL EXAMINERS (REMES)

3750 Market Street, Philadelphia, Pennsylvania 10104-3100

Telephone (213) 590-9700

STEP I SCORE REPORT

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NATIONAL BOARD OF MEDICAL EXAMINERS (SBNIE)

2750 Market Street, Philadelphia, Panasylvania 19104-2190

Telephone: (215) 590-9700

STEP 2 CLANCAL ENGWLEDGE (CROSCOREREPORT

Test Date: August 15, 200

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This core is also determined by your overall performance on the examination. A ron this, scale which is equivalent to a score of 182 on the scale described above USMEE to pass Section CK. The SEMI porthis scale is three points of a large son

f Your score in influenced both by your general indepointing of clinical science and the approising set of them, selected for this cliep 2 ff.X.

examination. The Standard Edina of Measurement (SEM) provides an index of the variation in scores disk would be expected to product the eric lested repeatedly using ritherent sets of nematiovering similar content

USMIE United States

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Medical ...

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Examination

Students and graduates of U.S. and Canadian medical schools are registered for Step Z by the NATIONAL BOARD DEMEDICAL EXAMINERS (NBMR) 3750 Market Street, Philadelphia, Pennsylvania 19104-3190 : Telephone: (215) 390-9700

STEP 2 CLINICAL SKILLS (CS) SCORE REPORT

Name: Dermish, Amna I

Test Date: October 10.2005

USMLE ID: 3-144-656-5

The USMILITUE at single examination program consisting of three Steps ilesigned to assess an examinace understanding of and ability to apply concepts and principles that are important in health and disease and than constitute the basis of sale and effective patient or edge 2 is designed to assess whether an examinace an apply included the basis of sale and effective patient or edge 2 is designed to assess whether an examinace an apply included the basis of sale and effective patient or edge 2 is designed to assess whether an examinace apply included the provision of the control of the provision of the 2 in the USMI is sequence in including application to the sale and controlled to contend this provides that the attention is devoted in principles of clinical sciences and basic patient contends skills that broades the foundation for the sale and competent practice of medicine. Therefore components to step 2 is Clinical knowledge (CK) examination and a Clinical Skills (CS) examination. This report represents results for the Step 2 CS examination only. Results of the examination are reported to medical licensing authorities in the United States and its territories for use an examination of the step 2 CS examination only. Results of the examination of the Step 2 CS of the second overall Pass/lail outcome provided below represents your result for the administration of the Step 2 CS of the second page of this report.

Overall Distriction of the Parties o

The overall outcome for Step 2 CS, reported above, unbused upon the minimum passing levels set by USMIR, for the three Step 2 CS subcomponents. The three subcomponents are integrated Clinical Recounter (IGB). Communication and interpersonal Skills (CIS), and Spokon Raglish Proficiency (SEP). It is necessary to pass all three subcomponents morder to obtain an overall passing dutcome on the Step 2 CS. Results for the three Step 2 CS subcomponents are reported below.

	PASS	PASS Z



THE PROPERTY OF THE MEDICAL LICENSING EXAMINATION OF

Federation of State Medical Boards of the U.S., Inc. E.O. Box 619850 Dallas, Texas 75261-9850 Telephone: (817) 868-4041

Partie Marie

STEP 3 SCORE REPORT

Dermish, Amna

Test Date: May 9, 2007

USMLE ID: 5-144-656-5

The USMLE is a single examination program for all applicants for medical licensure in the United States, it replaced the Ecderation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBMB Parts I, it and III). The program consists of three Stops designed to assess an examiners understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examiner possesses the inedical knowledge and understanding of chinical solence considered essential for the unsupervised practice of medical knowledge and understanding of chinical solence considered essential for the unsupervised practice of medical knowledge and inderstanding authorities in the United States and its territories. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two mineric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

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W T



Board: Medicine

Date Created: 03/17/2010

Licensee Full Name: AMNA IBRAHIM DERMISH

License No: MD439505

APPL 2767868

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

NATIONAL BOARD - PART I

STEP 1

STATE BOARD - indicate state where taken:_

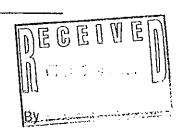
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Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110

