

myLicense Renewal Question Responses

License Number: MD030232E

Name : DANIEL ALAN SMALL

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)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N
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

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License Number: MD030232E

Name : DANIEL ALAN SMALL

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. D

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 yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here: 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? N

Online Submission Date : 10/18/2004 6:37:37AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you provide health care services to patients within the Commonwealth of PA?	Y
If yes, is the percentage of patients that you provide care for in the Commonwealth 20% or more of your practice?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Y

Online Submission Date : 10/31/2006 7:51:36AM

Renewal Question	Response
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myLicense Renewal Question Responses

License Number: MD030232E

Name : DANIEL ALAN SMALL

Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

Person Info Name: DANIEL ALAN SMALL Address Info Street Address [REDACTED] Email: [REDACTED]@aol.com Phone [REDACTED] Fax [REDACTED] City YARDLEY State PA Zipcode 19067 Country 82 County Bucks <p style="text-align: center;">Survey Response Summary Question Response Summary</p>	
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?	Y
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	N

the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	
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	
No education records	
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	

Person Info Name: DANIEL ALAN SMALL Address Info Street Address [REDACTED] Email: [REDACTED]@aol.com Phone [REDACTED] Fax [REDACTED] City YARDLEY State PA Zipcode 19067 Country 82 County Bucks	
Survey Response Summary Question Response Summary	
Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	N
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?	Y
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	physician in New Jersey
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?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
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?	N
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	N

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?	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 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?	N
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?	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
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?	N
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?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Date Submitted:	

Tuesday,
October 21,
2014

Education Info

No education records

Employment Information

No employment records

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

699

MD030232E
 Renewal ID: 842833

RENEWAL APPLICATION - MD

SMALL

DANIEL ALAN SMALL

YARDLEY, PA 19067

RETURN TO:

State Board of Medicine
 PO Box 8414
 Harrisburg, PA 17105-8414

Important Information

You can now renew your license online by pointing your browser to www.mylicense.state.pa.us and following the instructions as indicated. Your license renewal will be processed easier and quicker than by mail.

- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Renewal must still be completed - questions answered, signed and dated.
- I am retired from practice but desire to keep my license active to treat immediate family members. I am exempt from the medical professional liability insurance and CME requirements. Renewal must be completed and fee required.

Indicate new name below. Submit a photocopy of a legal document verifying name change (i.e. marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	IF YES - to question 2, 3, 4, 5, 6, 7 or 8 - provide details AND attach certified copies of legal document(s)
✓		1. Do you hold a license (active, inactive or expired) to practice in any other state or jurisdiction? List: <u>ND 44217</u>
	✓	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any other state or jurisdiction?
	✓	3. Since your initial application or your last renewal, 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 any state or jurisdiction?
	✓	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or 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. Since your initial application or your last renewal, 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, 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?
✓	✓	9. I am in compliance with the professional liability insurance requirements under Section 711 of the Medical Care Availability and Reduction of Error (MCare) Act No. 13 of 2002.

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

Signature of Licensee (Mandatory):

Date 11-15-02

EXPIRATION DATE:	December 31, 2002
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment. A \$20.00 fee will be assessed for returned payment.	\$360.00 MD030232E
LATE FEE - \$5.00 per month, or part of a month Late renewal fee will be assessed if postmarked after December 31, 2002	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

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

Official Use Only

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MD - 030232 - E

SMALL RNEW

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

STATE BOARD OF MEDICINE
P.O. BOX 8414
HARRISBURG, PA. 17205-8414

DANIEL ALAN SMALL

YARDLEY, PA 19067

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 2000. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2000, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 PAYABLE TO THE "COMMONWEALTH OF PA." WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR ANNUALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER DEPOSITED BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND PAY FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

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

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

YES NO

- () 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE. **NY (MD45217)**
- () () 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDING VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- () 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (INCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- () 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO APPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- () 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED OR LOST OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- () 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR OLD REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

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

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 1904, RELATING TO UNLAWFUL FALSIFICATION TO AUTHORITIES.

