

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
Phone: 717-783-1400 or 717-787-2381
Email: licensing@psmb.state.pa.us

Courier Delivery Address
State Board of Medicine
2801 North Third Street
Harrisburg, PA 17110

TO BE COMPLETED FOR BULK CHECK USAGE

Hospital Name
Unit #
Receipt #

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)

Application Fee: \$30.00 not refundable. Make check payable to the Commonwealth of Pennsylvania. 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.

186824

TO BE COMPLETED BY APPLICANT (Please Print or Type)

NAME: [REDACTED]

ADDRESS: [REDACTED]

SOCIAL SECURITY #: [REDACTED] DATE OF BIRTH: [REDACTED]

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

Are you applying using credentials verification from ECVS? YES NO

NAME & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
[REDACTED]	[REDACTED]	[REDACTED]

NAME & ADDRESS OF HOSPITAL(S)	DATES OF PREVIOUS TRAINING	SPECIALTY
[REDACTED]	[REDACTED]	[REDACTED]

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA

NAME OF HOSPITAL: University Health Center of Pittsburgh HS: 000288

ADDRESS OF HOSPITAL: Suite 300 Iroquois Building, 3600 Forbes Ave. Pittsburgh, PA 15213

YEAR IN TRAINING: 1 AGME SPECIALTY: Obstetric & Gynecology LEVEL IN TRAINING (PGY): 1

DATES OF TRAINING REQUESTED: 06/20/2009 TO 06/19/2010

I VERIFY THAT I AM THE PROGRAM DIRECTOR FOR THE HOSPITAL PROGRAM LISTED ABOVE AND THAT THIS IS AN ACCME ACCREDITED PROGRAM AT THIS HOSPITAL.

NAME OF PROGRAM DIRECTOR: Gabriella G. Gosman, M.D.

SIGNATURE OF PROGRAM DIRECTOR

[Handwritten signature and initials]

Answer the following questions. If **YES** is answered to Questions #2 through #9, 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 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.		
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to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?		
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		
4) Have you been convicted, pleaded guilty or entered a plea of not contesting 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?		
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) 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?		
7) 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) Are you, or have you ever been, addicted to the immoderate 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.		
9) 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 docket number, filing date, and the date you were served .		

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 Learning Health must provide to the Department of Public Welfare information prescribed by DFW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for the 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 NPIB/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 untruthful fabrication in affidavits and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my referees, 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 _____

State Board of Medicine
717-783-1400
717-787-2300

RECEIVED DIRECT



VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1 To be completed by applicant:

Name RAMSDEAL WILSON
Last First Middle
Name of medical school UNIVERSITY OF PENNSYLVANIA
Location HARRISBURG, PA

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

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

Name of medical student WILLIAM WILSON
Date student began to attend this medical school 5/1/01
MM/DD/YYYY
Date of graduation 5/23/04
MM/DD/YYYY
I certify that all of the above information is correct.
[Seal of School] Signature of Dean or Registrar
Date 5/23/04

This form may be completed ONLY three months prior to graduation. Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope. *****if graduation DOES NOT take place, notify the Board immediately*****

DO NOT RETURN TO APPLICANT

Regular Mailing Address
State Board of Medicine
P.O. Box 2640
Harrisburg, PA 17105-2640

Courier Delivery Address
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY
530 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS 60607

Dear Sirs:

I am pleased to inform you that your application for a position in the Department of Chemistry has been reviewed and your qualifications are being considered for a position in the Department of Chemistry.

Very truly yours,
[Signature]

Enclosed for you are two copies of the Department of Chemistry curriculum vitae and a copy of the Department of Chemistry brochure.

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

MT194653
RAMGOPAL

RENEWAL APPLICATION

SHEILA RAMGOPAL
UNIVERSITY HEALTH CENTER
DEPT OF MED EDUCATION
SUITE 300 IROQUOIS BUILDING
3600 FORBES AVENUE
PITTSBURGH PA 15213

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

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 YES to 2-8 - provide details AND attach certified copies of legal document(s).
	X	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:
	X	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?
	X	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?
	X	4. Since your initial application or your 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 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.
	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?
	X	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?
	X	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?
	X	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 <u>entire Civil Complaint</u> , which must include the <u>filing date</u> and the <u>date you were served</u> . 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	06/20/2012	06/19/2013	Level 4	Obstetrics and Gynecology	HS000288L	UNIVERSITY HEALTH CENTER
Renewal						

Signature of Licensee (Mandatory):

[Redacted Signature]

Date: 05/02/2012

Medical School Graduation Date:

05/2009

SSN: [Redacted]

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.

