49-101 (REV. 02-09)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

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

MD440124

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

Fee 209459

Application Fee: **$35.00** not refundable. Make check payable to the "Commonwealth of Pennsylvania."
Note: A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

NAME: Pentricky (Last) Sara (First) Beth (Middle)

Permanent Address: [redacted] (Street)

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

Lexington (City) KY (State) 40502. (Zip Code)

Email address [redacted]@gmail.com

Date of Birth: [redacted] (MM DD YYYY) Social Security Number: [redacted]

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

FEB 12 2010

Are you applying using credentials verification from FCVS? X *YES* ____ *NO*

Have you previously held a Pennsylvania graduate training license?

____ *YES*; My license number is _____ X *NO*

LIST MEDICAL SCHOOL(S) ATTENDED:

Jefferson Medical College

DATES OF ATTENDANCE:

From: 08/2002 (MM/YYYY) to 05/2006 (MM/YYYY)

From: _____ (MM/YYYY) to _____ (MM/YYYY)

Date of Graduation: _____ (MM/DD/YYYY)

Check licensing examination(s) passed:

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

49-101 (REV. 02-09)

ACGME Post Graduate Training:

PGY1 Hospital: Chandler Hospital University of Kentucky From: 7/1/2006 to: 6/30/2010

PGY2 Hospital: _____ From: __/__/__ to: __/__/__

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? **If yes, list the jurisdiction(s) here:** _____.		✓
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		✓
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		✓
4) Have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DUI/DWI, drug law violations, or are there any criminal charges pending and unresolved in any state or jurisdiction?		✓
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		✓
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		✓
8) Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? **Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)**	[redacted]	
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the **entire Civil Complaint** which must include the **docket number**, **filing date**, and the **date you were served**.		✓

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

[redacted] (gentlicky) 11.17.09

Signature of Applicant Date

FEB 12 2010

FEB 12 2010

49-101 (REV. 02-09)
State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by **two** physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at **least six months**. ORIGINAL SIGNATURES ARE REQUIRED.

Name of Applicant: Sara Pentlicky

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

I have been personally acquainted with the applicant for 3 year(s) 4 month(s).

SIGNATURE: [redacted] Date: 11/17/2009

Print or type name as signed above: Alisa Carley Gambrell

State in which licensed: Kentucky License Number: 41246

Name of Applicant: Sara Pentlicky

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

I have been personally acquainted with the applicant for 3 year(s) 4 month(s).

SIGNATURE: [redacted] Date: 11/24/2009

Print or type name as signed above: Miriam Brown Marcum

State in which licensed: KY License Number: 41183

Return Completed Form to Applicant

FEB 12 2010

MD SB

The Federation of State Medical Boards of the United States, Inc.
Federation Credentials Verification Service
P.O. Box 619850
Dallas, Texas 75261-9850
Telephone: (817) 868-4000
Fax: (817) 868-4099

Physician Information Profile

This report is compiled exclusively for:

Name:	**Sara Beth Pentlicky**
SSN:	[redacted]
DOB:	
Packet ID:	**69379**
Recipient:	**Pennsylvania State Board of Medicine**

NOTICE:

The Federation Credentials Verification Service (FCVS) was retained by the above referenced physician to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS. All documents bearing the official FCVS seal are ceritified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

Physician Information Profile is compiled and published by the Federation of State Medical Boards of the United States, Inc. as a reference source for its member boards and other authorized entities. Physician Information Profile may not be republished, sold, resold or duplicated, in whole or in part, for commercial or any other purposes, or for purposes of compiling lists or files without the express written consent of the Federation's Executive Vice President as authorized by its Board Of Directors. The use of this Physician Information Profile to establish independent data files or compendiums or information is strictly prohibited.

Table of Contents

Section I

FCVS Reports

FEDERATION CREDENTIALS VERIFICATION SERVICE

Physician Information Report

Identity:

Name:	**Sara Beth Pentlicky**	
Other Name Used:	**N/A**	
Gender:	**Female**	
Date of Birth:	[redacted]	
Place of Birth:	**NJ USA**	
SSN:	[redacted]	
Current Address:	[redacted]	
	Lexington, KY 40502	
Permanent Address:	**Same**	
Telephone Numbers:	Bus:	**859-323-5000**
	Fax:	**N/A**
	Home:	[redacted]
	Other:	**N/A**
Physical Description:	Height:	**5' 06"**
	Weight:	**140 lbs**
	Eye Color:	**Green**
	Hair Color:	**Brown**
Physical Marks:	Description:	**N/A**
	Location:	**N/A**

Premedical Education (Reported by physician. Not verified by FCVS):

Institution:	**The State University of New Jersey Rutgers, New Brunswick, NJ 08903**
Dates of Attendance:	**08/1996 - 05/2000**
Degree Conferred/Issued:	**Bachelor of Arts**

Medical Education:

Medical School:	**Jefferson Medical College of Thomas Jefferson University** **1015 Walnut Street Room G22** **Philadelphia, PA 19107**
Dates of Attendance:	**08/26/2002 - 06/02/2006**
Date Degree Conferred/Issued:	**06/02/2006**
Degree Conferred/Issued:	**Doctor of Medicine**
Unusual Circumstance:	**None**

Graduate Medical Education:

Institution:	**University of Kentucky Medical Center** **Department of Obstetrics and Gynecology** **800 Rose Street Room C375** **Lexington, KY 40536-0084**
Training Level:	**1**
Program Type:	**Internship**
Specialty/Subspecialty:	**Obstetrics and Gynecology**
Dates of Attendance:	**07/01/2006 - 06/30/2007**
Completion:	**Yes**
Accreditation:	**ACGME**
Training Level:	**2-3**
Program Type:	**Residency**
Specialty/Subspecialty:	**Obstetrics and Gynecology**
Dates of Attendance:	**07/01/2007 - 06/30/2009**
Completion:	**Yes**
Accreditation:	**ACGME**
Training Level:	**4**
Program Type:	**Chief Resident**
Specialty/Subspecialty:	**Obstetrics and Gynecology**
Dates of Attendance:	**07/01/2009 - 06/30/2010**
Completion:	**To Be Completed On 06/30/2010**
Accreditation:	**ACGME**
Unusual Circumstance:	**None**

Fifth Pathway:

N/A

Examination History:

Licensure Examinations:	**USMLE Step 1** **USMLE Step 2** **USMLE Step 3**

Board Action:

A Report of the results from a search of the Board Action Data Bank is enclosed.

Credentials Analysis Report

The Credentials Analysis Report is a comparative report of a physician's credentials as reported to FCVS by the physician applicant and the primary source (Medical School, PGT program, etc.). It will also list particular missing documentation, if any, as outlined in the FCVS Policies and Procedures.

Physician Identification:

Name: Sara Beth Pentlicky
DOB: [redacted]
SSN:
Packet ID: 69379
Request ID: 21876071

OMISSIONS

There are none identified.

DISCREPANCIES

There are none identified.

