

Person Info

Name:DELHI ELMORE THWEATT, JR

Address Info

Street Address:**Email:**

@hotmail.com

Phone:BALTIMORE

PIKE

Fax:SUITE 300

4107883564

City:BALTIMORE**State:**MD**Zipcode:**21228**Country:**82**County:**BaltimoreSurvey 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?	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Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a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: DELHI ELMORE THWEATT, JR
Address Info

Street Address:

Email: @hotmail.com

Phone:

Fax:

4107883564

City: BALTIMORE

State: MD

Zip code: 21228

Country: 82

County: Baltimore

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.	PA, MD
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 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.	N
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?	N
If you answer "No", please provide an explanation or reason for an exemption request.	My Maryland malpractice policy covers me in PA as long as I see the majority of my patients in Maryland

Date Submitted:

Thursday, December 18,
2014

Education Info

No education records

Employment Information

No employment records*

Person Info Name: DELHI ELMORE THWEATT, JR Address Info Street Address [REDACTED] mail: [REDACTED]@hotmail.com Phone [REDACTED] Fax [REDACTED] 4107883564 City BALTIMORE State MD Zipcode 21228 Country 82 County Baltimore	
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?	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	

myLicense Renewal Question Responses**License Number:** MD053132L**Name :** DELHI ELMORE THWEATT, JR**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

Online Submission Date : 12/22/2004 8:56:00AM**Renewal Question****Response**

myLicense Renewal Question Responses**License Number:** MD053132L**Name :** DELHI ELMORE THWEATT, JR

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?	N

Online Submission Date : 12/26/2006 8:25:46AM

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

Online Submission Date : 12/19/2014 8:52:16AM

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

myLicense Renewal Question Responses

License Number: MD053132L

Name : DELHI ELMORE THWEATT, JR

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?

N

Please provide the profession and state or jurisdiction.

PA,MD

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.

MY MARYLAND

Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?

N

MD-53132
P.2-
1879

OFFICIAL USE ONLY

M	D							
					E	D	U	C

direct No file

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant:

Name: Thawert Delhi
Last First Middle

Name of medical school: Howard Univ

Location: Washington, DC 20059

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

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

Name of medical student: Delhi

Date student began to attend this medical school: 8 23 72
Month Day Year

Date of graduation: 5 8 76
Month Day Year

[Seal of School]

I certify that all of the above information is correct.

Signature of

Dean or Registrar:

Cecil A. Franklin
Cecil A. Franklin, Univ. Registrar

Date:

07/08/94

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in official school envelope. **DO NOT RETURN TO APPLICANT.**

Return to: Board of Medicine
P.O. Box 100
Harrisburg, PA 17120-0100

Carrier Delivery Address
State Board of Medicine
Room 612, Transportation & Safety Bldg.
Commonwealth Ave. & Porter St.
Harrisburg, PA 17120 U.S.A.

JUL 18 1994

6 Needs to be folkwed up with
A Hard Copy!

State Board of Medicine
717-783-1400
717-787-8381

MD-531322
Control 7/20/94
OFFICIAL USE ONLY (SP)

M	D	-							
						E	D	U	C

Direct

VERIFICATION OF MEDICAL EDUCATION

For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant:

Name: THOMAS J. R. M.D. DELM BALMORE

Name of medical school: HOWARD UNIVERSITY COLLEGE OF MEDICINE

Location: WASHINGTON, D.C. 20001

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

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

Name of medical student: Daniel Thomas

Date student began to attend this medical school: 8 23 72
Month Day Year

Date of graduation: May 8 1976
Month Day Year

[Seal of School]

I certify that all of the above information is correct.

Signature of
Dean or Registrar

Laverne Hill Flanagan
Asst. Univ. Registrar

Date: July 20, 1994

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in official school envelope. DO NOT RETURN TO APPLICANT.

Return Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
U.S.A.

Quick Delivery Address
State Board of Medicine
Room 612 Transportation & Safety Bldg.
Commonwealth Ave. & Porter St.
Harrisburg, PA 17120 U.S.A.