MAY 8 2013

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

MT194653
RAMGOPAL

RENEWAL APPLICATION

SHEILA RAMGOPAL 9849
UNIVERSITY HEALTH CENTER
DEPT OF MED EDUCATION
SUITE 300 IROQUOIS BUILDING
3600 FORBES AVENUE
PITTSBURGH PA 15213

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

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THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s).
	X	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:
	X	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?
	X	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?
	X	4. Since your initial application or your 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 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.
	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?
	X	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?
	X	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?
	X	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 <u>entire Civil Complaint</u> , which must include the <u>filing date</u> and the <u>date you were served</u> . 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	6/20/2011	6/19/2012	Level 3	Obstetrics and Gynecology	HS000288L	UNIVERSITY HEALTH CENTER
Renewal	6/20/2012	6/19/2013	level 4	Obstetrics + Gynecology	HS000288L	UNIVERSITY HEALTH CENTER

Signature of Licensee (Mandatory) _____

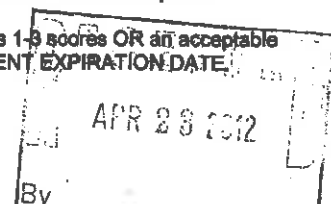
Date: 4/13/12

Medical School Graduation Date: 05/2005

SSN: _____

ATTACHMENTS FOR RENEWING:

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

MT194653
RAMGOPAL

RENEWAL APPLICATION

SHEILA RAMGOPAL 9849
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YES	NO	If YES 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 nolo 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 <u>entire Civil Complaint</u> , which must include the <u>filing date</u> and <u>the date you were served</u> . 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	06/20/2010	06/19/2011	Level 2	Obstetrics and Gynecology	HS000288L	UNIVERSITY HEALTH CENTER
Renewal	6/20/11	6/19/12	3	" " "	"	" "

Signature of Licensee (Mandatory): _____

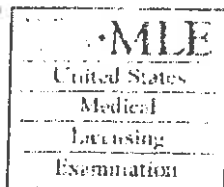
Date: 3/30/11

Medical School Graduation Date: 05/2009

SSN: _____

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UNITED STATES MEDICAL LICENSING EXAMINATION

STEP 3 SCORE REPORT

This score report is provided for the use of the examinee.

Third-party users of USMLE information are advised to rely solely on official USMLE transcripts.

Ramgopal, Sheila

USMLE ID: 5-185-413-1

Test Date: January 25, 2010

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.
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208	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 214 and 17, respectively, with most scores falling between 140 and 260. A score of 187 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) [‡] for this scale is approximately six points.
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86	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 187 on the scale described above, is recommended by USMLE to pass Step 3. The SEM [‡] for this scale is approximately three points.
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[‡]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 index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.

COMM [THE WRITTEN AMOUNT MUST BE INCLUDED ON THE CHECK, PLEASE COMPLETE AND RESUBMIT]
 BUREAU OF PROF ST.

MT194653
 RAMGOPAL

JUN 16 2010
 MAY 14 2010

RENEWAL APPLICATION

SHEILA RAMGOPAL 9849
 UNIVERSITY HEALTH CENTER
 DEPT OF MED EDUCATION
 SUITE 300 IROQUOIS BUILDING
 3600 FORBES AVENUE
 PITTSBURGH PA 15213

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 PO Box 2649
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	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	06/20/2009	06/19/2010	Level 1	Obstetrics and Gynecology	HS000288L	UNIVERSITY HEALTH CENTER
Renewal	06/20/2010	06/19/2011	2	OBSTETRICS AND GYNECOLOGY	HS000288L	UNIVERSITY HEALTH CENTER

Signature of Licensee (Mandatory): _____ Date: 4/30/2010
 Medical School Graduation Date: 05/2009 SSN: _____

ATTACHMENTS FOR RENEWING:

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United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
National Board of Medical Examiners® (NBME®)

3750 Market Street, Philadelphia, PA 19104-3190 • Telephone (215) 590-9700

MAILED 4/20/09

Recipient: Diana L. Brucha, Dept. Ob/Gyn/RS
Rm 2314, Magee-Womens Hospital
300 Hether Street
Pittsburgh, PA 15213

Date: 03/23/2009

Examinee ID: 5-185-413

Date of Birth: [REDACTED]

Examiner: Rangopal, Shashi

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. 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

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP®	Total	MP®	
05/24/2007	Pass	212	(185)	88	(75)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP®	Total	MP®	
09/26/2008	Pass	244	(184)	99	(75)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Comments
10/21/2008	Pass	

*Performance on the CS component of Step 2 is reported as pass or fail.

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

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

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

MD444235

**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION
For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA)**

Application Fee: \$35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania."
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.

MT 194653

262635

Please Print or Type

NAME: RAMGOPAL SHEILA
Last First Middle

Permanent Address: [REDACTED]
Street
PITTSBURGH PA 15213
City State Zip Code

All correspondence and the license will be mailed to this address unless the Board is notified of a change.

Email address [REDACTED]@UPMC.EDU

Date of Birth: [REDACTED] Social Security Number: [REDACTED]
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 NO
Have you previously held a Pennsylvania graduate training license?
YES; My license number is _____ NO

LIST MEDICAL SCHOOL(S) ATTENDED:
UNIV. OF PITTSBURGH

DATES OF ATTENDANCE:
From: 09/2005 to 05/2009
MM/YYYY MM/YYYY
From: _____ to _____
MM/YYYY MM/YYYY

Date of Graduation: 05/19/2009
MM/DD/YYYY

Check licensing examination(s) passed:

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

**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

June 23, 2011

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

Re: Board Action Query Dated: June 23, 2011
Your Reference Number: PGL
FSMB Batch Number: BQ1928328

The following is a report of the search results from the Board Action Data Bank as of June 23, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of June 23, 2011

Item	Name	DOB	School	Yr/Grad	Request ID
1	KUSHNER, STUART	[REDACTED]		1976	23888196
		LICENSE HISTORY			
		<u>State Board</u>			
		NEW JERSEY			
2	RAMGOPAL, SHEILA	[REDACTED]		2009	23888197
		LICENSE HISTORY			
		<u>State Board</u>			
		No License Information Available			
3	SALATI, JENNIFER A	[REDACTED]		2009	23888198
		LICENSE HISTORY			
		<u>State Board</u>			
		No License Information Available			

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.