MISCELLANEOUS INFORMATION

Miscellaneous 1:

Section of Profile: **Post-Graduate Education**

Issue: The applicant and University of Kentucky Medical Center do not report the same program type for PGY 1.

Follow-Up: FCVS does not follow up on program type based on the definition of a resident per ACGME (A physician at any level of GME in a program accredited by the ACGME is considered a resident.).

Miscellaneous 2:

Section of Profile: **Continuity of Education**

Issue: There is an interruption of education between completion of premedical education at The State Univ of New Jersey Rutgers (ends 05/2000) and entrance into medical school at Jefferson Med Col (begins 08/26/2002).

Follow-Up: Provided as information only. No follow up performed.

End of report for Sara Beth Pentlicky

Board Action Databank Search

State Queried For:	**Pennsylvania State Board of Medicine**
Physician's Name	**Pentlicky, Sara Beth**
Date of Birth:	[redacted]
Medical School:	**039020 - Jefferson Medical College of Thomas Jefferson University**
Year of Graduation:	**2006**
Social Security Number:	[redacted]
ECFMG Number:	**N/A**

Results:

WE HAVE NO UNFAVORABLE INFORMATION REGARDING THE ABOVE NAMED PHYSICIAN

FEB 23 2010

Humayun J. Chaudhry, D.O., FACP
President and CEO

AMERICAN BOARD OF MEDICAL SPECIALTIES
VERIFICATION OF CERTIFICATION

As of: 2/23/2010

State Queried For: Pennsylvania State Board of Medicine

Physician Name: Sara Beth Pentlicky

Date of Birth:

Year of Graduation:

Social Security Number:

ABMSU ID:

The data provided to FCVS by the ABMS does not include Specialty Certification information on file for this physician. This does not mean that the physician is not certified by one or more of the Member Boards of the American Board of Medical Specialties, as the data provided by ABMS does not include some physicians for which they have incomplete data.

Section II

Identity

Affidavit and Release
and
Authorization for Release of Information, Documents and Records

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect

I acknowledge that I have read and understand the "Instructions for Completing the FCVS Application" and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service (FCVS) any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit FCVS or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application that can subsequently be provided to professional licensing boards, hospitals and other entities when I apply for licensure, staff membership, employment or other privileges.

I hereby release, discharge and exonerate FCVS, its agents or representatives and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by FCVS.

I will immediately notify FCVS in writing of any changes to the answers to any questions contained in this application if such a change occurs at any time prior to my FCVS Physician Information Profile being mailed

[redacted]
Applicant's Signature (must be signed in the presence of a notary)

PENTLICKY
Applicant's Printed Last Name

SARA B.
Applicant's Printed First Name, Middle Initial and Suffix (e.g., Jr.)

11/28/06
Date of Signature

[redacted]
Date of Birth

[redacted]
Applicant SSN

NOTARY

The Physician has been instructed to sign the front of the photograph. Your seal (or stamp) must be partly upon the photograph and partly upon the signature of the applicant

Dated 11/28/06

State of Kentucky County of Fayette

SUBSCRIBED AND SWORN TO before me this 28 day of NOV, 20 06

My commission expires: 01-15-08

(NOTARY PUBLIC SIGNATURE & SEAL)

Notary Public signature: Norene T. Ward, Norene T. Ward

I certify that on the date set forth above the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document.

STATE OF NEW JERSEY

A00027891[illegible]

NEW JERSEY STATE DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

541

34546

1. NAME OF CHILD (First) Sara	(Middle) Beth	(Last) Pentlicky		
2. DATE OF BIRTH [redacted]	3a. Hour 1:36 A.m.	3b. Sex Female	4a. This Birth [illegible]	4b. If Twin or Triplet, this child born: 1st 2nd 3rd
5a. Mother - Name Anne Marie Atef		5b. Age at time of this Birth 30		
7a. Mailing Address (Number, Street or P.O. Box) [redacted]	7b. City or Town North Plainfield	7c. State New Jersey	7d. Zip Code 07060	
8. County Somerset		9. Residence Same Yes No		
9a. Father - Name Gerald Joseph Pentlicky		9b. Age at time of this Birth 30	9c. Birthplace (State or Foreign Country) New Jersey	
10a. Informant - Name and Address Anne Marie Pentlicky			10b. Relation to Child Mother	
11a. Certifier - Name Frank Laudonio M.D.		11b. Mailing Address (Number, Street or P.O. Box, City, Town, State, Zip Code) [redacted] No Plainfield, NJ		
12. Certifier - Signature [redacted] MD		12b. Date of Signature [redacted]	14. Attended Physician X Midwife Other (Specify)	
13a. Registrar - Signature [signature]		13b. [redacted]		

SEAL VERIFIED

ISSUED BY: January 16, 2006

State Department of Health and Senior Services
Bureau of Vital Statistics

This is to certify that the above is correctly copied from a record on file in my office.

Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Joseph A. Komosinski

Joseph A. Komosinski, State Registrar
Bureau of Vital Statistics

REG-42A
JULY 04

THIS DOCUMENT CONTAINS A UNIQUE STATE OF NJ WATERMARK

HELD TO LIGHT TO VIEW WATERMARK

THIS DOCUMENT HAS MULTIPLE SECURITY FEATURES TO DETER FRAUD; VOID IF ALTERED

Section III

Medical Education

F RATION CREDENTIALS VERIFICATION SERVI :CVS)

VERIFICATION OF MEDICAL EDUCATION

(This form must be completed by the medical school)

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Authorization For Release of Information, Documents and Records form has authorized your medical school to provide to the Federation Credentials Verification Service (FCVS) any and all information pertaining to their education at your institution. **Please complete this form and forward it to FCVS in the enclosed postage-paid, self-addressed envelope.**

Please note: If your institution processes transcript requests through another office, FCVS has likely made such a request under separate cover. **If your office also processes transcript requests, please attach the individual's official transcript (which indicates courses taken, dates and hours of attendance, and scores, grades, or evaluation).**

VERIFICATION OF MEDICAL EDUCATION

Name of Institution: Jefferson Medical College of Thomas Jefferson University

Complete Address: 1015 Walnut Street, Rm. G-22, Philadelphia, PA 19107

Street Address: 1015 Walnut Street, Rm. G-22

City: Philadelphia **State:** PA **ZIP Code (Postal Code):** 19107

If name of institution was different when this individual attended, please note this name below:

_____

Premedical Education:

Years of education required for admission to your medical school: 16

Credential/degree presented by the applicant for admission to your medical school: BA

Enrollment and Participation: Our records indicate that Rentlicky, Sara Beth
(type/print individual's name: Last, First, Middle, Suffix)

attended our medical school for total of 144 weeks of medical education on the following dates (mm/dd/yy):

From 08 / 26 / 02 (Month / Date / Year) **To** 06 / 02 / 06 (Month / Date / Year)

This individual (check one):

Was awarded the degree of Doctor of Medicine on 06 / 02 / 06 (Month / Date / Year)

Was NOT awarded a degree because: _____
(please explain - attach additional pages if necessary)

Certification: By my signature, I, Sheryl High (type/print name), certify that the above information is an accurate account of the above named individual's official records maintained in this and is true and correct to my knowledge.