MD 439 505

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION of COREDITED Medical Schools (SCHOOLS IN THE U.S. AND C \$35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania." ication Fee: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your Note: bank, regardless of the reason for non-payment. Please Print or Type Ibrahim Amna Permanent Address: Street Philadelphia All correspondence and the license will be mailed to this address unless the Board is notified of a change. Email address Date of Birth: Social Security Number: MM DD YYYY If your medical/licensure records are listed under another name or names list below: Are you applying using credentials verification from FCVS? ______ YES Have you previously held a Pennsylvania graduate training license? \times YES; My license number is MT187794 NO LIST MEDICAL SCHOOL(S) ATTENDED: DATES OF ATTENDANCE: Date of Graduation: Check licensing examination(s) passed:) FLEX - indicate state where taken: Date taken: Component 1



PART II ______

PART III

phicalan

Superiz

49-101 (REV. 02-09) **ACGME Post Graduate Training:**

TRGY1	Hospital:	Pennsyl	vania	Hosp	ital	From: 6,18,00 to: 6,17,07
PGY2	Hospital:	Pennsy	Ivania	Hosp	pital	From: 4/8/07 to: 6/17/08

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below

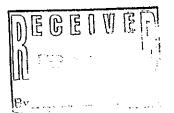
	Yes	No
 Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? if yes, list the jurisdiction(s) here: . 		X
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		Х
B) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		×
Have you been convicted, pleaded guilty or entered a plea of noto contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DUI/DWI, drug law violations, or are there any criminal charges pending and unresolved in any state or jurisdiction?		X
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		×
b) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		Х
) 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?		Х
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 Professional Health Monitoring Program.)		
) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number</u> , <u>filing date</u> , and the <u>date you were served</u> .		Χ

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare Information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

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 unsworm falsification to authorities and may result in the suspension or revocation of my license. I hereby sulhorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental arendes and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information

Signature of Apply a



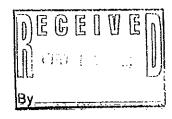
49-101 (REV. 02-09)
State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months. ORIGINAL SIGNATURES ARE REQUIRED.

knowledge, he/she is n a narcotic or other habi	now the applicant to be of a standard to the intemper it forming drug. I recommend to the intemperation on the interpretation of the	rate use of alc and the applica	ohol or to the habitu	ual use of
I have been personally SIGNATURE: Print or type name as s	acquainted with the applications and above:		Date: 1/8/	, ,
State in which licensed	•		ense Number: MD	426922
		,		·
I hereby certify that I kr knowledge, he/she is n a narcotic or other habi	now the applicant to be of contraddicted to the intemperate forming drug. I recommendate onwealth of Pennsylvania.	good moral cha rate use of alc	ohol or to the habitu	ual use of
I hereby certify that I kr knowledge, he/she is n a narcotic or other habi medicine in the Commo I have been personally SIGNATURE:	now the applicant to be of one of the contract of the interpretation of the comments of the co	good moral cha rate use of alc end the applica	cohol or to the habituant for a license to property of the pro	ual use of ractice

Return Completed Form to Applicant

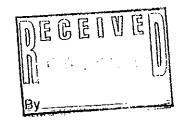


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49-101 (REV. 02-09)
Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

NAME:

Domish



Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110

Ibrahim

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates

Amna

Last	First	Middle
 If training began before July 1, 1987, one year verified. If the training began on or after July year level and one at second (PGY 2) year leve Training at a first (PGY 1) year must be ACGME app 	 1, 1987, two (2) years of approved E approved entry level (training whiteword and can be any specialty. 	training are required, one at first (PGY 1) ich requires no previous training). Training
3. If training was completed at more than one hos	pital, duplicate this form and submit	to each hospital.
This Section to be completed by the progra	am director at the hospital wh	ere the graduate training occurred.
If training was in Pennsylvania, information the second year of training, this form may be to the completion of the approved training. accepted.	completed and signed by the pro	ogram director fifteen (15) days prior
NAME OF HOSPITAL WHERE TRAINING WAS CO	ompleted: <u>Pennsylva</u>	ania Hospital
NAME OF SPONSORING INSTITUTION:	<u> </u>	·
LOCATEDIN: Philadelphia	PA	
City		ate
1st Year from 04/18/04 To 04/17/07	Specialty Ob Guy	Level (PGY)
2nd Year from <u>OLO / 18 / 07</u> To <u>OLO / 17 / 08</u>	Specially Ob GLY	Level (PGY)_2
"I certify that the above named applicant succ training and that there was/is no disciplinary complete this training, the Board will be notifi	action outstanding against this :	fully complete this graduate medical applicant. If this applicant does not
The hospital has no seal or stamp to affix to the this form was completed by this hospital.	his document. Therefore, I will h	ave this form notarized to verify that
Program Director's Signature		
Date:		[notary seal]
[Seal of Hospital]	Notary's Signature:	
, , , , , , , , , , , , , , , , , , , ,	Notary's Commissi	on expires on:
		

