

STATE BOARD OF MEDICINE  
P.O. BOX 2540  
HARRISBURG, PA 17105-2540  
(717) 737-2381

APPLICATION FEE: \$20.00

COMPLETE THE ENTIRE APPLICATION

NAME:

LAST

ADDRESS:

STREET

CITY

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME OF MEDICAL SCHOOL:

University of Pittsburgh School  
of Medicine

TYPE OF EXAMINATION:

List all states, territories, and countries in which you are currently licensed or inactive, currently or expected.

Have you ever been convicted of a crime (felony or misdemeanor) or received probation, parole, or other form of supervision in the United States or other country?

Have you ever been convicted of a crime (felony or misdemeanor) or received probation, parole, or other form of supervision in the United States or other country?

Have you ever been licensed as a nurse to practice medicine and surgery or other professional license, or other authority to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions? NO

Have you ever had provider privileges denied, revoked or restricted in a hospital or other health care facility? NO

Have you ever had provider privileges denied or restricted by a drug enforcement agency, medical assistance agency or other authority? NO

If you have answered yes to any of the above questions, give details on a separate 8 1/2 x 11 sheet.

**AFFIDAVIT**

Name of:  
Occupation:

Mark A. Platia being duly sworn according to law, depose and say I am the person who submitted this application, that I am of good moral character, and that all statements therein are true and complete to the best of my knowledge and belief.

[Redacted Signature]

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Mark A. Platia  
Signature of Applicant

[Signature]  
Signature of Notary

NOTARY PUBLIC  
STATE OF CALIFORNIA

NEW YORK STATE

To be completed by two physicians

Name of Applicant: Maria P. [redacted]

I hereby certify that I know the [redacted] and that he is not addicted to the intemperate use of [redacted] and that he is not an applicant for a license to practice [redacted]

I have been personally acquainted with [redacted]

SIGNATURE: [redacted]

Print or type name as signed above: [redacted]

State in which licensed: MASSACHUSETTS

Name of Applicant: Maria P. [redacted]

I hereby certify that I know the [redacted] and that he is not addicted to the intemperate use of [redacted] and that he is not an applicant for a license to practice [redacted]

I have been personally acquainted with [redacted]

SIGNATURE: [redacted]

Print or type name as signed above: [redacted]

State in which licensed: New York

APPLICATION FOR  
VERIFICATION OF

NAME Platin

ADDRESS [REDACTED]

Kennington

NAME OF HOSPITAL Marine

ADDRESS OF HOSPITAL [REDACTED]

VERIFICATION

I certify that Marine

training at the training facility

Beginning date 1/1/77

Check specialty

- ☐ Anesthesiology
- ☐ Dermatology
- ☐ Diagnostic Radiology
- ☐ Emergency Medicine
- ☐ Family Practice
- ☐ General Surgery

(HOSPITAL SEAL)

If hospital has no seal, a notary public must be submitted with this form.

Do not return the form



COMMONWEALTH OF MASSACHUSETTS  
STATE BOARD OF MEDICINE  
HARTFORD

VERIFICATION OF GRADUATION  
FROM MEDICAL SCHOOL

To be completed  
by applicant  
NAME

PLAZA

ADDRESS:

Street

Kennedy

City

NAME OF MEDICAL SCHOOL

ADDRESS:

1215 State St

If the school is unaccredited (the same time you request permission to practice submitted to the Board)

To be completed  
by Dean or Registrar

I certify that

Hartford

and examinations and has

The applicant began attendance

SEAL OF BOARD



UPON COMPLETION, BOARD OF MEDICINE. DO NOT

## Introduction

Commonwealth of Pennsylvania  
State Board of Medicine  
P.O. Box 2619  
Harrisburg, PA 17105-2619

**THE**

574

11

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

10/10/00

Dr. [Name]  
[Address]  
[City]  
[State]  
[Zip]  
07/01/00

It is certified that the [Name]  
physician named [Name]  
in MAY  
all examinations [Name]  
this physician upon [Name]

PART I passed 0.00  
Anatomy (incl. histology)  
Physiology  
Biochemistry  
Pathology  
Microbiology (incl. [Name])  
Pharmacology and [Name]  
Behavioral Sciences  
TOTAL TEST (Minimum)

Part II passed 0.00  
Internal medicine and  
Surgery and the [Name]  
Obstetrics and Gynecology  
Public Health and [Name]  
Pediatrics  
Psychiatry  
TOTAL TEST (Minimum)

PART III passed 0.00  
A General Test of [Name]  
TOTAL TEST (Minimum)

GENERAL AVERAGE [Name]

\*For those individuals who are  
shown on the [Name]  
date on which this [Name]  
be awarded