Affix Institutional Seal Here. If no seal is available, this form must be notarized.

SEAL VERIFIED

Signature: Sheryl High

Title: Associate Registrar

Date of Signature: 2/8/07

Phone: [redacted] **Fax:** (215) 923-6974

Email: [redacted]@jefferson.edu

VERIFICATION OF MEDICAL EDUCATION

Unusual Circumstances: The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please check the appropriate response and provide dates and requested information. "Yes" responses to any of these questions require a copy of explanatory records or a written explanation (attach additional pages as necessary).

1. Do this individual's official records reflect (an) interruption(s) or extension(s) in his/her medical education?
   Response YES ☐ NO ☑

   If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	From Mo/Yr	To Mo/Yr	Approved	Unapproved
Personal/Family			☐	☐
Academic remediation			☐	☐
Health			☐	☐
Financial			☐	☐
Participation in joint degree Program (e.g., MD/PhD)			☐	☐
Participation in non-research special study (e.g., fellowship, international experience)			☐	☐
Participation in non-degree research			☐	☐
Other			☐	☐

   Please Specify: _____

2. Do this individual's official records reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? Response YES ☐ NO ☑

   If YES, please select the reason(s) for the probation, indicate the date(s) of placement on and removal from probation and attach additional documentation to this report.

	From Mo/Yr	To Mo/Yr
Academic Probation		
Probation for unprofessional conduct/behavioral		
Probation for other reason		

   Please specify reason: _____

3. Do this individual's official records reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? Response YES ☐ NO ☑

   If YES, please provide detailed documentation/information about the circumstances and outcome(s):

4. Do this individual's official records reflect that he/she was ever the subject of negative reports or an investigation by the medical school or parent university? Response YES ☐ NO ☑

   If YES, please provide detailed documentation/information about the circumstances and outcome(s):

5. Do this individual's official records reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? Response YES ☐ NO ☑

   If YES, please provide detailed documentation/information about the nature of the limitations or special requirements.

PROVIDED BY APPLICANT

Medical Education

School	039020 - Jefferson Medical College of Thomas Jefferson University
Dates	08/2002 to 06/2006
Grad Date	06/02/2006
Degree	MD
Unusual Circumstances:	
	Interruptions: N
	Probation: N
	Disciplined: N
	Negative Reports: N
	Limitations: N

Thomas Jefferson University | Jefferson Medical College

Charles A. Pohl, MD
Associate Dean,
Student Affairs and Career Counseling

November 1, 2005

Dear Colleague:

RE: Sara Beth Pentlicky

The Postgraduate Recommendation Committee of Jefferson Medical College of Thomas Jefferson University is pleased to submit the following evaluation of Sara Beth Pentlicky who is applying to your training program.

Sara attended Rutgers University-The State University of New Jersey and received a Bachelor of Arts degree in Molecular Biology and Biochemistry in 2000. Following graduation from Rutgers, Sara spent two years as a research assistant and lab manager at Saint Michael's Medical Center in Newark, NJ. In this capacity, she was part of a team investigating immunodeficiency viruses with the goal of a possible vaccine model. Numerous publications resulted from this work. Sara matriculated at Jefferson Medical College in August of 2002 and performed satisfactorily during her first two years in the basic science courses. At the completion of her second year, she scored 218 in the United States Medical Licensing Step 1 Examination.

The following are excerpts in chronological order from the clinical rotations that we have received for her thus far:

Psychiatry Clerkship - six weeks:

> "Very helpful to her patients and the unit. Very personable; enjoyed working with her; very good team member. Highly motivated. Very responsible. Very bright student. Sara asked excellent questions. Excellent notes and communication skills. Her resident reported her on-call assignment as 'excellent.' She interacted well with patients, takes initiative and is very pleasant while effective. She was able to interview patients and write-up reports with minimal supervision. Information obtained was very helpful. Excellent case write-up, detailed and well-researched discussion."
>
> Housestaff potential – "Excellent."
>
> She received a grade of Excellent.

www.Jefferson.edu 1020 Locust Street, Suite 157 Jefferson Alumni Hall, Philadelphia, PA 19107 • 215-503-6988 • Fax: 215-503-7510 • charles.pohl@jefferson.edu

Pediatrics Clerkship - six weeks:

"Sara asked for work to help residents and was self-directed. She was a pleasure to work with. She has compassion and sensitivity for the families and babies. Focused. Works well with colleagues; interacts well with patients. Hardworking, reliable medical student. Well-liked by the team members, the nursing staff and her patients. Sara handled herself well with the team and the attending and provided thought-out answers appropriate for her level of training. Very solid fund of knowledge."

"She displayed good clinical skills, was well-informed with regards to her patients, and presented in an organized and concise manner. She has good basic knowledge and works well with parents and pediatric patients. She was able to give a good history. Sara did a very nice job and was a pleasure to work with. She will make a good physician."

She received a grade of Good.

Obstetrics/Gynecology Clerkship - six weeks:

"Very motivated. Extremely professional and compassionate. Knowledge base far exceeds that expected of a third year student. Very advanced clinical skills for a 3rd year student. A tremendous asset to the residency program she chooses."

She was awarded a grade of High Honors.

Surgery Clerkship - six weeks:

"Sara was an integral member of the surgical team. Eager, dependable, and motivated. She was indispensable on rounds. She welcomed the opportunity to shoulder a great deal of responsibility on team rounds. We relied on her a great deal. Clearly, she is very intelligent and well-read. Best score on the oral exam so far! Fast learner in the OR. Highly skilled for a student. Excellent clinical instincts. We thoroughly enjoyed having Sara on our team. As a junior student, she exceeded expectations and performed at the level of a Sub-I. She has a bright future and will excel in whatever career path she chooses."

She was awarded a grade of High Honors.

Internal Medicine Clerkship - twelve weeks:

"Sara is very sympathetic towards her patients. She is an exceptionally poised young woman who presents herself, not as a third-year student, but as a true member of a medical team. She has excellent professional skills and a strong interest in medicine. She was great to work with. She showed amazing initiative and drive to learn about her patients; works well with other students, residents, and staff. Sara was able to easily and independently follow-up on her patient cases."

"Sara always has a good differential diagnosis and a comprehensive care plan. Her fund of knowledge is more than adequate. She actually participates in all discussions. She applies her knowledge clinically. She is very bright. She has an unusual ability to see the 'big picture' as a third-year student. Sara almost always had insight into the medical issues that arose."

Internal Medicine Clerkship (continued):

"Her data gathering, case histories, and presentations are methodical and thorough. She is above-average in her clinical skills. Sara gives excellent student presentations. She is very proactive in participating in procedures. She writes excellent notes and is always thorough with clear documentation of pertinent information. She has been excellent in her performance on this rotation, above and beyond the expected level. Sara is very enthusiastic, responsible, dedicated and hardworking. I enjoyed her active participation in rounding and her intellectual curiosity. She will be a great asset to any residency program. She displayed an excellent demonstration of her potential."

