
 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: MALANA KEIKO MOSHESH</p>		
Address Information		
<p>Address(city state zipcode): HUNTINGDON VLY PA 19006</p>		
License Information		
Type: Medical Physician and Surgeon	Secondary Type:	Number: MD070273L
Profession: Medicine	Status: Expired	
Issue Date: 12/23/1999	Expires: 12/31/2004	Last Renewed: 12/17/2002
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>		

 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	
Name: MALANA K MOSHESH	
Address Information	
Address(city state zipcode):	
License Information	
Type: Graduate Medical Trainee	Secondary Type: Number: MT040903T
Profession: Medicine	Status: Inactive
Issue Date: 6/5/1998	Expires: 6/30/2001 Last Renewed: 4/25/2000
Prerequisite Information	
Licensee: ALBERT EINSTEIN MEDICAL CENTER	Relationship: Business Relationship
Type: Training Institution	Number: HS000003L Status: Active
Date of Association:	Date of Expiration:
Discipline Action History	
No disciplinary actions were found for this license.	
The Information above is considered primary source for verification of license credentials.	

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

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001211

MT - 040903 - T

M O S H E R N E W

P.O. BOX 2649
 HARRISBURG, PENNSYLVANIA 17105-2649
 717-783-1400

MALANA K MOSHESH
 ALBERT EINSTEIN MEDICAL CENTER
 OFFICE OF ACADEMIC &
 ALUMNI AFFAIRS - HB-1
 5501 OLD YORK ROAD
 PHILADELPHIA, PA 19141

Present Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
07/01/1997	06/30/1998	1	OBG	HS-000001-L	ALBERT EINSTEIN MEDICAL CENTER

THIS IS YOUR RENEWAL NOTICE

1. Renewal Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
<u>01/1/98</u>	<u>6/30/99</u>	<u>2</u>	<u>OBG</u>	<u>#53L</u>	<u>AEMC</u>

2. If you are not training in PA past ending date, check here. _____

3. Required Attachment - See #3A on instruction page.

Physician must answer all questions, sign and date form.

- | | Yes | No |
|--|-------|----------|
| 4. Do you hold a license to practice medicine and surgery in any other jurisdiction? If yes, list each one: _____ | _____ | <u>X</u> |
| 5. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country? | _____ | <u>X</u> |
| 6. Since your last renewal, 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> |
| 7. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? | _____ | <u>X</u> |
| 8. Since your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? | _____ | <u>X</u> |

 Signature

04/27/98
 Date



United States Medical Licensing Examination™ Certified Transcript of Scores

Note: The embossed USMLE seal in lower left corner certifies the authenticity of this document.

This transcript was prepared by the
National Board of Medical Examiners (NBME)

EXAMINEE: Moshesh, Malana K

USMLE ID #: 4-060-057-9
DATE OF BIRTH: [REDACTED]

FOR WHOM IT MAY CONCERN

DATE: 08/05/1996

Note: The recommended minimum passing score is 176 on the three-digit scale. The equivalent value on the two-digit scale is 75.

EXAM DATE	PASS/ FAIL	THREE-DIGIT SCORE	TWO-DIGIT SCORE	COMMENTS
1995	PASS	206	83	

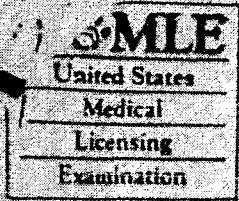
NOTE: This transcript reflects all Steps for which the examinee sat and for which scores have been reported.

NOTE: A search of the Board Action Data Bank of the Federation of State Medical Boards reveals no reported information on the above-named examinee.

See other side for explanation of Comments.

0239

0000-16-00



UNITED STATES MEDICAL LICENSING EXAMINATION™

USMLE Step 2 is administered to students and graduates of U.S. and Canadian medical schools by the NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
3750 Market Street, Philadelphia, Pennsylvania 19104-3198
Telephone: (215) 590-9700

Gary Stoner
Nov

STEP 2 SCORE REPORT

Moshesh, Malana K
[Redacted]
Hyattsville, MD 20781

USMLE ID: 4-060-057-9

Test Date: August 1996

The USMLE is a single examination program for all applicants for medical licensure in the United States. It has replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's 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 2 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention. The inclusion of Step 2 in the USMLE sequence ensures that attention is devoted to principles of clinical science that undergird the safe and competent practice of medicine. 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 numeric 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 2 on the test date shown above.