ACGME Post Graduate Training:

PGY1 Hospital: MAGEE WOMENS HOSP, UPMC, PITTSBURGH From: 07/01/09 to: 07/01/10
 PGY2 Hospital: MAGEE WOMENS HOSP, UPMC, PITTSBURGH From: 07/01/10 to: 07/01/11

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
1) 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? <u>If yes, list the jurisdiction(s) here:</u>		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?		X
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		X
4) Have you been convicted, found guilty or pleaded nolo 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.		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?		X
6) 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?		X
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8) Are you, or have you ever been, addicted to the imtemperate 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.)		
9) 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, filing date, and the date you were served.</u>		X

SIGNED STATEMENT

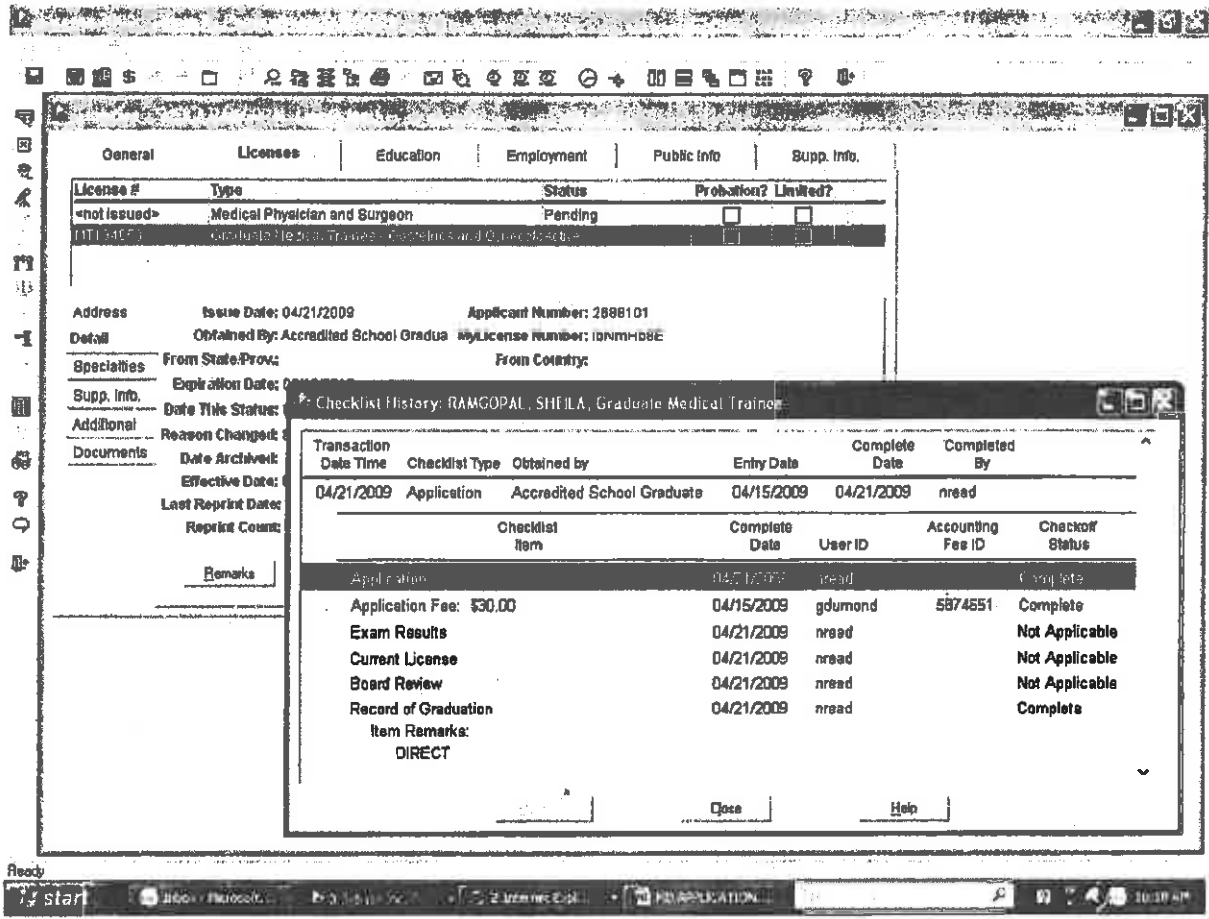
Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). 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 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 6/8/11

JUN 25 2011



General Licenses Education Employment Public Info Supp. Info.