She received a grade of Excellent.

Family Medicine Clerkship - six weeks:

"Displays exceptional initiative. Extremely helpful and confident. Patients trust her and would communicate with her as though she were the doctor. 'Take charge' kind of student who helped the day move along efficiently. She functioned extremely efficiently in the outpatient setting; always looking up lab data, writing prescriptions, and filling out lab and x-ray slips even before being asked. Worked at a 4th year level. She takes the lead when it comes to medical decision-making. History, physicals, and assessment/plan skills are all excellent. Outstanding fund of knowledge. Develops a comprehensive differential diagnosis and plan of care."

"Clear and succinct oral presentations and well-organized documentation. Utilized time well to complete thorough yet focused H&Ps. Overall, Sara functioned at a 4th year level, working in a thorough yet efficient manner. She displayed exceptional initiative, outstanding fund of knowledge, excellent interview skills, and tied her exceptional abilities together by providing thorough differentials and offering her opinion on further labs/imaging studies, and treatment options.

Housestaff potential - Outstanding."

She was awarded a grade of High Honors.

Surgical Subspecialties (Ophthalmology) Clerkship - three weeks:

She received a grade of Pass without further comment.

Surgical Subspecialties (Anesthesiology) Clerkship - three weeks:

She received a grade of Pass without further comment.

Pathology Advanced Basic Science Elective - four weeks:

"Sara was an excellent student and a pleasure to work with. She was actively interested and worked hard to find new learning opportunities. She will make an excellent resident in her chosen specialty.

She was awarded a grade of High Honors.

This student has performed well at Jefferson Medical College. At the completion of the third year of medical school, she ranked in the middle third of her class of 226 students.

In summary, Sara has been a good medical student who has excelled during her clinical rotations. An overview of her clerkship evaluations reveals a hardworking student with an above-average knowledge base and the ability to function very well in the clinical arena. She is also described as a great team player who provides compassionate care at the bedside. Sara has the ability to be an excellent physician and we therefore highly recommend her to you.

For the Postgraduate Recommendation Committee

Charles A. Pohl

Charles A. Pohl, M.D.
Associate Dean for Student Affairs and Career Counseling

CAP:jan

Enclosures: Transcript
Histogram

Student No: XXX-XX-0155

Record of: Sara Beth Pentlicky, M.D.
*** WARNING ***
--No Address--

University Office of the Registrar
1015 Walnut Street, Room G-22
Philadelphia, PA 19107-5099
215-503-8734

Thomas Jefferson University

Date Issued: 08-FEB-2007
Page: 1

Prior College: Rutgers University BA
Seton Hall University ND

Acad. Events: Passed Sophomore Comp. Exam
June 2004

Passed Senior Comp. Exam
June 2006

+Cumulative Credit and Grade

Issued End of Third-Four

Week Block

Degree Awarded : Doctor of Medicine 02-JUN-2006

SUBJ NO.	COURSE TITLE	GRADE	CREDITS
Continuous Curriculum 2002			
08/26/02 - 06/20/03			
IDPT 111	Doctor in Health and Illness	PASS	8.0
	Total Earned Credits 8.0		
First Year - Block 01			
08/26/02 - 12/20/02			
ANAT 100	Human Anatomy	PASS	8.0
BIOC 100	Biochemistry	PASS	8.0
	Total Earned Credits 16.0		
First Year - Block 02			
01/06/03 - 01/24/03			
IDPT 121	Ethics	PASS	2.0
IDPT 122	Genetics	PASS	2.0
IDPT 123	Information Retrieval Techniq	P	0.0
IDPT 124	Health Policy	PASS	2.0
PHAR 100	Biostatistics	PASS	2.0
	Total Earned Credits 36.0		

****************** CONTINUED ON NEXT COLUMN ******************

SUBJ NO.	COURSE TITLE	GRADE	CREDITS
Continued:			
First Year - Block 03			
01/27/03 - 05/16/03			
ANAT 101	Microscopic Anatomy	PASS	8.0
IDPT 101	FCM-First Aid Medicine/Emerg	P	2.0
IDPT 102	Phys Approach to Patient Care	HON	2.0
PHYS 100	Physiology	PASS	8.0
	Total Earned Credits 18.0		
First Year - Block 04			
05/19/03 - 06/20/03			
IDPT 150	Neurosciences	PASS	8.0
	Total Earned Credits 56.0		
Continuous Curriculum 2003			
08/11/03 - 06/18/04			
IDPT 201	Doctor in Health & Illness/II	PASS	6.0
	Total Earned Credits 6.0		
Second Year - Block 01			
08/25/03 - 12/19/03			
IDPT 200	Found of Pathology/Pharmacol	HON	6.0
MICR 201	Immunity, Infection & Disease	PASS	12.0
	Total Earned Credits 18.0		
Second Year-Block 02 Extended			
11/17/03 - 05/14/04			
IDPT 202	Found of Clinical Medicine	PASS	32.0
IDPT 202	Cardiovascular/Water Balance	P	0.0
IDPT 202	Nephrology/Pulmonary	P	0.0
IDPT 202	GI/Endocrinology	P	0.0
IDPT 202	Neuro/Psych/Ophth	P	0.0
IDPT 202	Hematology/Neoplastic Diseas	P	0.0
IDPT 202	Derm/Musculoskel/Reproductive	P	0.0
IDPT 202	Topics in Clinical Medicine	P	0.0
IDPT 204	Physical Diagnosis	PASS	6.0
	Total Earned Credits 38.0		

****************** CONTINUED ON PAGE 2 ******************

SEAL VERIFIED

FEB 8 2007
Date

David R. Clawson
Senior Associate University Registrar
& University Director of Student Records

Student No: XXX-XX-6155   Date Issued: 08-FEB-2007

Record of: Sara Beth Pantzicky, M.D.
Level: First Professional

University Office of the Registrar
1015 Walnut Street, Room G-22
Philadelphia, PA 19107-5099
215-503-8734

Thomas Jefferson University

SUBJ	NO.	COURSE TITLE	GRADE	CREDITS
Continued:				
		Clinical Curriculum - Block 01		
		07/06/04 - 08/13/04		
PSYH	350	Clin Clkshp TJUH	EXCELL	7.0
PSYH	351	Examination	78	2.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 02		
		08/16/04 - 09/24/04		
PED	350	Clin Clkshp-Del Valley	GOOD	7.0
PED	351	Examination	82	2.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 03		
		09/27/04 - 11/05/04		
OBGY	350	Clin Clkshp MCD/Chr	HON	7.0
OBGY	351	Examination	85	2.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 04		
		11/08/04 - 12/17/04		
SURG	350	Clin Clkshp Lank	HON	7.0
SURG	351	Examination	85	2.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 16		
		01/03/05 - 01/28/05		
MED	350	Clin Clkshp-TJUH	+	0.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 17		
		01/31/05 - 02/25/05		
MED	350	Clin Clkshp-Lank		0.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 18		
		[illegible] - 03/25/05		