PASS	This result is based on the minimum passing score set by USMLE for Step 2. Individual licensing authorities may accept the USMLE recommended pass/fail result or may establish a different passing score for their own jurisdictions.
208	This score is determined by your overall performance on Step 2. For recent administrations, the mean and standard deviation for first-time examinees from U.S. medical schools are approximately 200 and 23, respectively, with most scores falling between 140 and 260. A score of 170 is set by USMLE to pass Step 2. The standard error of measurement (SEM) ² for this score scale is approximately five points.
83	This score is also determined by your overall performance on the examination. A score of 82 on this scale is equivalent to a score of 200 on the scale described above. A score of 75 on this scale, which is equivalent to a score of 170 on the scale described above, is set by USMLE to pass Step 2. The SEM ² for this scale is one point.

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

P.O. BOX 2649
 HARRISBURG, PENNSYLVANIA 17105-2649
 717-783-1400

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MT - 040903 - T

M O S H E R N E W

MALANA K MOSHESH
 ALBERT EINSTEIN MEDICAL CENTER
 OFFICE OF ACADEMIC &
 ALUMNI AFFAIRS HB-1
 5501 OLD YORK ROAD
 PHILADELPHIA, PA 19141

Present Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
07/01/1998	06/30/1999	2	OBG	HS-006003-L	ALBERT EINSTEIN MEDICAL CENTER

THIS IS YOUR RENEWAL NOTICE

1. Renewal Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
7/1/99	6/30/00	3	OBG	HS32	ALMC

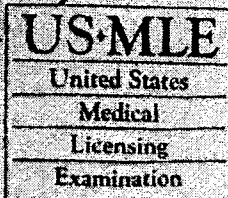
2. If you are not training in PA past ending date, check here. _____
3. Required Attachment - See #3B on instruction page.

Physician must answer all questions, sign and date form.

- | | Yes | No |
|--|-------|---|
| 4. Do you hold a license to practice medicine and surgery in any other jurisdiction? If yes, list each one: _____ | _____ | _____ |
| 5. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country? | _____ | _____ |
| 6. Since your last renewal, have you been convicted, found guilty, or pleaded 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. | _____ | _____ <input checked="" type="checkbox"/> |
| 7. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? | _____ | _____ <input checked="" type="checkbox"/> |
| 8. Since your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? | _____ | _____ <input checked="" type="checkbox"/> |

 Signature

04/31/99
 Date



UNITED STATES MEDICAL LICENSING EXAMINATION™

The Federation of State Medical Boards of the U.S., Inc.
 400 Fuller Wiser Road, Suite 300, Eutaw, TX 76039-3855
 Telephone: (817) 571-2949

PA-3

STEP 3 SCORE REPORT

Moshesh, Malana

USMLE ID: 4-060-057-9

Philadelphia, PA 19106

Test Date: May 1998

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's 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 examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. 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 numeric 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.

PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
205	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 205 and 18, respectively, with most scores falling between 140 and 260. A score of 177 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) [‡] for this scale is approximately five points.
83	This score is also determined by your overall performance on the examination. A score of 82 on this scale is equivalent to a score of 200 on the scale described above. A score of 75 on this scale, which is equivalent to a score of 177 on the scale described above, is recommended by USMLE to pass Step 3. The SEM [‡] for this scale is approximately one and a half points.

[‡]Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The standard error of measurement (SEM) provides an estimate of the range within which your scores might be expected to vary by chance if you were tested repeatedly using similar tests.

392FS087

NOTE: Original score report has copy-resistant watermark.

00000893

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-1400
717-787-2381

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st Floor
Harrisburg, PA 17101

OFFICIAL USE ONLY

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M	O	S	H	E	A	P	P	L

APPLICATION FOR A GRADUATE LICENSE
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

THIS APPLICATION IS TO BE USED FOR INITIAL
GRADUATE LICENSE - DO NOT USE TO RENEW

FEE - \$15.00

MAKE FEE PAYABLE TO COMMONWEALTH OF PENNSYLVANIA
FEE NOT REFUNDABLE

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.