License #	Type	Status	Probation?	Limited?
<not issued>	Medical Physician and Surgeon	Pending	<input type="checkbox"/>	<input type="checkbox"/>
111111111	Graduate Medical Trainee - Geriatrics and Gerontology		<input type="checkbox"/>	<input type="checkbox"/>

Address Issue Date: 04/21/2009 Applicant Number: 2898101
Detail Obtained By: Accredited School Graduate License Number: 10NM108E

Specialties From State/Prov: From Country:
Supp. Info. Expiration Date:
Additional Date Title Status:
Documents Reason Changed:
Date Archived:
Effective Date:
Last Reprint Date:
Reprint Count:

Checklist History: RAMGOPAL, SHEILA, Graduate Medical Trainee

Transaction Date Time	Checklist Type	Obtained by	Entry Date	Complete Date	Completed By
04/21/2009	Application	Accredited School Graduate	04/15/2009	04/21/2009	nread

Checklist Item	Complete Date	User ID	Accounting Fee ID	Checkoff Status
Application	04/15/2009	nread		Complete
Application Fee: \$30.00	04/15/2009	gdumond	5874551	Complete
Exam Results	04/21/2009	nread		Not Applicable
Current License	04/21/2009	nread		Not Applicable
Board Review	04/21/2009	nread		Not Applicable
Record of Graduation	04/21/2009	nread		Complete
Item Remarks:				
DIRECT				

Close Help

General | Licenses | Education | Employment | Public Info | Supp. Info.

Schooling

School	Enrolled	Graduated	Degree/Certificate	New
UNIV OF PITTSBURGH	03/15/2015	08/2015	PHD	<input type="button" value="New"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/> <input type="button" value="Hrs/Credits"/>

Exams

Exam Type	Text	Exam Date	Expiration	Candidates #	State	Score	Result	Exam	New
									<input type="button" value="New"/>
									<input type="button" value="New"/>
									<input type="button" value="New"/>

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.

Name of Applicant: SHEILA RAMGOPAL

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) 0 month(s).

SIGNATURE:  Date: 6/8/2011


Print or type name as signed above: Edward A. Sandy Jr, MD, MBA

State in which licensed: PA License Number: MD 433358

Name of Applicant: SHEILA RAMGOPAL

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) 0 month(s).

SIGNATURE:  Date: 6/13/2011

Print or type name as signed above: Marica Klein - Patel

State in which licensed: NI License Number: MD 435991

Return Completed Form to Applicant

JUN 13 2011

MD ML

49-101 (REV. 01-10)
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

Courier Delivery Address
STATE BOARD OF MEDICINE
2801 NORTH THIRD STREET
HARRISBURG, PA 17110

RECEIVED DIRECT

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates

NAME: RAMGOPAL SHEILA
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.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

This Section 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: Magee-Womens Hospital of UPMC

NAME OF SPONSORING INSTITUTION: University of Pittsburgh Medical Center, Medical Education

LOCATED IN: Pittsburgh PA
City State

1st Year from 06 / 20 / 09 To 06 / 19 / 10 Specialty Ob/Gyn Level (PGY) 1 **ACGME**

2nd Year from 06 / 20 / 10 To 06 / 19 / 11 Specialty Ob/Gyn Level (PGY) 2 **OK**

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

The hospital has no seal or stamp to affix to this document. Therefore, I will have this form notarized to verify that this form was completed by this hospital.

Program Director's Signature: [Signature]
Date: 8/10/11

[Seal of Hospital]

[notary seal]

Notary's Signature: _____

Notary's Commission expires on: _____

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

RECEIVED

AUG 17 2011

By _____

General Licenses Education Employment Public Info Supp. Info.

License #	Type	Status	Probation?	Limited?
<not issued>	Medical Physician and Surgeon	Pending	<input type="checkbox"/>	<input type="checkbox"/>
PT034073	Includes Medical Training, Obstetrics and Gynecology		<input type="checkbox"/>	<input type="checkbox"/>

Address

Detail

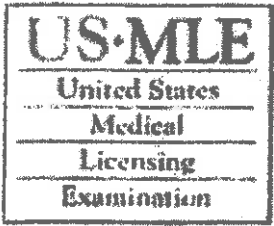
Specialties	Issue Date	Expiration Date	Primary
Level 1	08/19/2009	08/19/2010	<input type="checkbox"/>
Level 2	08/20/2010	08/18/2011	<input type="checkbox"/>
Level 3	08/20/2011	08/19/2012	<input checked="" type="checkbox"/>

Supp. Info.

Additional

Documents

New Edit Delete



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wisser Road, Suite 300, Eules, TX 76039-3856 -- Telephone (817) 868-4041

Date: 06/13/2011

Recipient:

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

RECEIVED DIRECT

Examinee: Ramgopal, Sheila
Alt Name(s):

Examinee ID#: 5-185-413-1
Date of Birth: [REDACTED]

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

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
05/24/2007	Pass	212	185	88	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/26/2008	Pass	244	184	99	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
10/21/2008	Pass					

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
PENNSYLVANIA	01/25/2010	Pass	208	187	86	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.