*********** CONTINUED ON NEXT COLUMN ***************

SUBJ	NO.	COURSE TITLE	GRADE	CREDITS
Continued:				
MED	350	Clin Clkshp Lank-3	EXCELL	14.0
MED	351	Examination	73	4.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 07		
		03/28/05 - 05/06/05		
FMED	350	Clin Clkshp TJUH	HON	7.0
FMED	351	Examination	87	2.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 08		
		05/09/05 - 06/17/05		
IDPT	410	Surg Subs-Cont/Wills Eye	PASS	4.5
IDPT	410	Surg Subs-Anest-Lank	PASS	4.5
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 10		
		07/05/05 - 07/29/05		
PATH	401	Adv Basic Sci TJUH	HON	6.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 11		
		08/01/05 - 08/26/05		
OBGY	408	Gyn Oncology TJUH	EXCELL	6.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 12		
		08/29/05 - 09/23/05		
OBGY	405	Clin Clkshp	GOOD	6.0
		Total Earned Credits 36.0		
		Clinical Curriculum - Block 13		
		09/26/05 - 10/21/05		
EMRG	495	Integrative Medicine	HON	6.0
		Total Earned Credits 36.0		

*********************** CONTINUED ON PAGE 3 ***********************

SEAL VERIFIED

David R. Clawson
Senior Associate University Registrar
& University Director of Student Records

[illegible] 2007
Date

Student No: XXX-XX-0155 Date Issued: 08-[illegible]-2007

Record of: Sara Beth [illegible], M.D.
Level: First Professional

University Office of the Registrar
1015 Walnut Street, Room G-22
Philadelphia, PA 19107-5092
215-503-8734

Thomas Jefferson University

SUBJ NO.	COURSE TITLE	GRADE	CREDITS
Continued:			
Clinical Curriculum - Block 14			
10/24/05 - 11/18/05			
RAD 401	Diag Rad TJUH	GOOD	6.0
	Total Earned Credits 36.0		
Clinical Curriculum - Block 15			
11/21/05 - 12/16/05			
SURG 450	Sub-I Lankenau	EXCELL	6.0
	Total Earned Credits 36.0		
Medical Clinical Curric-Blk 16			
01/03/06 - 01/27/06			
MED 492	Ambulatory Care	HON	6.0
	Total Earned Credits 18.0		
Medical Clinical Curric-Blk 17			
01/30/06 - 02/24/06			
EMRG 400	Emerg Med/Adv Clin Skills-Lank	GOOD	6.0
	Total Earned Credits 18.0		
Medical Clinical Curric-Blk 18			
02/27/06 - 03/24/06			
IDPT 480	Neuro/Rehab Medicine	PASS	6.0
	Total Earned Credits 18.0		

*** IN PROGRESS WORK ***

********************** END OF TRANSCRIPT **********************

SEAL VERIFIED

Date [illegible]

David [illegible]
Senior Associate University Registrar
& University Director of Student Records

JEFFERSON MEDICAL COLLEGE
of
THOMAS JEFFERSON UNIVERSITY

EXPLANATION ON THE EDUCATION PROGRAM

ACCREDITATION - Jefferson Medical College is accredited by the Liaison Committee on Medical Education.

THE CALENDAR - The calendar for the first two years of study consists of variable length blocks totaling 35 to 38 weeks each year. The clinical curriculum for the final two years consists of 100 weeks, of which 84 weeks are required, and 16 weeks are vacation. Phase I clinical curriculum is 60 weeks. Phase II clinical curriculum is 40 weeks.

COURSE DESIGNATION - All courses offered for credit by the departments of Jefferson Medical College, whether required or elective, laboratory sessions, lectures, or clerkships, are designated by Course number and title.

COURSE NUMBERING

100 - 199 First Year Courses (Core Curriculum)	300 - 399 Clinical Curriculum (Phase I)
200 - 299 Second Year Courses (Core Curriculum)	400 - 499 Clinical Curriculum (Phase II)

CORE CURRICULUM GRADING SYSTEM – Beginning with the 2002-03 academic year, an Honors (H), Pass (PAS), Fail (F) grading system was phased into the Core Curriculum. Prior to this, courses in the Basic Medical Sciences had a numerical grade in the range 0-100, with the minimal passing grade established at 70. Certain courses were issued grades of Superior (SU), Pass (P), or Fail (F).

CLINICAL CLERKSHIP GRADING SYSTEM - Phase I clinical courses have two grades recorded on the student's academic record. One grade is qualitative and reflects the student's overall clinical performance, skills, and attitude during the clerkship. These grades are designated as follows. The second grade reflects the knowledge component of that course as generally determined by objective examination. This grade is on a numerical scale of 0-100, with the minimum-passing grade established at 70.

Prior to 1997-98			1997-98 Forward		
HON (4)	=	High Honors	HON	=	High Honors
AEC (3)	=	Above Expected Competence	EXCEL	=	Excellent
EXP (2)	=	Expected Competence	GOOD	=	Good
MAR (1)	=	Marginal Competence	MAR	=	Marginal Competence
INC (I)	=	Incomplete	INC	=	Incomplete
F	=	Failure	F	=	Failure

Phase II clinical grades are recorded with the following grades. No objective examination is given.

HON (4)	=	High Honors
AEC (3)	=	Above Expected Competence
EXP (2)	=	Expected Competence
MAR (1)	=	Marginal Competence
INC (I)	=	Incomplete
F	=	Failure

HON = High Honors
EXCEL = Excellent
GOOD = Good
MAR = Marginal Competence
INC = Incomplete
F = Failure

NR NOTATION - "NR" indicates a course for which a student has been registered, but for which no grade had been received at the time the transcript was produced.

SEM COLUMN - The "SEM" column contains a one-digit standard error of measurement figure which was used with all computer analyzed objective examinations during the academic years of 1972-73 to 1986-87. The SEM was an indication of the probable range within which the student's true grade existed. For example, a grade of 84 with an SEM score of 2 would indicate a true grade in the range 82-86 (84 ± 2 points).

UNITED STATES MEDICAL LICENSING EXAMINATIONS - A passing score on the USMLE Step 1 Examination is required for promotion into the Third Year. Passage of the USMLE Step 2 Examination is required to graduate.

Omnibus HAS LITERAS Visuris

SALUTEM.

Quandoquidem **GRADUS ACADEMICI** eum in finem instituti fuerint, ut homines ingenio et doctrina praediti titulis praeter caeteros insignirentur, eo ut ipsis prosit, nec non aliorum provocetur industria et inter homines studium Virtutis et Bonarum Literarum augeatur: Quando etiam hoc potissimum spectant amplissima illa jura nostro Collegio publico Diplomate collata. Idcirco

NOTUM SIT, QUOD NOS, PRAESES ET PROFESSORES

Universitatis Thomasinae Jeffersonianae

IN REPUBLICA PENNSYLVANIENSI,

Sara Beth Pentlicky Hominem probum, nobis dereclissimum propter mores benevolos et omnes eas artes quae optimum quemque ornant, qui etiam scientia eximia in Arte Medica, aeque ac Chirurgica nostro Collegio sibi acquisita nobisque examinatione publica habita plenius manifesta, se dignum AMPLISSIMIS HONORIBUS ACADEMICIS ostendit, **Doctorem in Arte Medendi** creavimus et constituimus: Eique praefato Sara Beth Pentlicky hujus DIPLOMATIS virtute singula Jura, Honores et Privilegia ad Gradum Doctoris in Arte Medendi, inter nos et ubique gentium pertinentia, libentissime et plenissime concessimus et ratificamus.