SEAL

*State of*

**BOARD OF**

201 WEST

PENNSYLVANIA  
P.O. BOX 2813  
HARRISBURG,

TO WHOM IT MAY CONCERN:

This is to certify that \_\_\_\_\_  
was licensed to practice \_\_\_\_\_  
by NATIONAL BOARD  
and issued license number \_\_\_\_\_

☒ is currently \_\_\_\_\_  
☐ is not currently \_\_\_\_\_  
There is no record \_\_\_\_\_



ADDRESS ALL COMMUNICATIONS  
TO THE BOARD

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

Dear Sir/Madam:

This is to certify that the [redacted] of  
Columbia Board of Medicine [redacted]

dated 3/14/84

of

National Boards [redacted]

The license is: ☒ current and valid status  
Expiration date: [redacted]

- ☐ IS NOT current and valid  
date of expiration: [redacted]
- ☐ other [redacted]

CERTIFIED BY: *[Signature]*  
TITLE: Applications Clerk  
DATE: 9/7/84  
TELEPHONE NUMBER: (202) 712-1111



ANDREW G. BOONAR, M.D., J.D.  
Chairman

BARBARA NEUMAN  
Executive Director

To Whom It May Concern:

This is to certify that **MAURICE E. [REDACTED]**  
a graduate of **UNIVERSITY OF [REDACTED]**  
has been duly registered by the Board of Medical Examiners.

Certificate Number **40771** was issued to **MAURICE E. [REDACTED]**  
on **11/14/78**. THIS LICENSE IS VALID FOR **12** MONTHS.

Our files contain **NO RECORD** of any disciplinary action.

SEAL

Members of the Board:  
Maurice J. Ego, J.D., Esq.  
Vice Chairman  
Marianne N. Prout, M.D.  
Secretary

OFFICE ADDRESS:

Department of Defense  
Office of the Secretary  
Washington, D.C. 20301  
Telephone: 301-304-XXXX

HOME ADDRESS:

[REDACTED]

BORN:

[REDACTED]

MARITAL STATUS:

[REDACTED]

EDUCATION:

1969-72

1973-77

MEDICAL TRAINING:

1977-78

1978-81

1982-85

MEDICAL LICENSURE:

1981: State of New York  
No. 123456789

1982: State of New York  
No. 123456789

CERTIFICATION:

National Board of Medical Examiners  
American Medical Association  
Diploma in Internal Medicine  
1981

SOCIETIES:

American Medical Association

PUBLICATIONS:

Self: Medical Journal  
Vol. 10, No. 1  
1981-1982

Editorial Board  
Internal Medicine  
1981-1982

Publications  
Internal Medicine  
1981-1982

Publications  
Internal Medicine  
1981-1982







COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE  
P. O. BOX 2648  
HARRISBURG, PA 17105

Telephone: (717) 787-7331

Fax: (717) 787-7763  
www.dos.state.pa.us

MARIA FIA PLATIA

CLARK PARK PA 19027

MID-STATE

Dear Licensee:

In order to comply with the requirements of the Federal Social Security Act, the State Board of Medicine must collect social security numbers for all its licensees. Additionally, the Board must collect dates of birth and the professional school and year of graduation for all licensees to comply with federal law.

Upon review of the license records, the Board finds that it does not have this data in your license record. Therefore, please provide the information in the spaces below and return it to the Board at the above address within 30 days of receipt of this notice. You may fax the information should you wish to.

Failure to provide the information requested could result in delay in the processing of your next license renewal as we will not be able to renew and issue the license without the information.

Sincerely,

STATE BOARD OF MEDICINE

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

Professional School: University of Pittsburgh Graduated 6.7.77  
School of Medicine Month Year

Maria F. Platia  
Signature

3-4-04  
Date



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE  
P.O. BOX 2849  
HARRISBURG, PA 17105

Telephone: (717) 787-2381

Fax: (717) 787-7769  
[www.dos.state.pa.us](http://www.dos.state.pa.us)

MARIA M. PLATTA

ELKINS PARK, PA 19027  
MED042899

Dear Licensee:

In order to comply with the requirements of the federal Social Security Act, the State Board of Medicine must collect social security numbers for all its licensees. Additionally, the Board must collect dates of birth and the professional school and year of graduation for all licensees to comply with federal law.

Upon review of the license records, the Board finds that it does not have this data in your license record. Therefore, please provide the information in the spaces below and return it to the Board at the above address within 30 days of receipt of this notice. You may fax the information should you wish to.

Failure to provide the information requested could result in delay in the processing of your next license renewal as we will not be able to renew and issue the license without the information.