262035

MO ME

SHEILA RAMGOPAL

[Redacted]@gmail.com
[Redacted] Pittsburgh, PA 15213 [Redacted]

EDUCATION

UNIVERSITY OF PITTSBURGH, Pittsburgh, PA Magee Womens Hospital UPMC OBGYN Residency	June 2009 - Present
UNIVERSITY OF PITTSBURGH, Pittsburgh, PA School of Medicine Candidate for Doctor of Medicine, May 2009	August 2005 - May 2009
COLUMBIA UNIVERSITY, New York, NY Master of Arts in Biotechnology, October 2004	Sept 2003 - June 2004
UNIVERSITY OF PENNSYLVANIA, Philadelphia, PA Bachelor of Arts in Biology, May 2003 Minors: Chemistry and Religion	Sept 2000 - June 2003
UNIVERSITY OF ROCHESTER, Rochester, NY School of Arts and Sciences	Sept 1999 - June 2000

AWARDS AND HONORS

SHARP Representative, Class of 2009 ▪ Student Health Advocacy Resource Program (SHARP) ▪ Elected to 4-year position by peers	Sept 2005 - May 2009
NIMH Grant Western Psychiatric Institute and Clinic ▪ Summer Research Fellowship	May - August 2006
Charles Watson Humanism Honor Society	November 2008

WOMEN'S HEALTH

Pregnant Adolescents Learning with Students, Volunteer Magee Women's Hospital, Pittsburgh PA ▪ Was paired up with a pregnant teenager and accompanied her to prenatal clinic visits and was present for her delivery. Continue to meet her and her child on a monthly basis.	March 2006 - May 2009
Sexually Transmitted Diseases Elective, Medical Student Allegheny County Health Dept, Pittsburgh PA ▪ Performed full gynecologic exams, including STI testing. Developed patient plans and follow-up. ▪ Patient population generally underserved and minorities.	May - August 2007
Pittsburgh Women's Shelter, Volunteer ▪ Worked with domestic violence victims. Interviewed and examined patients. Precepted to attendings.	Sept 2005 - May 2006
Perinatal Addiction Center, Medical Student Researcher Western Psychiatric Institute and Clinic ▪ Working with pregnant women participating in active rehabilitation and group therapy sessions. ▪ Research looking at prevalence of various co-morbidities in this population, through individual interviews.	March 2008 - May 2009

INTERNATIONAL EXPERIENCE

Honduras, Shoulder to Shoulder Medical Student, Family Medicine Clerkship ▪ Performed interviews and physical exams with the aid of translators. Included full gynecologic exams. ▪ Participated in medical student research project evaluating the efficacy of water filtering devices in the prevention of diarrhea in local children.	April 2008
Zimbabwe, Sanyati Baptist Hospital Medical Volunteer, HIV Counselor ▪ Helped in the education of patients in the Sanyati region recently diagnosed with HIV ▪ Shadowed a physician on daily rounds and assisted during surgeries. Performed minor procedures under supervision of physician or resident. Acted as a medical technician providing basic patient care. ▪ Interviewed and assisted with physical exams in the hospital clinic with the aid of local translators.	June - August 2005

RECEIVED
SEP 12 2011
By _____

RESEARCH AND WORK EXPERIENCE

Principal Investigator

Nov 2007 – May 2009

“The Efficacy of Varenicline in HIV-Infected Patients Participating in a Smoking Cessation Program”

Pittsburgh AIDS/HIV Center for Treatment, Pittsburgh, PA

- Designed and conducting study examining the efficacy of varenicline (Chantix) in smoking cessation in HIV-infected patients with complex comorbidities in comparison with control population.
- Study is being conducted to evaluate the efficacy of Chantix in a population not previously studied.

NIMH Grant, Western Psychiatric Institute and Clinic

May-August 2006

Medical Student Summer Research, Pittsburgh, PA

- Designed study looking at progression of disease in HIV-infected patients with co-morbid depression and substance abuse. Focused on HIV viral loads and CD4 count to evaluate disease progression.
- Worked at Pittsburgh AIDS/HIV Center for Treatment.

Healthcare Associate

Dec 2005 – May 2005

Vista Research, New York, NY

- Creating surveys on new medical technologies to evaluate current opinion of thought leaders in that specific field and present data to institutional money manager.
- Developing and maintaining products on pipeline drugs and healthcare market trends tailored to clients.

Research Assistant

March 2004 – Nov 2004

Columbia University Microbiology Dept., New York, NY

- Identifying the roles of herpesvirus homologs in VZV and PrV, through adenovirus complementation studies, yeast-two-hybrids, and functional assays. Lab manager duties.

Research Assistant

June 2002 – Sept 2003

University of Pennsylvania Biology Dept., Philadelphia, PA

- Worked with *Toxoplasma gondii* to confirm the putative apicoplast target (*rpoB*) of rifabutin in *T. gondii* through a variety of molecular techniques. Managed undergraduate workers in task fulfillment.

EXTRACURRICULAR ACTIVITIES AND LEADERSHIP

Student Health Advocacy Resource Program, Class of 2009 Representative

Nov 2005 – May 2009

- Provide confidential counseling for students for various problems including issues with anxiety, grades, drugs and alcohol. 4-year position with monthly meetings. Coordinated annual Wellness Week. 4hr/wk

Geriatric Experiences for Medical Students, Student Coordinator and Volunteer

Nov 2005 – Nov 2007

- Organized monthly meetings to discuss students' experiences with their older patient.
- Volunteered by visiting my geriatric patient monthly and discussing health and other topics.