SIGNATURE

DATE

9 30 00

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

Official Use Only

028458

M D - 0 3 0 2 3 2 - E

S M A L L R N E W

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

DANIEL ALAN SMALL
LAWRENCE OB-GYN ASSO PA
680 HEACOCK ROAD
YARDLEY, PA 19067

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

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1998. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2000, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 MADE PAYABLE TO THE "COMMONWEALTH OF PA." WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1998. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

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

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

YES NO

- () 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW.
- () 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- () 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- () 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- () 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- () 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

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

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

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

SIGNATURE

DATE

9/30/98

00000324

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

Official Use Only

031982

M D - 0 3 0 2 3 2 - E
S M A L L R N E W

THIS IS YOUR RENEWAL NOTICE

DANIEL ALAN SMALL
LAWRENCE OB-GYN ASSO PA
680 HEACOCK ROAD
YARDLEY, PA 19067

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

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1996. TO RENEW THROUGH DECEMBER 31, 1998 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$80.00, MADE PAYABLE TO THE "COMMONWEALTH OF PA." RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1996. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE AND ATTACH A COPY OF LEGAL DOCUMENTATION OF THE NAME CHANGE.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

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

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

YES NO

- () 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE ON THE BACK.
- () 2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
- () 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR NOLO CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATION, IN ANY STATE OR FEDERAL COURT?
- () 4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY?
- () 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

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

SIGN AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: [REDACTED]

NAME OF MEDICAL SCHOOL

Univ. of Pennsylvania

YEAR OF GRADUATION

1982

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

SIGNATURE

[REDACTED SIGNATURE]

DATE

10/15/96

00000257

New Jersey Lic # 48217

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

Official Use Only

027103

MD - 030232 - E

SMALL RNEW

THIS IS YOUR RENEWAL NOTICE

DANIEL ALAN SMALL
LAWRENCE OB-GYN ASSO PA
680 HEACOCK ROAD
YARDLEY, PA 19067

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

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

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

IF, SINCE YOUR LAST RENEWAL, YOU HAVE EXPERIENCED DIFFICULTIES AS A RESULT OF ALCOHOL OR OTHER DRUGS SUCH AS DIAGNOSIS OF/ TREATMENT FOR CHEMICAL DEPENDENCY OR ABUSE OR ARRESTS FOR CHEMICAL-USE-RELATED OFFENSES, YOU MAY CONTACT THE BUREAU'S IMPAIRED PROFESSIONAL PROGRAM FOR CONFIDENTIAL INFORMATION AND ASSISTANCE AT 1-800-666-3428.

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

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

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

- | | YES | NO |
|---|-----|-------------------------------------|
| 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE. | | <input checked="" type="checkbox"/> |
| 2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? | | <input checked="" type="checkbox"/> |
| 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED GUILTY OR NOLU CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATION, IN ANY STATE OR FEDERAL COURT? | | <input checked="" type="checkbox"/> |
| 4. 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"/> |
| 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE? | | <input checked="" type="checkbox"/> |

IF YOU WANT TO HAVE YOUR LICENSE PLACED ON "INACTIVE" STATUS, CHECK HERE

NO FEE IS REQUIRED

REQUIRED TO ANSWER THE ABOVE QUESTIONS AND SIGN BELOW.

SIGNATURE

DATE

9 30 94

000008 15

SPOA-201 (12/85)

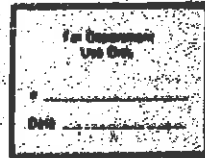
9 4 0 0 9 0 4 0 3

TARGET SHEET

LICENSE NUMBER	MD-030R32-E
NAME	SMALL
CARTRIDGE NUMBER	
CODE	APPL

3 4 0 0 8 0 4 0 3

Commonwealth of Pennsylvania
DEPARTMENT OF STATE
Bureau of Professional and Occupational Affairs
STATE BOARD OF MEDICAL EDUCATION AND LICENSURE
P.O. Box 2849
Harrisburg, Pennsylvania 17120



SMALL DANIEL ALAN
(Please Print) LAST NAME FIRST NAME MIDDLE NAME
Address Street City State Zip Code
PHILA, PA, 19144

1. APPLICATION TO PRACTICE MEDICINE

I hereby apply for licensure to practice medicine in the Commonwealth of Pennsylvania, for which an affidavit concerning age, citizenship, evidence of medical education, evidence of graduate training, a certificate of moral and ethical character, two recent photographs, and the proper fees are herewith included as required by law.

FEES: FLEX Examination \$150.00
Endorsement \$100.00
Limited License Professional \$125.00

All fees must be paid by CERTIFIED CHECK OR MONEY ORDER, made payable to the Commonwealth of Pennsylvania. M.E. Application fees are not refundable

Address to which license is to be sent 29 WALNUT LA, PHILA, PA, 19144

Address for admission to FLEX

Date of Birth [redacted] Place of Birth MINOLA, NEW YORK U.S. Citizen Yes

How secured Visa Status: Exchange Visitor

Immigrant Immigration Petition

Do you intend to become a United States Citizen?