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License	Lic		Education	_	Employmen	ه ۱ ه	ibče Info	اعدا	p. krifo.		·	عاع	. (<u> </u>
License #	Тура				,Statu	4 .		ist? Limite	··· 1				
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Address		Speci	aitie s		Issue		ation Date	Primary	丁门	:	1.		
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Additional	Level 4				06/18/	2009, 08	/17/2010	· 🗹					
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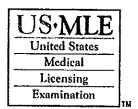
213465

48-101 (REV. 02-09) State Board of Medicine 717-783-1400 717-787-2381

RECEIVED DIRECT

VERIF CATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1: To be completed by	4:	
Name: Demish	Applicant;	Darrista
Last	First	Middle
Name of medical school: University	rsity of Colorado	· · · · · · · · · · · · · · · · · · ·
Location: Denver Co		
SUBMIT THE VERIFICATION OF MED YOUR SCHOOL TO RETURN THE COLENVELOPE.	ICAL EDUCATION FORM TO YOUR MI MPLETED FORM DIRECTLY TO THE E	EDICAL SCHOOL AND REQUEST BOARD IN AN OFFICIAL SCHOOL
SECTION 2: To be completed by	Dean or Registrar of medical sch	nool;
Name of medical student:	na I Dermish	
Date student began to attend this m	nedical school: <u>OS/DLe/</u> MM/DD	2002 MYYY
Date of graduation:	05/210/20010	
		FEB
İc	ertify that all of the above inform	ation is correct.
[Seal of School Signal	gnature of Dean or Registrar:	ation is correct.
	Jarly Mae	\sim
De	2-5-10	
Upon completion, school must r Board of Medicine in an official s	aturn this completed form direct chool envelope.	ly to the Pennsylvania State
DO	NOT RETURN TO APPLICANT	
Regular Mailing Address State Board of Medicine P.O. Box 2649 Harrisburg, PA 17105-2649		Courier Delivery Address State Board of Medicine 2601 North Third Street Harrisburg, PA 47110



United States Medical Licensing ExaminationTM (USMLETM) Certified Transcript of Scores

This document was prepared by the Federation of State Medical Boards of the United States, Inc. Federation Place, PO Box 619850, Dallas, TX 75261-9850 -- Telephone (817) 868-4041

Date:

02/04/2010

Recipient:

Pennsylvania State Board of Medicine ATTN: Tammy Radel 2601 N Third Street Harrisburg, PA 17110

RECEIVED DIRECT

Examinee:

Dermish, Amna

Alt Name(s):

Dermish, Amna I

Examinee 1D#:

Date of Birth:



Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

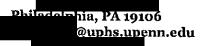
USMLE STEP 1			•		, - '''			
			Three-Dig	it Score	Two-Digit	Score		
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments	
	06/04/2004	Pass	184	182	75	75		
USMLE STEP 2		- 74	, ,, -					
Clinical Knowledge (C	K)							
			Three-Dig	it Score	Two-Digit	Score		
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments	
	08/15/2005	Pass	225	182	91	75		
Clinical Skills (CS)*								
			Three-Dig	it Score	Two-Digit	Score		
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments	
	10/10/2005	Pass						
USMLE STEP 3			<u> </u>			—		
			Three-Dig	it Score	Two-Digit	Score		
	Test Date	Pass/Fail	Total	MP	Total	MP	Comments	
PENNSYLVANIA	05/09/2007	Pass	217	184	89	75	-	

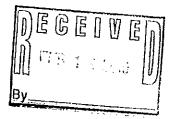
NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



This document was printed from a secure wabsite and accurately reflects score information maintained by the FSMB.