JUL 25 1994

MD-53132-L
(57)

MARYLAND BOARD OF PHYSICIAN QUALITY ASSURANCE
P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095

30-JUN-1994

Requested by: PA. BOARD OF MEDICINE

This is to verify that the records of the Board of Physician
Quality Assurance indicate the following information regarding:

THWEATT JR, DELHI E

BALTIMORE, MD 21228

License number	: D0019684
Date issued	: 08/09/76
Current status	: Active
Expiration date	: September 30, 1995
Medical school code	:
Licensed by	:
Specialty	: 10.00
Disciplinary actions	: NONE ON RECORD

Details of disciplinary action will be made available by
photocopy from the public file upon written request only
and with a signed release from the physician.
See attached

Peggy Foxhard
Verification Clerk

Date

This is a computer generated form which is acceptable by other States.
Licensing examination scores should be requested directly from
the examining authority.

JUL 07 1994

JUN 29 1994 03:29

TR 11

BPOA

1161082 1117-7

(ST)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BOARD OF PHYSICIAN QUALITY ASSURANCE
4201 PATTERSON AVE. P.O. BOX 20397, BALTIMORE, MD 21240-0397
FAX (410) 754-2478 TELEPHONE (410) 754-4777
1-800-492-6876

FAX TRANSMITTAL



DATE: 6/30/94

TO:

Dr. Bruce Susan Y. Turner

FAX #

717-773-1892

FROM:

Legia Kinkaid

We are transmitting 2 pages (including this cover letter). If you do not receive all pages, please

Call back as soon as possible:

at (410) 754-4777. Thank you

CONFIDENTIALITY NOTICE: This facsimile contains confidential information which may also be legally privileged and which is intended only for the use of the Addressee(s) named above. If you are not the intended recipient, or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that any dissemination or copying of this facsimile, or the taking of any action in reliance on the contents of this telecopied information, may be strictly prohibited. If you have received this facsimile in error, please notify us immediately by telephone and return the entire facsimile to us at the above address via the U.S. Postal Service. Thank you.

JUL 01 1994

950096 0112

MARYLAND BOARD OF PHYSICIAN QUALITY ASSURANCE
P.O. Box 2571
4201 Patterson Avenue
Baltimore, MD 21215-0095

30-JUN-1994

Requested by: PA. BOARD OF MEDICINE

This is to verify that the records of the Board of Physician
Quality Assurance indicate the following information regarding:

DR. DELHI E

BALTIMORE, MD 21228

License number
Date issued
Current status
Expiration date
Medical school code
Licensed by
Specialty
Disciplinary actions

D0019684
08/09/76
Active
September 30, 1995
10.00
NONE ON RECORD

- Details of disciplinary action will be made available by
photocopy from the public file upon written request only
and with a signed release from the physician.
- See attached

Gregory B. Borchard
Verification Clerk

Date

This is a computer generated form which is acceptable by other States.
Licensing examination scores should be requested directly from
the examining authority.

JUL 01 1994

Permanent Record
 Baltimore Polytechnic Institute
 Baltimore, Maryland

RECORD
 6/65
 58446

RECORD
 6/65
 58446

RECORD
 6/65
 58446

HUMPHREY UNIVERSITY
 WASHINGTON, D.C.

OFFICE OF RECORDING (F.E.)
 DEPT. OF RECORDS

STUDENT ID NUMBER
 800105

DATE OF BIRTH
 2/16/47

DATE ENTERED
 9/65

COMPREHENSIVE EXAMINATIONS

ENTRANCE DEFICIENCIES		REMOVAL OF ENTRANCE DEFICIENCIES		GENERAL MEMORANDA	
COURSE DESCRIPTION	REMARKS	COURSE DESCRIPTION	REMARKS	COURSE DESCRIPTION	REMARKS
1ST SEMESTER 1965-66 LEADERSHIP LAB ENGR GRAPHICS LEC LAB FRESHMAN ENGLISH ANA GEO CAL I GEN CHEM LEC SOCIAL SCIENCES INTRODUCTION TO ENGR	1.000 2.000 3.000 4.000 5.000 3.000 S	A A A A A B S	4.00 8.00 12.00 16.00 20.00 9.00	006 001 011 100 015 158 016 022 021 003 036 011 304 015	FIRST SEMESTER, 1966-67 PRINCIPLES I GERM LIT IN ENGL ANA GEO CAL ENGR III CORPS TRAINING PHYS FOR E S ST LEC HUMANITIES MATERIAL SCIENCE
2ND SEMESTER 1965-66 ENGR GRAPHICS ANA GEO & CAL ENGR II GEN CHEM LEC SOCIAL SCIENCES ELEMENTS OF EXPRESSN WORLD MIL SYSTEMS	2.00 4.00 4.00 3.00 3.00 1.00	A A A A A B	8.00 16.00 16.00 12.00 12.00 8.00	015 159 016 011 016 021 021 CC4 038 012 302 101 303 050 68 Jr	SECOND SEMESTER, 1966-67 CLIFF EQUI ENGR CORPS TRAINING WORLD MIL SYSTEMS PHYS E S ST LEC HUMANITIES STATISTICS BASIC ELEC ENGRG