Social Security Number [redacted]

Signature of Applicant in Full [redacted] Date 09/01/83

2. MEDICAL EDUCATION

Institutions	Number of Months	Date of Graduation	Degree	Dates Attended
University of Pennsylvania School of Medicine	45	5/82	M.D.	8-78 to 5-82

Training completed beyond medical school
Med. College of Pennsylvania
12 mos. of internship Ob/gyn

3. PREVIOUS EXAMINATIONS AND LICENSES

Have you previously taken an examination for medical license in Pennsylvania? no

If so, when? _____

Have you previously taken an examination for medical license in another state of the United States? no

If so, when? _____

Results _____ License(s) obtained _____

List all state(s) where you hold medical licensure none

Has your license in another state been suspended or revoked at any time? no

If so, give particulars _____

Have you ever been convicted of a felony in the courts of this Commonwealth or any other state, territory, or country?

no

Where and in what capacity are you now employed? 2nd year resident, Med college of Pa., Ob/Gyn

**4. FOR CANDIDATES WHO WISH TO BE ADMITTED TO THE E:
BEFORE COMPLETION OF ONE YEAR OF GRADUATE TRA**

I hereby certify that _____

months of graduate training in _____

from _____ to _____

at _____
(Name of Hospital) (Street Address) (City)

Affidavit of Superintendent required if hospital has no seal

(Signature of Super

NOTE: When you submit this application, detach the mimeograph blank, GRADUAT
After completion of your one year of graduate training, have it certified by the
forward directly to the State Board Office in Harrisburg.

340084 0403
5. ENDORSEMENT *Not L. Book*

Applicants for licensure by endorsement must submit this section to the Licensing Board in the state where licensure was obtained by written examination. Verbatim copy of State License Certificate over Seal of State Licensing Board follows. (National Board diplomates must obtain an "Endorsement Certification" from the National Board of Medical Examiners and attach it to this section.)

(Seal of Licensing Board)

AFFIDAVIT OF SECRETARY

_____ of _____ being duly sworn,
says he is secretary of _____

and that the original of the preceding copy of state license or certificate No. _____

was issued to Dr _____ of _____

on _____ after a written examination by this Board in the following
branches and upon obtaining a general rating of _____ percent on each subject as follows: _____

I also certify that the enclosed photograph is a likeness of _____

and that the license or certificate above referred to has never been suspended or revoked.

Secretary or President

Sworn to before me this _____ day of _____, 19 _____

_____ Notary Public

As applicant for a license by endorsement is required to have an interview with a member of the Pennsylvania State Board of Medical Education and Licensure or representative of the Board.

Signature of Board Member or Representative

Date of interview

6. AFFIDAVIT OF THE PRESIDENT OR SECRETARY OF A COUNTY MEDICAL SOCIETY

State of SS
County of SS

_____, M.D., being duly sworn that he is _____
of the Medical Society _____; that he knows the applicant to be a person of good moral
character and in good standing and that the applicant is not addicted to the intemperate use of alcohol or narcotic
drugs.

Sworn before me this _____ day of _____, 19____

Notary Public
My Commission expires _____

Signature of President or Secretary

7. CERTIFICATE OF MORAL CHARACTER

To be signed by two physicians with unrestricted licensure in good standing in United States. This certifies that we
have been personally acquainted with Daniel Small of Med. College of Pa Philadelphia
for 1/2 and 1 years, respectively, that Daniel Small is not addicted to the
intemperate use of alcohol or narcotic drugs; that we know Daniel Small to be of good moral character and
hereby recommend Daniel Small to be worthy of licensure to practice medicine in the Commonwealth of
Pennsylvania, pursuant to law

(1)

Signature

Terry F. Kriedman MD

Name (printed or typed as above)

State Licensed

(2)

Signature

D. L. Hughes PA

Name (printed or typed as above)

State Licensed

8. AFFIDAVIT

State of Pennsylvania
County of SS Philadelphia

Personally appeared before me A. W. M. Cahill (notary) in and

DANIEL SMALL (applicant) who being duly sworn says, that _____
is the person referred to in the above application for license to practice medicine

Pennsylvania, that the statements on page one are in H.L.S.

true in every respect; that Daniel Small has complied with all the
laws of any state referred to therein.

A. W. M. Cahill
Justice of the Peace or Notary Public

A. W. M. CAHILL

Notary Public, Philadelphia, Pa.