Global Health Interest Group, Treasurer and Member

Nov 2005 – Sept 2007

- Organization focused on international health and work abroad.
- Helped organize fundraisers, monthly talks, and managed the budget. 1hr/wk

Kenyan Pediatric HIV Project, Student Liaison and Member

Oct 2005 – Sept 2007

- Raised money for Kenyan orphanage for HIV-infected children.
- Helped to organize 5K and open mics. 2hr/wk

Global Links (AMSA), Volunteer

March 2006 – Nov 2007

- Worked for local chapter collecting expired or extra medical supplies for global health projects.

Faculty And Students Together, Advisor and Advisee

Oct 2005 – Sept 2007

- Groups of medical students are paired with a faculty member and two upper year medical students for guidance through school. Participated as upper year medical student for younger students.

Operation Safety Net, Volunteer

Nov 2006 – March 2007

- Volunteered with this health organization that provides primary care to homeless persons by traveling to those persons by foot and by van. Worked in several areas of Pittsburgh giving basic healthcare and food.

Birmingham Clinic (AMSA), Volunteer

March 2006 – March 07

- Free health clinic in Pittsburgh that serves uninsured and underserved populations. Volunteered by doing patient intakes and basic physical exams, then presenting to volunteer physicians.

PROFESSIONAL ORGANIZATIONS

AMSA and AMA, Member

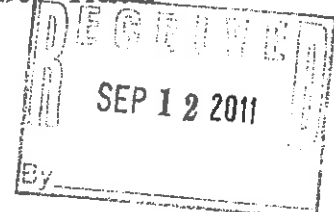
2005 - Present

PERSONAL INTERESTS

Bharathnatyam (Classical South Asian Dance)

1984 - Present

Professional Bharathnatyam dancer for over 25 years. Choreographer and teacher.



MD MK

SHEILA RAMGOPAL

[Redacted]@gmail.com
Pittsburgh, PA 15213; [Redacted]

EDUCATION

UNIVERSITY OF PITTSBURGH , Pittsburgh, PA Magee Womens Hospital UPMC OBGYN Residency	Spring 2009 - Present
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COLUMBIA UNIVERSITY , New York, NY Master of Arts in Biotechnology, October 2004	Fall 2003 – Fall 2004
UNIVERSITY OF PENNSYLVANIA , Philadelphia, PA Bachelor of Arts in Biology, May 2003 Minors: Chemistry and Religion	Fall 2000 – Spring 2003
UNIVERSITY OF ROCHESTER , Rochester, NY School of Arts and Sciences	Fall 1999 – Spring 2000

AWARDS AND HONORS

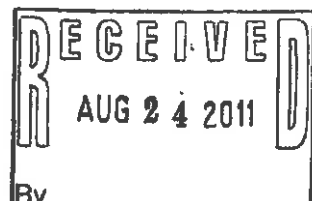
SHARP Representative, Class of 2009 <ul style="list-style-type: none"> ▪ Student Health Advocacy Resource Program (SHARP) ▪ Elected to 4-year position by peers 	Fall 2005 – Present
NIMH Grant Western Psychiatric Institute and Clinic <ul style="list-style-type: none"> ▪ Summer Research Fellowship 	Summer 2006
Charles Watson Humanism Honor Society	Fall 2008

WOMEN'S HEALTH

Pregnant Adolescents Learning with Students, Volunteer Magee Women's Hospital, Pittsburgh PA <ul style="list-style-type: none"> ▪ Was paired up with a pregnant teenager and accompanied her to prenatal clinic visits and was present for her delivery. Continue to meet her and her child on a monthly basis. 	Spring 2006 – Present
Sexually Transmitted Diseases Elective, Medical Student Allegheny County Health Dept, Pittsburgh PA <ul style="list-style-type: none"> ▪ Performed full gynecologic exams, including STI testing. Developed patient plans and follow-up. ▪ Patient population generally underserved and minorities. 	Summer 2007
Pittsburgh Women's Shelter, Volunteer <ul style="list-style-type: none"> ▪ Worked with domestic violence victims. Interviewed and examined patients. Precepted to attendings. 	Fall 2005 – Spring 2006
Perinatal Addiction Center, Medical Student Researcher Western Psychiatric Institute and Clinic <ul style="list-style-type: none"> ▪ Working with pregnant women participating in active rehabilitation and group therapy sessions. ▪ Research looking at prevalence of various co-morbidities in this population, through individual interviews. 	Spring 2008 – Present