In cujus rei fidem, **HÆC MEMBRANA**, Chirographis nostris subscripta et Sigillo Universitatis nostrae munita, testimonio sit.

Datum in URBE PHILADELPHIA, secundo die Junii Anno Humanae Salutis MMVI Annique Reipublicae Americanae Foederatae summae Potestatis anno ducentesimo tricesimo

PRAESES.

DECANUS, PRO PROFESSORIBUS.

SEAL VERIFIED

This is a true copy of the diploma issued to **Sara Beth Pentlicky**, who graduated from **Jefferson Medical College** with a **Doctor of Medicine** degree on June 2, 2006.

Sheryl High
Associate University Registrar

Thomas Jefferson University

University Office of the Registrar

TRANSLATION

DIPLOMA OF THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA

of

THOMAS JEFFERSON UNIVERSITY

Founded 1824

Jefferson Medical College

Jefferson College of Graduate Studies

Jefferson College of Health Professions

Jefferson University Physicians

TO ALL WHO SHALL SEE THESE WRITINGS, GREETING:

Forasmuch as academic degrees were instituted to the intent that persons endowed with learning and wisdom should be distinguished from others by honors, to the end that this might be profitable to them, and also that the industry of others might be stimulated and the exercise of virtue and the liberal arts be increased among mankind:-

And as the fullest rights conferred publicly by diploma in our College have this end in view:-

Therefore, be it known, that we, the President and Professors of Jefferson Medical College of Philadelphia of Thomas Jefferson University, in the Commonwealth of Pennsylvania, have created and constituted a Doctor in the Art of Healing, **SARA BETH PENTLICKY,** an honorable person endeared to us by correct morals and all those virtues which adorn every good person; who also, by his/her excellent knowledge of medical as well as of surgical art, acquired by him/her in our College, and manifested more fully in an examination publicly held by us, has shown himself/herself worthy of the fullest academic honors.

To the one thus referred to, **SARA BETH PENTLICKY,** have, by virtue of this diploma, most freely and fully granted and confirmed all the rights, honors and privileges belonging to the degree of **DOCTOR IN THE ART OF MEDICINE**, among ourselves, and all nations.

In evidence of which let this diploma, signed in our handwriting, and having appended the seal of the University, be a testimonial.

Given in the City of Philadelphia, on the **2nd day of June** in the year of human salvation **2006** and in the **230th year** of the sovereign power of the United States of America.

Sheryl High
Associate University Registrar

SEAL OF UNIVERSITY

SEAL VERIFIED

Section IV

Graduate Medical Education Training

Federation of STATE MEDICAL BOARDS

Federation Credentials Verification Service (FCVS)

Federation Place, P.O. Box 619850, Dallas, TX 75261-9850
Tel: (817) 868-5000 Fax: (817) 868-5099

Verification of Graduate Medical Education

Institution: University of Kentucky Medical Center
Address: OBSTETRICS AND GYNECOLOGY
Lexington, KY 40536

Attention: **Program Director**
Affiliated University: ____

Verification For:

Name: **Pentlicky, Sara Beth**
DOB: [redacted]
Individual's Name on Record (If different from above): ____

Program Participation:

Important:
Report incomplete Training Levels (years) separate from those that were successfully completed.

If the training level (year) is currently in progress report the expected completion date in the "To" field.

Report Internships, Residencies and Fellowships separately.

Use one section per Department/Specialty. If the Department/Specialty is rotating or transitional, please provide a schedule of rotations.

ACGME OK

Training Level: 1 (e.g., 1, 2, 3, etc.)
☒ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship ☐ Research
Specialty/Subspecialty: Obstetrics and Gynecology
From: 7/1/2006 To: 6/30/2007
Successfully Completed?: ☒ Yes ☐ No ☐ In Progress
Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Training Level: 2/3 (e.g., 1, 2, 3, etc.)
☐ Internship ☒ Residency ☐ Chief Residency ☐ Fellowship ☐ Research
Specialty/Subspecialty: Obstetrics and Gynecology
From: 7/1/2007 To: 6/30/2009
Successfully Completed?: ☒ Yes ☐ No ☐ In Progress
Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Training Level: 4 (e.g., 1, 2, 3, etc.)
☐ Internship ☐ Residency ☒ Chief Residency ☐ Fellowship ☐ Research
Specialty/Subspecialty: Obstetrics and Gynecology
From: 7/1/2009 To: 6/30/2010
Successfully Completed?: ☐ Yes ☐ No ☒ In Progress
Accredited by: ☒ ACGME ☐ AOA ☐ LCGME ☐ RSC ☐ CFPC ☐ RCPSC ☐ APPAP ☐ None of these

Unusual Circumstances:

Check the correct response. Omitted responses require written explanation.

If necessary, you may continue your explanation on a separate sheet of paper.

1. Did this individual ever take a leave of absence or break from his/her training? ☐ Yes ☒ No
2. Was this individual ever placed on probation? ☐ Yes ☒ No
3. Was this individual ever disciplined or placed under investigation? ☐ Yes ☒ No
4. Were any negative reports for behavioral reasons ever filed by instructors? ☐ Yes ☒ No
5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? ☐ Yes ☒ No

Please explain any "Yes" response from above:

____

____

ELECTRONIC SEAL VERIFIED

Certification:

Affix your institutional seal in this space. If no seal is available, you must have this form notarized

Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature, or the electronic typed signature, of the program director (M.D./D.O. only).

Name: Wendy Hansen
Signature: *Wendy F Hansen MD*
Institutional Title of Signatory (e.g., Program Director): Program Director
Date of Signature: 02/11/2010
Tel: ____ Fax: ____ E-Mail: wfhans2@email.uky.edu

Postgraduate Medical Education

Hospital	University of Kentucky
Affiliated School	
	800 Rose St.
	Lexington, KY 40536

Year(s)	1-4	**Program Type**	Residency
Complete?	In progress	**Specialty/Subspecialty**	Obstetrics and Gynecology
Dates	07/2006 - 06/2010		

Unusual Circumstances

Leaves/Extensions	N
Probation	N
Disciplined	N
Negative Reports	N
Limits	N

Section V

Examination History/Score Transcripts

USMLE
United States Medical Licensing Examination™

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

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 -- Telephone (817) 868-4041

Date : 02/04/2010

Recipient:

Federation Credentials Verification Service
ATTN: FCVS

Packet ID: 69379

Examinee ID#: 5-133-691-5
Examinee: Pentlicky, Sara Beth
Date of Birth: [redacted]
Alt Name(s):

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score Total	Three-Digit Score MP	Two-Digit Score Total	Two-Digit Score MP	Comments
06/24/2004	Pass	218	182	88	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score Total	Three-Digit Score MP	Two-Digit Score Total	Two-Digit Score MP	Comments
06/28/2005	Pass	219	182	89	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score Total	Three-Digit Score MP	Two-Digit Score Total	Two-Digit Score MP	Comments
02/08/2006	Pass					

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score Total	Three-Digit Score MP	Two-Digit Score Total	Two-Digit Score MP	Comments
KENTUCKY	01/15/2007	Pass	195	184	80	75	

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

209459

RECEIVED DIRECT

49-101 (REV. 02-09)
State Board of Medicine
717-783-1400
717-787-2381

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant:

Name: Pentlicky (Last) Sara (First) Beth. (Middle)

Name of medical school: Jefferson Medical College.