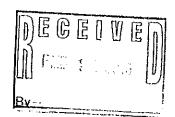
Amna Dermish





	Pennsylvania Hospital	June 2006-
Residency	Department of Obstetrics and Gynecology	present
Training	Philadelphia, PA	protonic
	Anticipated Graduation June 2010	
	University of Colorado Health Sciences Center	2002 – 2006
	Denver, CO	
_	Doctor of Medicine	
Education	University of Pittsburgh, Pittsburgh PA	1997-2001
	BSc Psychology	
	 Summa Cum Laude 	
	Phi Beta Kappa	
Professional	American Medical Student Association	
& Volunteer	 President, University of Colorado chapter 	2003-2004
Experience	 Coordinator, Region 10 Conference 	October 2003
•	"Treating all sides of the problem: Medicine on Capitol Hill"	
	Keynote speaker US Congressman Mark Udall	
	Oversaw recruitment of vendors for the residency/exhibitor	
	fair. Also managed all aspects of organizing the conference,	
	from developing programming to negotiating hotel and catering contracts. Topics included a debate on access to	
	health insurance, patient advocacy, the role of	
	pharmaceutical companies, cultural competency, and	
	reproductive health.	
	Region 10 Associate Trustee	
	Acted as a liaison between the national leadership and local	2004-2005
	chapters, assisting with program development at the local level.	
	Medical Students For Choice	-
	Coordinator/Founder, University of Colorado	0000 0006
	chapter	2003-2006
	Our goal was to increase campus dialogue about reproductive	
	health and cover gaps in our 1st and 2nd year curriculum. We	
	were also able to establish a close relationship with multiple	
	organizations including NARAL Pro-Choice Colorado & the	
	Religious Coalition for Reproductive Choice, putting together	
	a variety of lectures and community events.	
	NARAL Reproductive Health Access Committee	_
	Medical Student Liaison Member of a construction to the little to	2004-2006
	Member of a group of women's health advocates and health professionals that met monthly, with a goal of preserving and	
	improving access to reproductive health services. Projects	
	completed include a comprehensive reproductive health	
	guide for Colorado women and a teen sex guide, as well as a	
	series of outreach and informational events.	
	Reproductive Health Elective	2003-2004
	This course was offered each spring, and consists of a lecture	
	series entirely run and planned by 2nd year medical students.	
	The topics covered included birth control, abortion, GLBT	
	youth issues & infertility. A workshop on taking a sexual	
	history was our biggest success.	4 13 50 -
	Vote 2004 Coordinator	April-November
	Registered over 300 new voters in collaboration with multiple student organizations.	2004

	Analysis of Implanon use in an Inner City Population Primary Investigator	In Progress
• •	Learning Research & Development Center, University of Pittsburgh	2000-2002
Research	Research Assistant/Lab Coordinator	
Research	I was involved in several research projects using functional	
	MRI to study at areas of the cerebral cortex involved in using	
	feedback learning and other forms of visual learning. My	
	principle role was subject recruitment, test administration	
	and assistance in data analysis.	
	Myomectomy complicated by Splenic Injury	May 2008
Presentations	Acute Appendicitis in the 1st Trimester	December 2008
	Conservative Management of Cornual Ectopic Pregnancy	March 2009
	Harrison Fellowship	May-June 2009
	Mater Dei Hospital, Malta	•
	Observational attachment in the Department of OB/Gyn	
	Adventure Education School	Summer 2003
International	Dominical, Costa	2000
Experience	Month-long Spanish immersion course	
Experience	Semester at Sea	February-May
	During the 100 day voyage we visited 10 countries, including	1999
	Cuba, South Africa, India, Vietnam & Shanghai. The	-777
	shipboard curriculum was created to relate to each of the	
	countries visited.	
Professional	American College of Obstetrics & Gynecology	
	Junior Fellow	
Memberships	Association of Reproductive Health Professionals	



National Practitioner Data Bank Healthcare Integrity and Protection Data Bank P.O. Box 10832 Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

5500000060542558

Process Date: 02/16/2010

Page: 1 of 1

To:

DERMISH, AMNA IBRAHIM

PHILADELPHIA, PA 19107

From:

National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank

Re:

Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality improvement Act of 1986, as amended, and the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners. Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), HRSA, Division of Practitioner Data Banks.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB is a flagging system and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (http://www.npdb-hipdb.hrsa.gov) or contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