INTERNATIONAL EXPERIENCE

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Rv

RESEARCH AND WORK EXPERIENCE

- Principal Investigator** **Fall 2007 - Present**
"The Efficacy of Varenicline in HIV-Infected Patients Participating in a Smoking Cessation Program"
Pittsburgh AIDS/HIV Center for Treatment, Pittsburgh, PA
- Designed and conducting study examining the efficacy of varenicline (Chantix) in smoking cessation in HIV-infected patients with complex comorbidities in comparison with control population.
 - Study is being conducted to evaluate the efficacy of Chantix in a population not previously studied.
- NIMH Grant, Western Psychiatric Institute and Clinic** **Summer 2006**
Medical Student Summer Research, Pittsburgh, PA
- Designed study looking at progression of disease in HIV-infected patients with co-morbid depression and substance abuse. Focused on HIV viral loads and CD4 count to evaluate disease progression.
 - Worked at Pittsburgh AIDS/HIV Center for Treatment.
- Healthcare Associate** **Winter 2005 - Spring 05**
Vista Research, New York, NY
- Creating surveys on new medical technologies to evaluate current opinion of thought leaders in that specific field and present data to institutional money manager.
 - Developing and maintaining products on pipeline drugs and healthcare market trends tailored to clients.
- Research Assistant** **Spring 2004 - Fall 2004**
Columbia University Microbiology Dept., New York, NY
- Identifying the roles of herpesvirus homologs in VZV and PrV, through adenovirus complementation studies, yeast-two-hybrids, and functional assays. Lab manager duties.
- Research Assistant** **Summer 2002 - Fall 2003**
University of Pennsylvania Biology Dept., Philadelphia, PA
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EXTRACURRICULAR ACTIVITIES AND LEADERSHIP

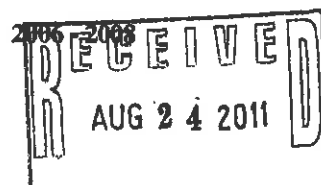
- Student Health Advocacy Resource Program, Class of 2009 Representative** **Fall 2005 - Present**
- Provide confidential counseling for students for various problems including issues with anxiety, grades, drugs and alcohol. 4-year position with monthly meetings. Coordinated annual Wellness Week. 4hr/wk
- Geriatric Experiences for Medical Students, Student Coordinator and Volunteer** **Fall 2005 - Fall 2007**
- Organized monthly meetings to discuss students' experiences with their older patient.
 - Volunteered by visiting my geriatric patient monthly and discussing health and other topics.
- Global Health Interest Group, Treasurer and Member** **Fall 2005 - Fall 2007**
- Organization focused on international health and work abroad.
 - Helped organize fundraisers, monthly talks, and managed the budget. 1hr/wk
- Kenyan Pediatric HIV Project, Student Liaison and Member** **Fall 2005 - Fall 2007**
- Raised money for Kenyan orphanage for HIV-infected children.
 - Helped to organize 5K and open mics. 2hr/wk
 - Was a back-up singer at open mic fundraiser.
- Global Links (AMSA), Volunteer** **Spring 2006 - Fall 2007**
- Worked for local chapter collecting expired or extra medical supplies for global health projects.
- Faculty And Students Together, Advisor and Advisee** **Fall 2005 - Fall 2007**
- Groups of medical students are paired with a faculty member and two upper year medical students for guidance through school. Participated as upper year medical student for younger students.
- Operation Safety Net, Volunteer** **Fall 2006 - Spring 2007**
- Volunteered with this health organization that provides primary care to homeless persons by traveling to those persons by foot and by van. Worked in several areas of Pittsburgh giving basic healthcare and food.
- Birmingham Clinic (AMSA), Volunteer** **Spring 2006 - Spring 07**
- Free health clinic in Pittsburgh that serves uninsured and underserved populations. Volunteered by doing patient intakes and basic physical exams, then presenting to volunteer physicians.

PROFESSIONAL ORGANIZATIONS

AMSA and AMA, Member **Fall 2005 - Present**

PERSONAL INTERESTS

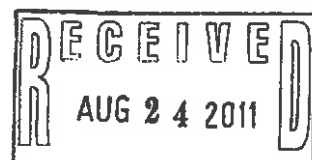
Bharathnatyam (Classical South Asian Dance) **1984 - Present**
Professional Bharathnatyam dancer for over 25 years. Choreographer and teacher.
Amateur Singer/Songwriter



Performed at open mics in Pittsburgh, singing original pieces and back-up singing for my brother.

Other interests

Running, Hiking, Poetry, Pastel/Pencil sketching, Dancing, Travel, Music



SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	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	Peer Review Organization Action(s):	No Reports

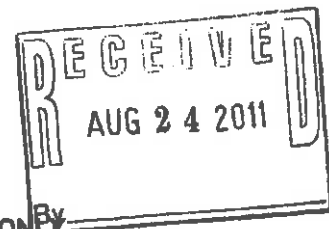
B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: RAMGOPAL, SHEILA
Gender: FEMALE
Date of Birth: [REDACTED]
Other Name(s) Used:
Organization Name: MAGEE WOMENS HOSPITAL OF UPMC
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home or Work Address: [REDACTED]
City, State, ZIP: PITTSBURGH, PA 15213
Telephone: [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year of Graduation: UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE (2009)
Occupation/Field of Licensure (Code): PHYSICIAN INTERN/RESIDENT (MD) (015)
State License Number, State of Licensure: MT194653, PA
Specialty: OBSTETRICS & GYNECOLOGY (50)
Drug Enforcement Administration (DEA) Numbers:
National Provider Identifiers (NPI): 1932333416
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):

C. PAYMENT INFORMATION

Credit Card Number:	[REDACTED]	Expiration Date:	12/2013
Additional Paper Copies Requested:	1		
NPDB Charge:	\$16.00*	NPDB Bill Reference Number:	N25938005
HIPDB Charge:	\$16.00*	HIPDB Bill Reference Number:	H25938005
* Each charge will appear separately on your credit card statement.		Transaction Date:	06/24/2011

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 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.