Official Use Only

THIS APPLICATION MUST BE SUBMITTED AT LEAST
60 DAYS PRIOR TO START OF TRAINING

Amount

Date

TO BE COMPLETED BY APPLICANT:

Please Print or Type

NAME: Mosheh Malana Keiko
ADDRESS: Office of Academic & Alumni Affairs, Albert Einstein
Medical Center, 5501 Old York Road
Philadelphia PA 19141-3098
SOCIAL SECURITY #: [REDACTED] DATE OF BIRTH: [REDACTED] TELEPHONE NUMBERS: (301) 864-1821 (WORK) [REDACTED] (HOME) [REDACTED]

NAME & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
<u>Howard Univ. DC MD</u> <u>550 W. Street N.W. Washington D.C. 20059</u>	<u>2/92 - 5/97</u>	<u>5/97</u>
NAME & ADDRESS OF HOSPITAL(S)	DATES OF PREVIOUS TRAINING	SPECIALTY

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: Albert Einstein Medical Center HS- 3 --L
ADDRESS OF HOSPITAL: Office of Academic & Alumni Affairs
5501 Old York Road
YEAR IN TRAINING: 1 SPECIALTY: OB/GYN LEVEL IN TRAINING (PGY): 1
DATES OF TRAINING REQUESTED: 7/1/97 TO 6/30/98
NAME OF PROGRAM DIRECTOR: William F. Schwarz
SIGNATURE OF PROGRAM DIRECTOR: William F. Schwarz

MALANA MOSHESH

HYATTSVILLE, MD 20781

EDUCATION

Amherst College, Amherst, MA (1988 - 1992)

BA degree G.P.A 3.0 May, 1992;

Major: English with concentration in pre-medical sciences and Spanish language.

Thesis: Creative writing - "A collection of short stories on the contribution of women Blues singers to the creation of a black women's self."

Howard University Medical School

Anticipated graduation 1997

Member of class council

WORK EXPERIENCE

Commonwealth High School, Boston, MA (School Year 1992-1993)

English Teacher Intern

Taught and designed African American Literature course for grades 10 and 11. Coached girl's soccer

Amherst College, Amherst, MA (Summer 1991)

Tour Guide Independently conducted tours of campus and co-led group information sessions with prospective students and parents. Assisted with data entry using work perfect, organized files, answered phones.

City Federal Savings, Berkeley, CA (Summer 1989 and 1990)

Customer Service Representative Handled daily banking transactions. Trained in opening new accounts. Researched rejected checks and accounts with insufficient funds. Promoted to a supervisor in trainee program. Responded to customer inquiries and complaints, reorganized files, and assisted with clerical duties.

Consensus, Berkeley, CA (Spring and Summer 1988)

Teacher for Developmentally Disabled Patients Assisted with the rehabilitation of people who suffer from severe brain damage. Taught speech lessons. Helped design and teach basic computer skills. Supervised recreational activities. Performed clerical duties.

ACTIVITIES AND OFFICES

AMHERST COLLEGE

Co-founder of Cross Cultural Committee to promote coalition building between students of color, treasurer 1990

Member of Black Students' Union Liaison to the deans 1990

Drew black cultural house member, community service representative to local high school.

Organized cultural events, and coordinated benefits for the community.

ATHLETICS

Women's varsity field hockey

Women's Rugby co-captain for three semesters

REFERENCES AVAILABLE UPON REQUEST

State Board of Medicine
717-783-1400 RECEIVED DIRECT
717-787-2381

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools.

OFFICIAL USE ONLY

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SECTION 1: To be completed by applicant:

Name: Moshesh Malana Keiko
Last First Middle

Name of medical school: Howard Univ. College of Medicine

Location: 520 W Street, N.W. Washington, D.C. 20059

SUBMIT THIS VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL SCHOOL ENVELOPE.