ENTRANCE DEFICIENCIES

REMOVAL OF ENTRANCE DEFICIENCIES

GENERAL MEMORANDA

ENTRANCE DEFICIENCIES

REMOVAL OF ENTRANCE DEFICIENCIES

GENERAL MEMORANDA

MD-53132-2 (ST)
950096 0121

NOT TO BE ACCEPTED BY OTHER SCHOOLS WITHOUT RECORDER'S SEAL

THWEATT, DELHI E.

MEDICINE, COLLEGE OF

ID#800 105

OFFICE OF THE REGISTRAR
HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

DATE OF BIRTH	PLACE OF BIRTH	EXPIRATION DATE	DEGREE
3/16/47	BALTIMORE, MD.	9/72	MED
EDUCATIONAL RECORD		GRADUATED	1970
HOWARD UNIVERSITY			B.S.

PERMANENT RECORD

TEST AND COURSE NUMBER	COURSE DESCRIPTION	SEM. INC.	GRADE	QUALITY POINTS
THWEATT JR	DELHI E 800105			
8/28/72 - 12/22/72				
900 171	HUMAN ANATOMY	10.00	S	
901 171	GENERAL BIOCHEM MED	9.00	S	
909 120	EPIDEM C. MED. BIOMET	2.00	S	
909 122	FAMILY MEDICINE	2.00	H	

TEST AND COURSE NUMBER	COURSE DESCRIPTION	SEM. INC.	GRADE	QUALITY POINTS
THWEATT JR	DELHI E 800105			
8/27/73 - 12/21/73				
217 264	CGAT MECH HEART/CIR	2.00	H	
902 208	INFECTIOUS DISEASES	8.00	S	
905 170	GENERAL PATHOLOGY	0.00		
905 206	LAB. DIAGNOSIS	2.00	S	
907 170	GENERAL PHARMACOLOGY	6.00	S	
910 232	SOC. FACT. IN. MENT. IL	1.00	S	
915 200	CLIN. MED. PRECEPTOR	2.00	H	

TEST AND COURSE NUMBER	COURSE DESCRIPTION	SEM. INC.	GRADE	QUALITY POINTS
THWEATT JR	DELHI E 800105			
5/18/73 - 5/12/73				
903 171	MICROB. OF PATHOGENS	6.00	S	
908 171	BASIC MED. PHYSIOLOGY	7.00	S	
910 131	INTRO TO PSYCHIATRY	1.00	S	
912 110	INTRO TO PHY MED/REF	3.00	S	
915 100	CLIN. MED. PRECPT. ELEC	2.00	S	
915 215	EMERGENCY CARE AREA	2.00	S	

TEST AND COURSE NUMBER	COURSE DESCRIPTION	SEM. INC.	GRADE	QUALITY POINTS
THWEATT JR	DELHI E 800105			
5/17/74 - 5/11/74				
902 203	PHYSICAL DIAGNOSIS	4.00	S	
902 419	FLUID & ELEC. METAB	2.00	H	
905 170	PATHOPHYS. OF ORG. SYS	12.00	S	
906 210	INTRO TO MED. GENETICS	3.00	S	
907 172	APPL. PHARMACOLOGY	2.00	S	
909 224	CURR. URB. HEALTH PROB	3.00	H	
910 230	PSYCHOPHYS. OF EMOTIONS	3.00	S	
950 200	CLINICAL CORE	6.00	S	

GRADING SCALE

- A EXCELLENT
- B GOOD
- C PASSING
- D BELOW AVERAGE
- E WITHDREW
- F CONDITIONED
- F FAILED
- INC INCOMPLETE
- AD AUDIT

ACADEMIC PROBATION:

SUSPENDED ACADEMIC REASONS:

GRADUATED: May 8, 1976
DEGREE: DOCTOR OF MEDICINE
HONORS:

THIS COPY OF STUDENT'S RECORD BECOMES AN OFFICIAL TRANSCRIPT WHEN SEALED AND SIGNED BY THE REGISTRAR. UNLESS OTHERWISE DESIGNATED THIS STUDENT IS IN GOOD STANDING.