National Practitioner Data Bank Healthcare Integrity and Protection Data Bank P.O. Box 10832 Chantilly, VA 20153-0832

http://www.npdb-hipdb.hrsa.gov

5500000060542558

Process Date: 02/16/2010

Page: 1

of

SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

Title IV (NPDB)

Section 1128E (HIPDB)

Medical Malpractice Payment Report(s):	No Reports	alion provided, the reports found are listed below.) Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports		

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name:

Gender:

Date of Birth:

Other Name(s) Used:

Organization Name:

Organization Type:

Home or Work Address:

City, State, ZIP:

Telephone:

Social Security Numbers (SSN):

Individual Taxpayer Identification Numbers (ITIN):

Professional School(s) & Year of Graduation:

Occupation/Field of Licensure (Code):

State License Number, State of Licensure:

Specialty:

Drug Enforcement Administration (DEA) Numbers:

National Provider Identifiers (NPI):

Federal Employer Identification Numbers (FEIN):

Unique Physician Identification Numbers (UPIN):

DERMISH, AMNA IBRAHIM

PENNSYLVANIA HOSPITAL

GENERAL/ACUTE CARE HOSPITAL (301)

PHILADELPHIA, PA 19107



UNIVERSITY OF COLORADO (2006)

PHYSICIAN INTERN/RESIDENT (MD) (015)

MT187794, PA

OBSTETRICS & GYNECOLOGY (50)

1457417271

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C PAYMENT INFORMATION

Credit Card Number:

Additional Paper Copies Requested:

NPDB Charge: HIPDB Charge:

\$8.00* \$8.00* **Expiration Date:**

08/2012

NPDB Bill Reference Number:

N22190979

HIPDB Bill Reference Number:

H22190979

* Each charge will appear separately on your credit card statement.

Transaction Date:

02/16/2010

Copies of these reports are enclosed for restricted/limited use as prescribed by Tille IV of Public Law 99-660, as amended, and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

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

February 23, 2010

Attn: Tammy Radel, Administrator Pennsylvania State Board of Medicine PO Box 2649 Harrisburg, PA 17105

Re: Board Action Query Dated: February 23, 2010

Your Reference Number:

FSMB Batch Number:

BQ1725404

The following is a report of the search results from the Board Action Data Bank as of February 23, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of February 23, 2010

Item	Name	ров	School	Yr/Grad	Request ID
5	DELGADO, KRISTIAN			2006	21951003
		LICENSE HISTOR State Board No License Informati			
3	DERMISH, AMNA			2006	21950994
		LICENSE HISTOR State Board No License Informati			•
4	NGAN, ROSE			2006	21950999
		LICENSE HISTOR <u>State Board</u> No License Informati			
2	RENTSCHLER, STACEY			2004	21950989
	·	LICENSE HISTOR <u>State Board</u> No License Informati			
l	TUREK, JOSEPH			2002	21950983
		LICENSE HISTOR State Board NORTH CAROLINA			

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 crossreference purposes.



COMMONWEALTH OF PENNSYLVANIA STATE BOARD OF MEDICINE P. O. BOX 2649 HARRISBURG, PENNSYLVANIA 17105 st-medicine@state.pa.us www.dos.state.pa.us/med

February 23, 2010

<u>AMNA IBRAHIM D</u>ERMISH

9849

Telephone: 717-783-1400/787-2381

Fax: 717-787-7769

PHILADELPHIA PA 19106

EVALUATOR: SANDY B

RE: DISCREPANCY NOTICE - Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.

▶ BOTH the National Practitioner Data Bank AND the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) - NPDB & HIPDB reports are required. Must provide original documents of both reports.