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Malana Keiko Moshesh

Date student began to attend this medical school: August 23, 1993
Month/Day/Year

Date of ^{expected} graduation: May 10, 1997
Month/Day/Year

This form may be completed three months prior to graduation. If graduation does not take place, notify the Board immediately.

[Seal of School]

I certify that all of the above information is correct.

Signature of

Dean or Registrar: Pauline Y. Titus-Dillon

Pauline Y. Titus-Dillon, M.D.
Associate Dean For Academic Affairs

Date: April 9, 1997

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in official school envelope. 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
124 Pine Street, 1st Floor
Harrisburg, PA 17101

J. M. G. 100-100

The Federation of State Medical Boards
of the United States, Inc.

Federation Place
400 Fuller Wiser Road, Suite 300
Euless, Texas 76039-3855
Telephone (817) 868-4000
FAX (817) 868-4099

BOARD ACTION CLEARANCE REPORT

May 2, 1997

Attn: Cindy Warner
Pennsylvania State Bd. of Med.
PO Box 2649
Harrisburg, PA 17105-2649

Re: Board Action Query Dated: May 2, 1997
Your Reference Number: slm
FSMB Batch Number: BQ68775

The following is a final report of the search results from the Board Action Data Bank as of May 2, 1997
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 2, 1997

Item	Name	DOB	SSN	School	Yr/Grad	Request ID
12	beck, michael james					
10	davis-hughes, michelle dawn			039020	1997	1043917
2	eisen, louis rax			049030	1997	1043910
3	emerick, george j			033100	1992	1043884
6	england, rebecca lynn			039080	1997	1043888
4	golden, lisa a			023030	1997	1043901
8	krich, mark allen			039030	1997	1043892
14	lit, welwin			033070	1997	1043903
7	moshesh, malana k			021020	1993	1043929
13	mullins, tiffany anna			009030	1997	1043902
9	o'leary, robert william			011020	1997	1043923
5	payne, jennifer eileen			033120	1991	1043906
11	robertson, bryan john			039070	1997	1043896
1	smith, larry eugene			049030	1997	1043911
		009030	1992	1043876		

List all states, territories and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive, current or expired). If none are held, write "NONE."

none

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

- | | YES | NO |
|--|-------|---|
| 1. Has any disciplinary action been taken against your license in another state, territory or country? | _____ | _____ <input checked="" type="checkbox"/> |
| 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? | _____ | _____ <input checked="" type="checkbox"/> |
| 3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? | _____ | _____ <input checked="" type="checkbox"/> |
| 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? | _____ | _____ <input checked="" type="checkbox"/> |
| 5. Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program.) | _____ | _____ <input checked="" type="checkbox"/> |



SIGNED STATEMENT

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to 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: 4-9-97

91017 314

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400
717-787-2381
Courier Delivery Address
STATE BOARD OF MEDICINE
124 PINE STREET, 1st FLOOR
HARRISBURG, PA 17101

OFFICIAL USE ONLY									
M	D	0	7	0	2	7	3	U	
M	O	S	H	E	A	P	P	L	

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

Official Use Only
Amount 20.00
Date 12-16-99
11/17/99

Application Fee: \$70.00 *not refundable*
Make check payable to the "Commonwealth of Pennsylvania"

MT 040903-T

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

Please print or type.

NAME: Mosheh Mosheh Keles
Last Middle

Permanent Address: [Redacted]

Harrisburg PA 17101
City State Zip Code

Date of Birth: [Redacted] Social Security Number: [Redacted]

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

LIST MEDICAL SCHOOL(S) ATTENDED:
Howard University

DATES OF ATTENDANCE
From: 07/95 to 05/97
Mo. & Yr. Mo. & Yr.
From: _____ to _____
Mo. & Yr. Mo. & Yr.