My Commission Expires _____

Daniel Small
Signature of Applicant

Date

9/21/53

My Commission Expires _____

TARGET SHEET

LICENSE NUMBER	MD-030232-E
NAME	SMALL
CARTRIDGE NUMBER	
CODE	EDUC

3 4 0 0 8 0 4 0 4

CERTIFICATE OF MEDICAL EDUCATION


Commonwealth of Pennsylvania
Department of State
Bureau of Professional and
Occupational Affairs


State Board of Medical Education
and Licensure
P.O. Box 2649
Harrisburg, Pennsylvania 17105-2649

To Be Completed By Applicant:

(Submit completed Certificate with Application) Date 3-31-82

Name of Applicant DANIEL ALAN SMALL

Signature of Applicant 

Address of Applicant  WESTBURY NY 11591

Name of Medical School UNIV OF PENN. YLVANIA SCHOOL OF MEDICINE

Address of Medical School PHILA PA USA
City State Country

Beginning Date: 8 / 1978 / 5 / 17 / 82
Month Day Year Month Day Year

To Be Completed By Dean or Registrar:

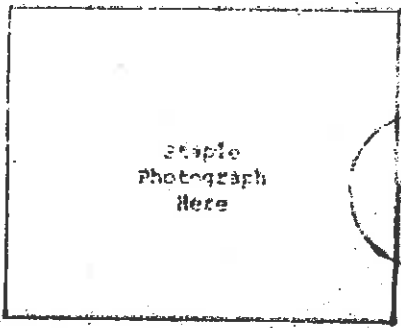
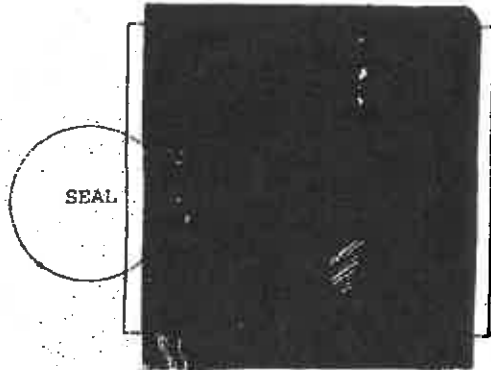
(Return completed Certificate to Applicant, do not submit to Board)

I hereby certify that DANIEL ALAN SMALL (applicant)

- (1) has graduated from the named institution on the date above;
- (2) has attended four graded courses of not less than thirty-two weeks of not less than thirty-five hours, each in the study of medicine;
- (3) signature, as appearing above, is genuine;
- (4) photograph below is a true likeness of the applicant.

A. Gregory Carroll
Signature of Dean or Registrar
(Place seal over signature)

Apr 6 1982
Date



Note:

- 1. Seal must appear on a part of the photograph.
- 2. Two photographs are required if applying for licensure by examination.
- 3. One photograph is required if applying for licensure by endorsement.

(Interim Form on Reverse)

INTERIM FORM

If Applicant desires to begin training in Pennsylvania immediately following graduation from said medical school, the training application and this Certificate of Medical Education must be submitted sixty (60) days before beginning date of training. If graduation is pending when Certificate is to be submitted, the Dean or Registrar must complete the following in addition to entire Certificate on reverse side:

Anticipated Date of Graduation 5 17 82
Month Day Year

I hereby certify that DANIEL ALAN SMALL (applicant) has completed his/her medical education except for six weeks (no more than twelve). I do not foresee any problems which would prevent graduation. If graduation does not occur on the anticipated date, I will contact the State Board of Medical Education and Licensure immediately.

A. Gregory Carroll
Signature of Dean or Registrar
(Place seal over signature)

Date April 5, 1982

28 APR 29 1982
MAY 21 9 29 AM 1982
MEDICAL EDUCATION

TARGET SHEET

LICENSE NUMBER	MD-030232-B
NAME	SMALK
CARTRIDGE NUMBER	
CODE	EKAM

NATIONAL BOARD OF MEDICAL EXAMINERS • 3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA

Daniel A. Small, M.D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest C. WILLIAM DAESCHNER, JR.
Chairman of the Board

SEAL

EDITHE J. LEVIT
President of the Board

Philadelphia, Pa.