Location: Philadelphia, PA.

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

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

Name of medical student: Sara Pentlicky

RECEIVED DEC 21 2009

Date student began to attend this medical school: 08/26/2002 (MM/DD/YYYY)

Date of graduation: 06/02 ☆ 05/28/2006 (MM/DD/YYYY)

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar: SHERYL HIGH
Sheryl High - ASSOCIATE REGISTRAR

Date: 12/17/09

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

DO NOT RETURN TO APPLICANT

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

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

RECEIVED DEC 21 2009 By

Sara B. Pentlicky
[redacted]
Lexington, KY 40502
[redacted]@email.uky.edu
[redacted]

EDUCATION

University of Kentucky, Department of Obstetrics and Gynecology, Lexington, KY
Started 6/2006-Current
Currently PGY-3 (as of July 1, 2008)

Jefferson Medical College, Thomas Jefferson University, Philadelphia, PA (2002-2006)
Graduated June 2006

Rutgers College, Rutgers University, New Brunswick, NJ (1996-2000)
Graduated May 2000 cum laude
Bachelor of Arts in Molecular Biology and Biochemistry, Minor in Philosophy
Henry Rutgers Scholar, Rutgers College Honors Program
Studied abroad in Costa Rica

Mount Saint Mary Academy, Watchung, NJ
Graduated May 1996, magna cum laude

HONORS AND AWARDS

University of Kentucky
Berlex Resident Teaching Award 6/2008
Clinical Housestaff Teaching Award 6/2007

Jefferson Medical College
Honors in Pathology and Pharmacology (Fall 2003)
High Honors in Obstetrics and Gynecology (Fall 2004)
High Honors in Surgery (Fall 2004)
High Honors in Family Medicine (Spring 2005)
High Honors in Pathology- Advanced Basic Science (Summer 2005)
Honors Maternal Fetal Medicine at Brown University Women and Infants' Hospital (Summer 2005)

Rutgers University
Henry Rutgers Scholar
Thesis entitled "Targeting the U1 snRNP for Inhibition of a Single Gene Product"
Golden Key National Honor Society

WORK EXPERIENCE

Rutgers Preparatory School, Somerset, NJ
Advanced High School Biology Instructor
Summer 2003
Developed lesson plans and labs for high school students wishing to finish biology in the summer and move ahead to Advanced Placement courses.

Laboratory of Stephen M. Smith, M.D., St. Michael's Medical Center, Newark, NJ
Research Assistant and Lab Manager in Infectious Diseases
June 2000-August 2002
Designed and performed research projects on Human and Simian Immunodeficiency Viruses pertaining to virus stability, tenacity and specific protein functions. Participated on a team that was working to design a vaccine model.

Laboratory of Samuel Gunderson, PhD, Rutgers University, Piscataway, NJ
Research Assistant
October 1997-May 2000
Conducted research in autoimmune disease processes while perfecting molecular biology techniques. Completed a Henry Rutgers Senior Honors Thesis (2).

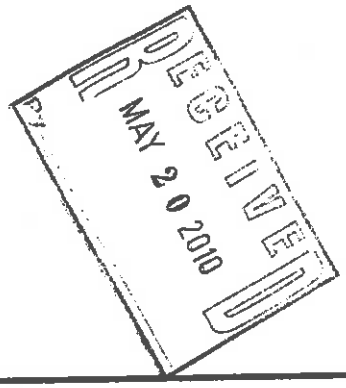
National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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

5500000060494532
Process Date: 03/01/2010
Page: 1 of 1

To: PENTLICKY, SARA

STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649



From: National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended, and Section 1921 of the Social Security Act as well as the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners. Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), HRSA, Division of Practitioner Data Banks.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB is a flagging system and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO $11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (http://www.npdb-hipdb.hrsa.gov) or contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

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

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

5500000060494532
Process Date: 03/01/2010
Page: 1 of 1

SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

[X] Title IV (NPDB) [X] Section 1921 (NPDB) [X] Section 1128E (HIPDB)

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

Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name:	PENTLICKY, SARA
Gender:	FEMALE
Date of Birth:	[redacted]
Other Name(s) Used:	
Organization Name:	UNIVERSITY OF PENNSYLVANIA
Organization Type:	GENERAL/ACUTE CARE HOSPITAL (301)
Home or Work Address:	STATE BOARD OF MEDICINE P.O. BOX 2649
City, State, ZIP:	HARRISBURG, PA 17105-2649
Telephone:	[redacted]
Social Security Numbers (SSN):	[redacted]
Individual Taxpayer Identification Numbers (ITIN):	
Professional School(s) & Year of Graduation:	RUTGERS UNIVERSITY (2000) THOMAS JEFFERSON UNIVERSITY- JEFFERSON MEDICAL COLLEGE (2006) UNIVERSITY OF KENTUCKY- RESIDENCY OBGYN (2010)
Occupation/Field of Licensure (Code):	PHYSICIAN INTERN/RESIDENT (MD) (015)
State License Number, State of Licensure:	R1330, KY
Specialty:	OBSTETRICS & GYNECOLOGY (50)
Drug Enforcement Administration (DEA) Numbers:	FP0515190
National Provider Identifiers (NPI):	1740456649
Federal Employer Identification Numbers (FEIN):	
Unique Physician Identification Numbers (UPIN):	

RECEIVED
BY MAY 20 2010

C. PAYMENT INFORMATION

Credit Card Number:	[redacted]	Expiration Date:	08/2010
Additional Paper Copies Requested:	0		
NPDB Charge:	$8.00*	NPDB Bill Reference Number:	N22281181
HIPDB Charge:	$8.00*	HIPDB Bill Reference Number:	H22281181
		Transaction Date:	03/01/2010

* Each charge will appear separately on your credit card statement.

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO $11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

training

SBMD

Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
Phone (502)429-7150 Fax (502) 429-7158

RECEIVED DIRECT

Name: Sara Beth Pentlicky
Address: UKMC HQ101, 800 Rose St.
City, State, Zip Lexington KY 40536
License: R1330
Status: Residency
Expiration: 6/30/2010 0:00:00
Practice County: Fayette
***Area of Practice:** Obstetrics/Gynecology
Type of Practice: Resident/Fellow
Year Licensed in KY: 7/1/2007 0:00:00
Medical School: Jefferson Medical College of Thomas Jefferson Univ., Philadelphia
Year Graduated: 2006
Board Action: None

*The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: http://www.abms.org to determine if the physician has earned a specialty certification from this private agency.