Date of Graduation: 05/15/97

Check licensing examination(s) passed:

- () FLEX - indicate state where taken: _____ Date taken: _____
- () FLEX COMPONENT 1 - indicate state where taken: _____ Date taken: _____
- () FLEX COMPONENT 2 - indicate state where taken: _____ Date taken: _____
- () NATIONAL BOARD - PART I _____ PART II _____ PART III _____
- () USMLE - STEP 1 STEP 2 STEP 3
- () LMCC - Canadian
- () STATE BOARD - indicate state where taken: _____

Post Graduate Education:

PGY1 Hospital: Albert Einstein, PA From: 07/10/97 to: 07/01/98

PGY2 Hospital: Albert Einstein, PA From: 07/02/98 to: 07/01/99

Answer the following questions, if "YES" is answered to any of them, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 1. Do you hold a license to practice medicine and surgery (active or inactive, current or expired) in any state, territory or country? If "yes", list all states below. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. 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? | _____ | <input checked="" type="checkbox"/> |
| 3. Has any disciplinary action been taken against your license in another state, territory or country? | _____ | <input checked="" type="checkbox"/> |
| 4. 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? | _____ | <input checked="" type="checkbox"/> |
| 5. Have you had practice privileges denied, revoked, restricted or termination of employment in a hospital or other health care facility? | _____ | <input checked="" type="checkbox"/> |
| 6. 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? | _____ | <input checked="" type="checkbox"/> |
| 7. Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program.) | _____ | <input checked="" type="checkbox"/> |

SIGNED STATEMENT

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to 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 reports requested by the Board.

SIGNATURE OF APPLICANT

07/01/99
DATE

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

Certification of Moral Character

To be completed by two physicians with a license without restriction in good standing in the United States or Canada.

Name of Applicant: Melania Mostash

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 7 year(s) 0 month(s).

SIGNATURE:  Date: 11/1/97

Print or type name as signed above: Michael H. ...

State in which licensed: Pennsylvania License Number: 11-0000000000

Name of Applicant: Melania Mostash

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 2 year(s) 3 month(s).

SIGNATURE:  Date: 11/1/97

Print or type name as signed above: R. Z. BELCH

State in which licensed: PA License Number: 0199096

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17103-2649

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st floor
Harrisburg, PA 17101

11/19/96

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates
TO BE COMPLETED BY APPLICANT

NAME: Moskesh Milana
Last First Middle

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 WHERE TRAINING WAS COMPLETED: ALBERT EINSTEIN Medical Center

NAME OF SPONSORING INSTITUTION: SAME

LOCATED IN: PHILADELPHIA PA
City State

1st Year from 7/1/87 To 6/30/88 Specialty OB/GYN Level(PGY) 1

2nd Year from 7/1/88 To 6/30/89 Specialty OB/GYN Level(PGY) 2

I certify that Milana Moskesh successfully completed will successfully complete this
(Name of Applicant)

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.

"I further certify that the above program was ACGME accredited at the time Milana Moskesh
completed the training." (Name of Applicant)

[Seal of Hospital] Signature of Program Director: [Signature]
Date: 11-5-96 520 Pine Street, Harrisburg, PA 17101

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: _____ [notary seal]

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

MALANA MOSHESH
HYATTSVILLE, MD 20781

EDUCATION

Amherst College, Amherst, MA (1988 - 1992)

BA degree G.P.A 3.0 May, 1992;

Major: English with concentration in pre-medical sciences and Spanish language.

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ACTIVITIES AND OFFICES

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Co-founder of Cross Cultural Committee to promote coalition building between students of color, treasurer 1990

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Organized cultural events, and coordinated benefits for the community.

ATHLETICS

Women's varsity field hockey

Women's Rugby co-captain for three semesters

REFERENCES AVAILABLE UPON REQUEST

1997 - 1998 1st Year Residency Training at Albert Einstein
1998 - 1999 2nd Year



United States Medical Licensing ExaminationSM (USMLE) Certified Transcript of Scores

MD 0302756

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 12/21/1999

Pennsylvania State Board of Medicine
ATTN: Cindy L. Warner, Administrator
PO Box 2649
Harrisburg, PA 17105-2649

RECEIVED DIRECT

Examinee: Moshesh, Malana Keiko
USMLE ID#: 4-060-057-9
DOB: [REDACTED]
Alt Name(s):

Results for all 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. Scores are reported on two scales. The recommended minimum passing score ("Passing") on each scale is shown in parentheses.