Sincerely,

STATE BOARD OF MEDICINE

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

Month Day Year

Professional School: [REDACTED]

University of Pittsburgh

Graduated

Month Year

School of Medicine

3-4-04

Signature

Date



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

Official Use Only

41191

ED - 042863 - 3

PLATT REBN

THIS IS YOUR RENEWAL NOTICE

STATE BOARD OF MEDICINE  
P.O. BOX 8414  
HARRISBURG, PA. 17104-8414

MAIL VIA PLATTA

MAILING DATE: PA 8414-19027

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1994. TO HAVE YOURS EXPIRE ON 12, 1994 PLEASE COMPLETE THE QUESTIONS BELOW AND RETURN A CHECK OR MONEY ORDER IN THE AMOUNT OF \$44.00. YOUR LICENSE TO THE COMMONWEALTH OF PA. BECOMES YOUR LICENSE NUMBER ON THE FRONT OF YOUR LICENSE. A LATE FEE OF \$4.00 WILL BE CHARGED FOR LICENSES FORWARDED AFTER DECEMBER 31, 1994. A PROCESSING FEE OF \$4.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED BECAUSE OF YOUR BANK'S REJECTION OF THE CHECK. IF YOU HAVE A CHECK IT MUST BE MADE PAYABLE TO THE ORDER OF THE STATE BOARD OF MEDICINE AND DEPOSITED IN THE PAID ENVELOPE.

WE ARE ALSO NOTIFYING YOU THAT IF YOU ARE PRACTICING IN THIS COMMONWEALTH, YOU ARE REQUIRED TO FURNISH SATISFACTORY EVIDENCE TO THE OFFICE OF THE MEDICAL PROFESSIONAL LIABILITY COMMISSION THAT YOU ARE IN COMPLIANCE WITH THE MEDICAL CARE NEGLIGENCE REFORMATION ACT.

IF, SINCE YOUR LAST RENEWAL, YOU HAVE EXPERIENCED DIFFICULTIES AS A RESULT OF BLOOD OR OTHER FLUIDS SUCH AS HEMORRHOIDS, OR TREATMENT FOR CHRONIC DYSPEPSIA OR AGING OR INJURY FOR CHRONIC OR RELATED OFFENSES, YOU MAY CONTACT THE BOARD'S MEDICAL PROFESSIONAL PROGRAM FOR CONFIDENTIAL INFORMATION AND ASSISTANCE AT 1-800-332-3333.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD IN THE RENEWAL RENEWAL NOTICE OR WITHIN 30 DAYS OF FINAL DISPOSITION. OTHERWISE IS NONE.

IF YOU WISH "TIE" TO CERTAIN 2, 3, 4, OR 5 YEARS, PLEASE PROVIDE COMPLETE DETAILS ON 3 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:

1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE. 10
2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? 10
3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED GUILTY OR BEEN CONVICTED, OR FOUND GUILTY OR PLEADED GUILTY AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY CRIMINAL VIOLATION, IN ANY STATE OR FEDERAL COURT? 10
4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY? 10
5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN ANY STATE OR FEDERAL COURT? 10

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

IF YOU ARE REQUESTING FOR INACTIVE STATUS, YOU ARE STILL REQUIRED TO ANSWER THE ABOVE QUESTIONS AND SIGN BELOW:

CHEK

9-28-94



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

Official use only

001070

MD - 043869 - B

PLATI RENEW

THIS IS YOUR ANNUAL NOTICE - REQUIRED FEE - \$135.00

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

MARIA PIA PLATIA

██████████  
BERKINS PARK, PA 19027

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1990. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 1992, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$135.00 DUE TO THE COMMONWEALTH OF PA. WITH YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR DELINQUENT PAYMENTS AFTER DECEMBER 31, 1990. A PROCESSING FEE OF \$10.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER PAID BY YOUR BANK. REGARDLESS OF THE REASON, IF YOU MAKE A CHANGE IN YOUR NAME OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRING SUBMISSION OF A COPY OF A COURT ORDER, MARITAL 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 ANY FEE SURCHARGES. 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 ANNUAL RENEWAL NOTICE BY FILING IT DATE OF FINAL DISPOSITION, WHEREVER IT OCCURS.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS ON 5 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 REVISED) IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE.

( ) ☒ 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 DISCLOSED IN YOUR RECORD?

( ) ☒ 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED GUILTY, RECEIVED PROBATION, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (INCLUDING ADJUDICAL OR JUDICIAL), 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 PENDING 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, AND AN APPLICATION FOR A LICENSE PENDING OR AWAYED, OR APPLIED FOR 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, REPELISHED, FORFEITED, OR TERMINATED IN ANY DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?

( ) ☒ 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR MEDICAL REGISTRATION DENIED, REVOKED OR SUSPENDED OR HAD YOUR MEDICAL PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL REGISTRATION BOARD FOR CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE SPACE TO THE RIGHT.  
IF NONE IS REQUIRED, YOU ARE STILL REQUIRED TO ANSWER THE QUESTIONS. SIGN AND DATE BELOW.