REGISTRAR

REFORM 2011

REFILM

OF

PRECEEDING

DOCUMENT(S)

THWEATT, DELHI E

MEDICINE, COLLEGE OF ID#800 105

OFFICE OF THE REGISTRAR
HOWARD UNIVERSITY
WASHINGTON, D.C. 20059

DATE OF BIRTH	PLACE OF BIRTH	ADMISSION DATE	DEGREE GRANTED	MAJOR
3/15/47	Baltimore, Md.	9/72	M.D.	MEDICINE
ADULTER PLACED				DATE GRADUATED
HOWARD UNIVERSITY				1970
				B.S.

PERMANENT RECORD

DEPT. AND COURSE NO.	COURSE DESCRIPTION	SEM.	HRS.	GRADE	QUALITY POINTS
THWEATT JR	DELHI E 800105				
900 171	8/28/72 - 12/22/72 HUMAN ANATOMY		10.00	S	
901 171	GENERAL BIOCHEM MED		9.00	S	
909 120	EPIDEM & MED BIOCHEM		2.00	S	
909 122	FAMILY MEDICINE		2.00	H	

DEPT. AND COURSE NO.	COURSE DESCRIPTION	SEM.	HRS.	GRADE	QUALITY POINTS
THWEATT JR	DELHI E 800105				
217 264	8/27/73 - 12/21/73 CCNT MECH HEART&CIR		2.00	H	
902 208	INFECTIOUS DISEASES		8.00	S	
905 170	GENERAL PATHOLOGY		0.00		
905 206	LAB DIAGNOSIS		2.00	S	
907 170	GENERAL PHARMACOLOGY		6.00	S	
910 232	SOC FACT IN MENT IL		1.00	S	
915 200	CLIN MED PRECEPTOR		2.00	H	

DEPT. AND COURSE NO.	COURSE DESCRIPTION	SEM.	HRS.	GRADE	QUALITY POINTS
THWEATT JR	DELHI E 800105				
903 171	8/18/73 - 5/12/73 MICROB & PATHOGENS		6.00	S	
908 171	BASIC MED PHYSIOLOGY		7.00	S	
910 121	INTRO TO PSYCHIATRY		1.00	S	
912 110	INTRO TO PHY MED&REH		3.00	S	
915 100	CLIN MED PRECEPT ELEC		2.00	S	
915 215	EMERGENCY CARE AREA		2.00	S	

DEPT. AND COURSE NO.	COURSE DESCRIPTION	SEM.	HRS.	GRADE	QUALITY POINTS
THWEATT JR	DELHI E 800105				
902 203	8/7/74 - 5/11/74 PHYSICAL DIAGNOSIS		4.00	S	
902 419	FLUID & ELEC METAB		2.00	H	
905 170	PATHOPHYS OF DRG SYS		12.00	S	
906 210	INTR TO MED GENETICS		3.00	S	
907 172	APPL PHARMACOLOGY		2.00	S	
909 224	CURR URB HEALTH PROB		3.00	H	
910 230	PSYOPHYS OF EMOTIONS		3.00	S	
950 200	CLINICAL CORE		6.00	S	

GRADING SYSTEM

- A EXCELLENT
- B GOOD
- C PASSING
- D BELOW AVERAGE
- E WITHDEFF
- F CONDITIONED
- F FAILED
- P PASSED
- INC INCOMPLETE
- AD ADVIS

ACADEMIC PROBATION

SUSPENDED ACADEMIC REASONS

THIS COPY OF STUDENT'S RECORD BECOMES AN OFFICIAL TRANSCRIPT WHEN SEALED AND SIGNED BY REGISTRAR UNLESS OTHERWISE DESIGNATED THIS STUDENT IS IN GOOD STANDING

GRADUATED: May 8, 1976
DEGREE: DOCTOR OF MEDICINE
HONORS:

Delhi E. Thweatt

REGISTRAR

950096 1121

Baltimore Polytechnic Institute
 58/445
 DATE 9/65
 BALTIMORE, MARYLAND
 HIGH SCHOOL CERTIFICATE
 BASIS FOR ADMISSION
 Date of Birth: 2/16/47
 Date of Entry: 9/65
 (15)