07/01/83

Certificate # 267608

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be awarded to the physician named above, who graduated from U PENNSYLVANIA SCH OF MED in MAY 1982 and whose birth date is . This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed <u>06/80</u>		
Anatomy, incl. histology and embryology	405	75
Physiology	555	84
Biochemistry	505	81
Pathology	550	84
Microbiology, incl. immunology	490	80
Pharmacology and Materia Medica	550	84
Behavioral Sciences	615	88
TOTAL TEST (Minimum Passing Score 380/75)	525	82
Part II passed <u>09/81</u>		
Internal medicine and the medical specialties	550	85
Surgery and the surgical specialties	540	84
Obstetrics and Gynecology	600	87
Public Health and Preventive Medicine	705	92
Pediatrics	560	85
Psychiatry	645	89
TOTAL TEST (Minimum Passing Score 290/75)	625	87
PART III passed <u>03/83</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	625	86.7
GENERAL AVERAGE (Parts I, II, and III Scale Score)		85.2

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on this facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Ann K. Heverling
Secretary for Certification

08/17/83

Date

SEAL

SFOA-201 (12/82)

0 4 0 0 8 0 4 0 5

TARGET SHEET

LICENSE NUMBER	ND-00070E-E
NAME	SMALL
CARTRIDGE NUMBER	
CODE	TRNG

This is to certify that Daniel Small, M.D., a graduate of the
University of Pennsylvania Medical School has rendered satisfactory service to a branch of
Medical College of Pennsylvania Hospital of
 in an approved clinical program from JUNE 1982 to JUNE 1983

We also certify that Daniel Small is a person of good moral character
 and that he has proven to be worthy of the medical profession.

The Trainee participated in the following type of program:

FLEXIBLE _____ CATEGORICAL* _____ CATEGORICAL _____ OTHER _____

DEPARTMENT	SPECIALTY	MONTHS	SIGNATURE OF CHIEF
Allergy-Immunology			
Anesthesiology			
Dermatology			
Family Practice			
Internal Medicine			
Neurology			
Nuclear Medicine			
Obstetrics-Gynecology	✓	12	<i>Jan Schneider</i>
Ophthalmology			
Otolaryngology			
Pathology	8440		
Pediatrics			
Physical Medicine			
Preventive Medicine			
Psychiatry			
Public Health			
Radiology			
Surgery			
Urology			
Other			
Remarks			

(We request that you be notified if
 hospital has no seal)
 5-2-1982 (1-79)

[Redacted Signature Area]

TARGET SHEET

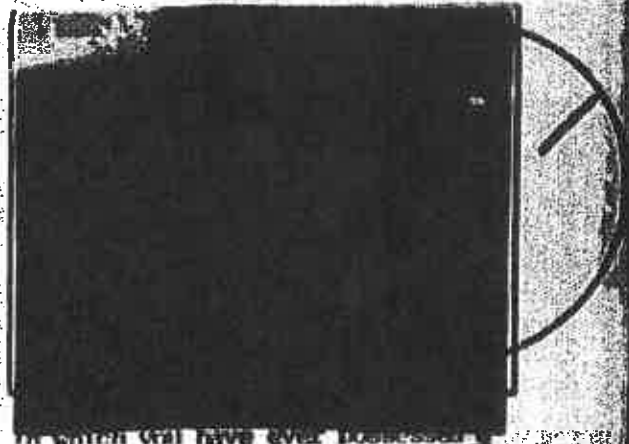
LICENSE NUMBER	ND-030207-E
NAME	SMALL
CARTRIDGE NUMBER	
CODE	NISS

INVESTIGATION OF PHYSICIANS 0 4 0 7

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and
Occupational Affairs

State Board of Medical Education
and Licensure
P.O. Box 2649
Harrisburg, PA 17105-2649

Name of Applicant Daniel Small
(Please Print)



This photograph is a true likeness of
the applicant.

1. List all states, territories, and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive) _____
2. Are you, or have you ever been, addicted to the immoderate use of alcohol or habitual use of narcotics or other habit-forming drugs? no
3. Have you ever been convicted of a crime (exclusive of parking and traffic violations) in the courts of this Commonwealth or any other state, territory, or country? no
4. Have you ever possessed a license to practice medicine and surgery or other professional license that was suspended, revoked or subjected to other disciplinary conditions? no
5. Have your provider privileges ever been restricted by Drug Enforcement Administration, Medicare or any others? no

If you have answered yes to 1, 2, 3, 4, or 5 please provide details on an attached sheet.

62 Please explain your relationship with the two physicians who completed Section 7, Certificate of Moral Character, of your licensure application. Use an additional sheet. Staff physicians, Medical College of Pennsylvania

Affidavit

State of Pennsylvania 851
County of Pennsylvania

DANIEL SMALL (applicant) being duly sworn according to law, deposes and says that he/she is the person completing this form and that the statements therein are true and complete to the best of his/her knowledge and belief.

Subscribed and sworn to before me this
27th day of September, 19 83.

William M. C. Hill
Notary

[Redacted Signature]
Signature of Applicant