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

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

550000068826202

Process Date: 06/24/2011

Page: 1 of 1

To: RAMGOPAL, SHEILA

[REDACTED]
PITTSBURGH, PA 15213

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 Section 1921 of the Social Security Act as well as 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.

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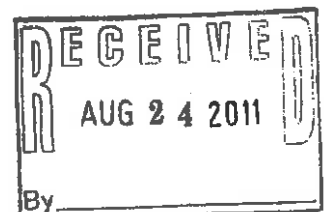
Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The 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.

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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.

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SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

Title IV (NPDB)

Section 1921 (NPDB)

Section 1128E (HIPDB)

A. SEARCH RESULT (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	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	Peer Review Organization Action(s):	No Reports

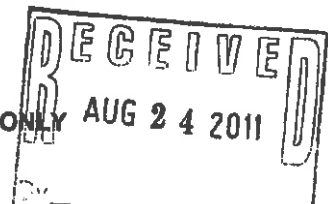
B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: RAMGOPAL, SHEILA
Gender: FEMALE
Date of Birth: [REDACTED]
Other Name(s) Used:
Organization Name: MAGEE WOMENS HOSPITAL OF UPMC
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home or Work Address: [REDACTED]
City, State, ZIP: PITTSBURGH, PA 15213
Telephone: [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN):
Professional School(s) & Year of Graduation: UNIVERSITY OF PITTSBURGH SCHOOL OF MEDICINE (2009)
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State License Number, State of Licensure: MT194653, PA
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National Provider Identifiers (NPI): 1932333416
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Additional Paper Copies Requested: 1
NPDB Charge: \$16.00* NPDB Bill Reference Number: N25938005
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Process Date: 06/24/2011

Page: 1 of 1

To: RAMGOPAL, SHEILA

[REDACTED]
PITTSBURGH, PA 15213

From: National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank

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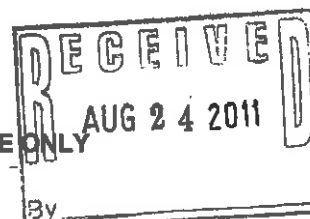
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COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
August 30, 2011

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

SHEILA RAMGOPAL 9849
[REDACTED]
PITTSBURGH PA 15213

EVALUATOR: MISSY

RE: UPDATED 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.**

- Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
 - **The Curriculum Vitae submitted does not include the month. Please resubmit your Curriculum Vitae with beginning – ending date in month/year format.**

**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: **lbNmHb8E****

Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
July 18, 2011

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

SHEILA RAMCORAL 9849
[REDACTED]
PITTSBURGH PA 15213

EVALUATOR: MISSY

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.**

- > Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelope.**

- > Curriculum Vitae listing **ALL** periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

- > **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: **ibNmHb8E****

Sincerely,

Pennsylvania State Board of Medicine

Person Info Name: SHEILA RAMGOPAL Address Info Street Address [REDACTED] Email: [REDACTED]@UPMC.EDU Phone [REDACTED] Fax [REDACTED] City Pittsburgh State PA Zipcode 15213 Country 82 County Allegheny	
Survey Response Summary Question Response Summary	
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
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 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.	N
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 refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
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 any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	N

Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
Edit	
Profession: Medicine	School: UNIV OF PITTSBURGH
From: 8/15/2005	To: 5/23/2009
Credit Hours:	Education Type:
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	

Person Info

Name: SHEILA RAMGOPAL

Address Info

Street Address: [Redacted] Email: [Redacted]@UPMC.EDU
Phone
Fax
City Pittsburgh
State PA
Zipcode 15213
Country 82
County Allegheny

Table with 2 columns: Question and Answer. Questions include: 'Are you submitting a name change with this renewal?', 'Have you met your current CE requirements?', 'Have you completed 2 hours of Board-approved continuing education...', 'Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?', 'If you answered yes to the above questions, please provide the profession and state or jurisdiction.', 'Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?', 'Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?', 'Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?', 'Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.', 'Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?', 'Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?', 'Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?', 'Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?', 'Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?', 'Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?', 'If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?', 'Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?', 'If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here.', 'Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?', 'If you answer "No", please provide an explanation or reason for an exemption request.'

Date Submitted: Sunday, November 09, 2014

Education Info
No education records


Employment Information
No employment records

myLicense Renewal Question Responses

License Number: MD444235

Name : SHEILA RAMGOPAL

Online Submission Date :

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	N
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
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
Please provide the profession and state or jurisdiction.	OBGYN IN
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 requireme	
Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction?	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
If you answered "Yes", are you currently participating in the Pennsylvania Professional Health Monitoring Program?	
If you previously reported the complaint to the Board provide the docket number	O
If you answer "No", please provide an explanation or reason for an exemption request.	O
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y