DUVAL UNIVERSITY
 WASHINGTON, D.C.
 OFFICE OF RECORDS (E.T.) E & A
 DEPT. 1
 800105

COURSE DESCRIPTION		SEM. HRS.	GRADE	QUALITY POINTS	COURSE NUMBER	COURSE DESCRIPTION	SEM. HRS.	GRADE	QUALITY POINTS
1ST SEMESTER, 1965-66									
016 011	LEADERSHIP LAB	1.00	A	4.00	006 001	PRINCIPLES I	3.00	C	6.00
004 003	ENGR GRAPHICS LEC LAB	2.00	A	8.00	011 100	GERM LIT IN ENGL	3.00	C	6.00
008 005	FRESHMAN ENGLISH	3.00	A	12.00	015 158	ANA GEO CAL ENG III	4.00	C	8.00
015 156	ANA GEO CAL I	4.00	A	16.00	016 022	COMPS TRAINING	1.00	C	4.00
004 003	GEN CHEM LEC	5.00	A	20.00	021 003	PHYS FOR E S ST LEC	5.00	C	15.00
021 011	SOCIAL SCIENCES	3.00	B	9.00	036 011	HUMANITIES	3.00	A	12.00
009 001	INTRODUCTION TO ENGIN		S		306 015	ATMOSPHERIC SCIENCE	3.00	A	12.00
2ND SEMESTER, 1965-66									
004 004	ENGR GRAPHICS	2.00	A	8.00	013 155	CIF EQU ENGR	4.00	C	4.00
013 157	ANA GEO & CAL ENGR II	4.00	A	16.00	016 011	COMPS TRAINING	1.00	B	3.00
004 004	GEN CHEM LEC	4.00	A	16.00	016 021	WORLD MIL SYSTEMS	5.00	F	3.00
024 012	SOCIAL SCIENCES	3.00	A	12.00	021 004	PHYS E E S ST LEC	5.00	F	3.00
008 011	ELEMENTS OF EXPRESSN	3.00	A	12.00	038 012	HUMANITIES	3.00	C	6.00
016 012	WORLD MIL SYSTEMS	1.00	B	3.00	303 050	BASIC ELEC ENGRG	3.00	F	6.00
2ND SEMESTER, 1966-67									
013 155	CIF EQU ENGR	4.00	C	4.00	013 155	CIF EQU ENGR	4.00	C	4.00
016 011	COMPS TRAINING	1.00	B	3.00	016 011	COMPS TRAINING	1.00	B	3.00
016 021	WORLD MIL SYSTEMS	5.00	F	3.00	016 021	WORLD MIL SYSTEMS	5.00	F	3.00
021 004	PHYS E E S ST LEC	5.00	F	3.00	021 004	PHYS E E S ST LEC	5.00	F	3.00
038 012	HUMANITIES	3.00	C	6.00	038 012	HUMANITIES	3.00	C	6.00
303 050	BASIC ELEC ENGRG	3.00	F	6.00	303 050	BASIC ELEC ENGRG	3.00	F	6.00

GENERAL MEMORANDA
 The above is a true and correct copy of the record of the unit in this office.
 Date: 9/65
 Signature: [Signature]
 Title: [Title]

DUVAL UNIVERSITY
 WASHINGTON, D.C.
 OFFICE OF RECORDS (E.T.) E & A
 DEPT. 1
 800105

THRENT, DELHI E.

MEDICINE, COLLEGE OF

100600 105

OFFICE OF THE ASSISTANT
HOWARD UNIVERSITY
WASHINGTON, D.C. 20001

DATE OF BIRTH	PLACE OF BIRTH	RECEIVED	RECEIVED	MAJOR
3/16/47	Baltimore, Md.	9/72	M.D.	MEDICINE
HOWARD UNIVERSITY				DATE
				1970
				B.S.

PERMANENT RECORD

DATE AND COURSE NO.	COURSE DESCRIPTION	SEM.	REG.	GRADE	QUALITY
THRENT JR	DELHI	E	800105		
8/28/72 - 12/22/72					
900 171	HUMAN ANATOMY		10.00	S	
901 171	GENERAL BIOCHEM MED		9.00	S	
909 120	EPIDEM & MED ELEMET		2.00	S	
909 122	FAMILY MEDICINE		2.00	H	

DATE AND COURSE NO.	COURSE DESCRIPTION	SEM.	REG.	GRADE	QUALITY
THRENT JR	DELHI	E	800105		
8/21/73 - 12/21/73					
217 264	CENT RECH HEARTCIR		2.00	H	
902 209	INFECTIOUS DISEASES		3.00	S	
905 179	GENERAL PATHOLOGY		0.00	S	
905 206	LAB DIAGNOSIS		2.00	S	
907 179	GENERAL PHARMACOLOGY		6.00	S	
910 232	SGG FACT IN VENT IL		1.00	S	
915 200	CLIN MED PRECEPTOR		2.00	H	