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 22418614

Sincerely,

Pennsylvania State Board of Medicine

Person Info	
Name:AMNA IBRAHIM DERMISH	
Address Info	
Street Address:	nail.com
4	
Phone Fax	
CitySalt Lake	
City	
StateUT	
Zipcode84111	
Country 82	
CountySalt lake	
- Carry Butt take	
Christy Dannag Comme	
Survey Response Summary	
Question Response Summary	h.r.
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or	Y
expired) to practice in any other state or jurisdiction?	
Since your initial application or last renewal, whichever is	
later, have you had disciplinary action taken against your	N
license, certificate or registration issued to you in any	11
profession in any other state or jurisdiction?	
Since your initial application or last renewal, whichever is	
later, have you been convicted, found guilty or pleaded	
nolo contendere, or received probation without verdict, or	
accelerated rehabilitative disposition(ARD) as to any	
	N
violations, or do you have any criminal charges pending	
and unresolved in any state or jurisdiction? You are not	
required to disclose any ARD or other criminal matter	
that has been expunged by order of a court.	
Since your initial application or last renewal, whichever is	
later, have you withdrawn an application for a license,	
certificate or registration, had an application denied or	N
fictused, of for disciplinary reasons agreed not to reapply	IA
for a license, certificate or registration in any profession	
in any other state or jurisdiction?	
Since your initial application or last renewal, whichever is	
later, have you been arrested for criminal homicide,	
aggravated assault, sexual offenses or drug offenses in	N
any state, territory or country?	
Since your last renewal, have you been the subject of a	Y
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	
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the Board. (6717-787-776	at						
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Profession:	Profession: Medicine School: UNIVERSITY OF COLORADO UNIVERSITY COF Hours:						
From:	8/26/2002 To:	5/26/2006					
Employment	Information						
	No employment records						
remarks				***			
Remarks:	7.5						
Continuing E	Education Information	···					
	No CE	Course records					

myLicense Renewal Question Responses

License Number: MD439505

Name: AMNA IBRAHIM DERMISH

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)?	Υ
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 juristiction?	N
Have you met your current CE requirements?	Υ
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 :

9/29/2012 12:16:00AM

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)?	Υ
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 juristiction?	N
Have you met your current CE requirements?	Υ
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?	Υ

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SUBMITE THIS A PRINCATION OF MEDICAL EDUCATION FORMED A YOUR MEDICAL SCHOOL AND REQUEST VOLK SCHOOL TO RELERN COMPLETED FORM DIRECTLATO THE BOARD IN ORIGINAL SCHOOL ENVELORE

SECTION 2: To be completed by Dean of Registraria medical schools

Name of medical students and are the property of the contract
Date sindear began to arrend this medical school: 1/26/2014 1999 1999 1999

Date of grading on APA status of Grant

Sent at School el certify that all of the abuse information is son set

Signature of Ocao ar Registor: L. Voly J. C. J. J. J. J. J. J.

Date

Eponycompletion, school must return this completed form directly to the Pennsylvania State Moara of Afriliana in official action coverage. DO NOT BETURN TO APPLICANT.

Regular Mailling Address State Beard of Medicine 150:86:360 Harrisburg, P.A. 17108-2649

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LOUGATION

Resident - Department of Obstetnics & Clymecology - Spartmy Jugic 2000 Remisylvania Flospital Philadelphia: PA

University of Colorado Health Sciences Genier — August 2002 - May 2006 School of Medjeine, Denver (20) MD

University of Platsburgh (Platsburgh)(A) - August (1997 April 2(9)) BSC (Psychology Sunnia Cum Laude

CERTIFICATION NBMESTOP I = passed June 2004 NBMESTOP 2 CK = passed August 2005 NBMESTOP 2 CS = passed October 2005

KMPLOYMENT Research Assistant Ecathing Research & Developingar Centor

- October 2000 - July 2002

University of Parsburgh: Parsburgh Pa Assisted Braduate student sur Cognitive Neuroscience Studies conducted by the bilensed futicitional MRI to look at areas of the cerebral cortex art involved in Visinal learnings Dottes included assisting in study dearn subject recriminals fiterature scarcines, & running & analyzing studies

Rescurch AssistantDepartment of Pharmacology
University of Colorado (Penyer, CO)

Assisted in the isolation of the LUSIL protein, an oldernry builting protein in the Drosophila fruit fly used to recognize short chain alcohols. The poal of the protein to determine the structure of alcohol lundings situs and thus gain better understanding of the brothernistry of alcohol.

Office Assistant September 1997 : Combair 3000 Institute RG Shipboard Education University of Bittsburgh, Pittsburgh PA Assisted Alomat Office Withdata entry, mailthy, and bindrosing efforts HONORS Phi Beta Kappa, 2001

APTULATIONS American Medical Student Association Medical Suidents for Choice

Réferences are available upon avquest.

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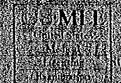
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