AN UNREPRESENTED AND UNASSISTED IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS IS SUBJECT TO THE PENALTY OF 18 PA. C.S. 4904, RELATING TO VERSE FALSIFICATION TO A FIDELITY.

9-16-90

# STATE BOARD OF MEDICINE

## RENEWAL APPLICATION - MD

State of Penn

City [Redacted]

Street [Redacted]

### RETURN TO:

State Board of Medicine  
PO Box 8414  
Harrisburg, PA 17106-8414

City Penn State PA Zip Code 17017

MD-042869-E  
License Number

### Check if appropriate

- ☐ **Address changed** - The address above is a new address and not on file with the Board.
- ☐ **License changed** - The name above is not the current name on the license record. (You must submit a photograph of a legal document indicating name change, e.g., marriage certificate, divorce decree or legal document (including recording of a maiden name, etc.)

### SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

ANSWER IN YES/NO OR (A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z)	
<input type="checkbox"/>	1. Do you hold a license (active, inactive or expired) in any other state or jurisdiction (List)?
<input checked="" type="checkbox"/>	2. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	3. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	4. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	5. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	6. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	7. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	8. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	9. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	10. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	11. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	12. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	13. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	14. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	15. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	16. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	17. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	18. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	19. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)
<input checked="" type="checkbox"/>	20. Have you been disciplined or sanctioned by any medical board or authority in any state or jurisdiction? (List)

# STATE OF INFORMATION

MD-042867-E

I certify that this form is in the original format as required by the Department of State and has not been altered or otherwise modified in any way. I understand that this original version is for recording with public records or otherwise required by the Department of State. I understand that this form is not to be used in lieu of the original form and that any alteration or modification made to the original form is subject to the provisions of 18 PA C.S. 2001, relating to document alteration in electronic form and may result in my license being suspended.

Signature of Licensee (Standard)

Date 11/1/04

- ☐ I will not be practicing the profession in Pennsylvania after the expiration date indicated below and request license status. No fee is required.
- ☐ I am retired from practice but desire to keep my (license active to keep immediate family members). I am exempt from the medical professional liability insurance and CME requirements. Renewal must be completed and fee received.

<p>NAME - Please print "SURNAME" and "FIRST NAME" in the space provided.</p> <p>LAST NAME - SURNAME FIRST NAME</p>	
<p>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</p> <p>RENEWAL BY: NOVEMBER 1, 2005</p>	

## Person Info

Name: MARIA PIA PLATIA

## Address Info

Street Address:

Email:

@comcast.net

Phone

Fax

City Tucson

State AZ

Zip code 85718

Country 82

County Pima

## 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 the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	N



Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	N
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	

**ONLINE RENEWAL INFORMATION**

**MARIA PIA PLATIA**

**LICENSE TYPE:** Medical Physician and Surgeon

**LICENSE NUMBER:** MDD42889E

**REGISTRATION CODE:** 20216519

**EXPIRATION DATE:** 12/31/2014

Go to [www.medicines.state.pa.us](http://www.medicines.state.pa.us). Follow the on-screen instructions to complete your renewal, and you will receive immediate confirmation that it has been processed. We encourage you to renew by 12/01/2014 to ensure receipt of your license prior to the expiration date. To renew online, you will need a valid credit card and your registration code (20216519).

EFFECTIVE WITH THE FIRST LICENSE RENEWAL AFTER JANUARY 1, 2015, ACT 31 of 2014 requires all health-related licenses and funeral directors applying for the renewal of a license issued by the Board to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.



If you will not be practicing with your Medical Physician and Surgeon license in Pennsylvania after 12/31/2014, check the box to the left to request inactive or out of business status, and return this form to the address on the form. No fee is required.

If you are unable to use the online renewal system, you may obtain a renewal application by:

- Downloading from our website at [www.dos.state.pa.us/med](http://www.dos.state.pa.us/med);
- Requesting an application by emailing [st-medicine@pa.gov](mailto:st-medicine@pa.gov);

☐

Checking the box to the left and returning this form to the address on the form.

NOV 06 2014

**IT IS YOUR RESPONSIBILITY TO MAKE SURE YOUR LICENSE IS RENEWED BY THE EXPIRATION DATE.**

myLicense Renewal Question Responses

License Number: MD042869E

Name : MARIA PIA PLATIA

Online Submission Date :

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

Online Submission Date : 10/19/2006 8:20:49AM

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

**myLicense Renewal Question Responses**

**License Number:** MD042869E

**Name :** MARIA PIA PLATIA

**Online Submission Date :** 10/6/2012 12:16:03AM

<b>Renewal Question</b>	<b>Response</b>
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?	N
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N