DATE AND COURSE NO.	COURSE DESCRIPTION	SEM.	REG.	GRADE	QUALITY
THRENT JR	DELHI	E	800105		
1/18/73 - 5/12/73					
903 171	MICROB CF PATHOGENS		6.00	S	
908 171	BASIC MED PHYSIOLOGY		1.00	S	
910 121	INTRO TO PSYCHIATRY		1.00	S	
912 110	INTRO TO PHY MED&REH		3.00	S	
915 110	CLIN MED PRECEPT ELEC		2.00	S	
915 215	EMERGENCY CARE AREA		2.00	S	

DATE AND COURSE NO.	COURSE DESCRIPTION	SEM.	REG.	GRADE	QUALITY
THRENT JR	DELHI	E	800105		
1/7/74 - 5/11/74					
902 203	PHYSICAL DIAGNOSIS		4.00	S	
902 419	FLUID & ELEC METAB		2.00	H	
905 170	PATHOPHYS OF ORG SYS		12.00	S	
906 210	INTR TO MED GENETICS		3.00	S	
907 172	APPL PHARMACOLOGY		2.00	S	
909 224	CLIN LAB HEALTH PROBS		3.00	H	
910 230	PSYOPHYS OF EMOTIONS		3.00	S	
950 200	CLINICAL CORE		6.00	S	

GRADING SYSTEM

ACADEMIC PROBATION

GRADUATED: May 8, 1976
DEGREE: DOCTOR OF MEDICINE
HONORS

THIS COPY OF STUDENT'S RECORD BECOMES AN OFFICIAL TRANSCRIPT WHEN SIGNED AND SIGNED BY THE REGISTRAR, OFFICE OF RECORDS

950096 0150

HOWARD UNIVERSITY
WASHINGTON, D.C. 20059ENROLLMENT MANAGEMENT
OFFICE OF THE REGISTRARNumber of Pages 3**FACSIMILE TRANSMITTAL SHEET**
Fax Number: (202) 806-4466**TO:**

Receivers Name: Sharon Ardman
Receivers Company/Department: _____
Receivers Telephone Number: _____
Receivers State/Country: _____
Receivers FAX Number: (111) 772-1872

FROM:

Senders Name: Howard University
Senders Department: Registrar's Office
Senders Phone Number: (202) 806-2712
Date/Time: 6/25/94 2:45 pm
Special Instructions/Comments: _____

Transcript for Arthur E. Shuttell

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

RENEWAL APPLICATION - MD

Name DEWIS E. TAWOCHI, JR., MD
Street Address [REDACTED]
City Baltimore State MD Zip Code 21228

RETURN TO:

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

License Number MD-C53132-4

- ☐ I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. **No fee is required.**
- ☐ 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.**

Name Change

Address Change

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).
X		1. Do you hold a license (active, inactive or expired) to practice in any other state or jurisdiction? List <u>MARYLAND</u>
	X	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any other state or jurisdiction?
	X	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?
	X	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded not 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?
	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, 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, 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?
X		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) [REDACTED]

Date 12/23/2002

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

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

Official Use Only

043576

M.D. 053132 L

T H W E A R N E W

THIS IS YOUR RENEWAL NOTICE

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

DELIVER TO YOU BY MAIL

RECEIVED BY MAIL

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1996. TO RENEW THROUGH
1999, 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. ENCLOSE 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
CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS,
PLEASE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE AND ATTACH A COPY OF LEGAL DOCUMENTATION OF THE NAME CHANGE.
IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE
ANNUAL FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE
WITHIN 15 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

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

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 CONTENDERS, 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.

NAME AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION.

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NAME OF MEDICAL SCHOOL

HOWARD UNIVERSITY COLLEGE OF MEDICINE

YEAR OF GRADUATION 1976

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

SIGNATURE

DATE

10/7/96

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

Official Use Only

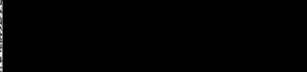
04/7/86

MD - 053132 - L

THWEA RNEW

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

DELLI ELMORE THWEATT JR



BALTIMORE, MD 21228

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, 2000. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2002, 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, 2000. 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 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: MARYLAND

☒ 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.

IF IT 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

12/1/2000