STEP1	Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
			Score	(Passing)	Score	(Passing)	
	6/14/1995	PASS	206	(176)	81	(75)	
STEP2	Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
			Score	(Passing)	Score	(Passing)	
	8/27/1996	PASS	208	(170)	83	(75)	
STEP3 State Board	Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
			Score	(Passing)	Score	(Passing)	
	PENNSYLVANIA 8/12/1998	PASS	205	(177)	83	(75)	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.

See reverse side for explanation of information reported above.

The Federation of State Medical Boards
of the United States, Inc.

Federation Place
400 Fuller Wisser Road, Suite 300
Euless, Texas 76039-3855
Telephone: (817) 868-4000
FAX (817) 863-4099

000117 0188

BOARD ACTION CLEARANCE REPORT

December 20, 1999

Attn: Cindy Warner
Pennsylvania State Bd. of Med.
PO Box 2649
Harrisburg, PA 17105-2649

Re: Board Action Query Dated: December 20, 1999
Your Reference Number: ill
FSMB Batch Number: BQ171100

The following is a final report of the search results from the Board Action Data Bank as of December 20, 1999 for practitioners submitted as part of the above referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of December 20, 1999

Item	Name	DOB	SSN	School	Yr/Grad	Request ID
9	bryan m. blackshear-morrison					
13	bryant, nancy louise			047020	1989	4192000
7	edeburn, george frederick			015010	1987	4192017
11	erich, jennifer lee			024020	1980	4191995
15	gorum, carla collins				1997	4192009
1	lanni, karen a			039030	1987	4192022
5	levitt, ari simon			031010	1997	4191984
14	lord, jonathan t			048010	1987	4191990
12	may, john patrick			010020	1978	4192018
6	moshesh, malana ketiso			014050	1988	4192015
4	shaderowfsky, pami daniel			009030	1997	4191983
8	sterzenski, ronald john			031010	1996	4191989
2	sumner, deborah beth			039020	1997	4191998
10	thorner, kim marie			039050	1997	4191983
				037100	1995	4192002

Regular Mailing Address
State Board of Medicine
P. O. Box 2549
Harrisburg, PA 17105-2549
TEL: 717-740-1400
FAX: 717-740-1351

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st Floor
Harrisburg, PA 17101

OFFICIAL USE ONLY

M	T	0	4	0	9	0	3	T
M	O	S	H	E	A	P	P	L

APPLICATION FOR A GRADUATE LICENSE
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

THIS APPLICATION IS TO BE USED FOR INITIAL
GRADUATE LICENSE - DO NOT USE TO RENEW

FEES - \$115.00

MAKE FEE PAYABLE TO COMMONWEALTH OF PENNSYLVANIA
FEE NOT REFUNDABLE

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.

Official Use Only

THIS APPLICATION MUST BE SUBMITTED AT LEAST
60 DAYS PRIOR TO START OF TRAINING

Amount

1300

Date

4/23/97

4/7/97

TO BE COMPLETED BY APPLICANT:

Please Print or Type

NAME: Moshe Malana Kuto
LAST FIRST MIDDLE
ADDRESS: Office of Academic & Alumni Affairs, Albert Einstein
Medical Center, 5501 Old York Road
Philadelphia PA 19141-3098
CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: [REDACTED] TELEPHONE NUMBERS: 215 264-1821

NAME & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
<u>Harvard Medical School</u>	<u>9/93 - 5/97</u>	<u>5/97</u>
NAME & ADDRESS OF HOSPITAL(S)	DATES OF PREVIOUS TRAINING	SPECIALTY

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: Albert Einstein Medical Center HS- 3
ADDRESS OF HOSPITAL: Office of Academic & Alumni Affairs
5501 Old York Road
CITY IN TRAINING: Philadelphia, PA 19141-3098 SPECIALTY: OB/GYN LEVEL IN TRAINING (PGY): 1
DATES OF TRAINING REQUESTED: 7/1/97 TO 6/30/98
BEGINNING DATE-MONTH-DAY-YEAR TO ENDING DATE-MONTH-DAY-YEAR
NAME OF PROGRAM DIRECTOR: William F. Schwarz
SIGNATURE OF PROGRAM DIRECTOR: William F. Schwarz

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1991 - 1992 2nd year

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1992 - 1993 - 2nd Year