Stephanie Simpson
Verification Coordinator

RECEIVED
FEB 22 2010
By

Simpson, Stephanie (KBML)

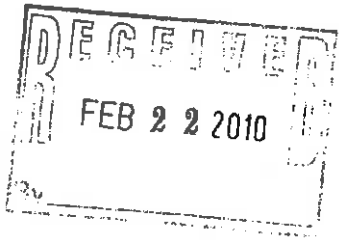
From: sara pentlicky [redacted]@gmail.com]
Sent: Tuesday, February 02, 2010 2:04 PM
To: Simpson, Stephanie (KBML)
Subject: request letters of good standing

Dear Ms. Simpson,

We spoke today regarding my request for letters of good standing. I currently hold a training license in the state of KY- license # R1330.
I am applying for an unrestricted license in the commonwealth of Pennsylvania. If you need any more information please let me know.

Thank you.
Sara

--
Sara Pentlicky, M.D.
Dept. Obstetrics and Gynecology
University of Kentucky
800 Rose Street
Lexington, KY 40536
[redacted]@email.uky.edu
[redacted]



49-101 (REV. 02-09)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@state.pa.us

NOT DIRECT
Came w/app
by applicant

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

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates

NAME: Penthicky (Last) Sara (First) Beth. (Middle)

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

This Section to be completed by the program director at the hospital where the graduate training occurred.

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Chandler Medical Center

NAME OF SPONSORING INSTITUTION: University of Kentucky

LOCATED IN: Lexington (City) KY (State)

1st Year from 07/01/2006 To 06/30/2007 Specialty OBgyN Level (PGY) 1

2nd Year from 07/01/2007 To 06/30/2008 Specialty OBgyN. Level (PGY) 2

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

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

Wendy J Hamers
Program Director's Signature:

12/9/09
Date:

[Seal of Hospital]

FEB 12 2010

[notary seal]

Notary's Signature: Erin Shaw

Notary's Commission expires on: March 31, 2013

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

FEB 12 2010

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

February 16, 2010

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

Re: Board Action Query Dated: February 16, 2010
Your Reference Number: SB
FSMB Batch Number: BQ1722582

The following is a report of the search results from the Board Action Data Bank as of February 16, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of February 16, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
1	FRITZ, JASON	[redacted]		2003	21920277
		LICENSE HISTORY State Board OHIO			
2	GUZON, OSLER	[redacted]		2001	21920281
		LICENSE HISTORY State Board MISSOURI NEW JERSEY NEW YORK			
4	IANNETTI, MICHAEL	[redacted]		2007	21920293
		LICENSE HISTORY State Board WEST VIRGINIA			
3	PENTLICKY, SARA	[redacted]		2006	21920286
		LICENSE HISTORY State Board No License Information Available			
5	RODRIGUEZ, ROBERTO	[redacted]		1999	21920301
		LICENSE HISTORY State Board MASSACHUSETTS NEW JERSEY			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

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

February 25, 2010

SARA BETH PENTLICKY 9849
[redacted]
LEXINGTON KY 40502

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

EVALUATOR: SANDY B

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (**www.npdb-hipdb.com**) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**
  - YOUR SELF QUERY WAS RETURNED TO YOU ON 2/16 WITH INSTRUCTIONS. WE NEED THE COMPLETED REPORT.

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: QzDXRvmw

Sincerely,

Pennsylvania State Board of Medicine

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

February 16, 2010

SARA BETH PENTLICKY 9849
[redacted]
LEXINGTON KY 40502

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

EVALUATOR: SANDY B

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelope.**
  - APPLICATION INDICATES YOU'RE USING FCVS. WE RECEIVED YOUR MEDICAL TRAINING FORM WITH YOUR APPLICATION MAILED BY YOU AND WE CANNOT ACCEPT IT SINCE IT WAS NOT SENT DIRECTLY FROM CHANDLER MEDICAL CENTER. IF YOU DO NOT WANT TO WAIT FOR FCVS, YOU CAN HAVE CHANDLER MAIL THE FORM DIRECTLY TO US.

2-25

- USMLE scores **must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope. (817-868-4000)**

- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (**www.npdb-hipdb.com**) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**
  - WE ARE RETURNING YOUR SELF-QUERY WHICH SHOULD BE MAILED DIRECTLY TO CHANTILY VA. THEY WILL EMAIL/MAIL YOU 2 COMPLETED REPORTS. THIS IS WHAT YOU SEND TO US.

APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: QzDXRvmw

Sincerely,

Pennsylvania State Board of Medicine

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

May 24, 2010

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

Re: Board Action Query Dated: May 24, 2010
Your Reference Number: SB
FSMB Batch Number: BQ1764756

The following is a report of the search results from the Board Action Data Bank as of May 24, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 24, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
1	PENTLICKY, SARA	[redacted]		2006	22289816

LICENSE HISTORY
State Board
No License Information Available

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

[redacted]

TARGET SHEET

Board: Medicine

Licensee Full Name:
SARA BETH PENTLICKY

License No:
MD440124

[redacted]

2766378_LIC_2_12/19/2014

[redacted]

Read, Nancy

From: Sara Pentlicky [[redacted]@gmail.com]
Sent: Thursday, December 18, 2014 4:06 PM
To: ST, MEDICINE
Subject: Re: NAME CHANGE ****IMPORTANT**** LICENSE RENEWAL DISCREPANCY NOTICE

To whom it may concern,

I answered this question in error.

Pentlicky, Sara

License # MD440124

Sincerely,
Sara Pentlicky

On Thu, Dec 18, 2014 at 5:58 AM, ST, MEDICINE <ra-medicine@pa.gov> wrote:

Dear Licensee:

Thank you for processing your license renewal via our online renewal system.

Based on the answer(s) you provided to one or more of the questions on the renewal application, you are required to submit documentation before the license record can be renewed. You are required to send the Board the appropriate documentation regarding that answer as indicated below.

If you have more than one discrepancy, you will receive more than one automated email message.

Each discrepancy will be addressed in a separate email message.

Please be advised that your license WILL NOT be renewed until such time as the information and/or documents outlined below are received.

Question - "Are you submitting a name change with this renewal?"

A COPY OF THE LEGAL DOCUMENT RELATING TO YOUR NAME CHANGE MUST BE SUBMITTED (MARRIAGE CERTIFICATE, DIVORCE DECREE OR LEGAL COURT DOCUMENT).

IF YOU ANSWERED THIS QUESTION IN ERROR, PLEASE PROVIDE A WRITTEN STATEMENT TO THE BOARD INDICATING THAT THIS QUESTION WAS ANSWERED IN ERROR.

To assist with expediting the processing your renewal, please include a copy of this email with all documents that you return to the Board. Be sure to PRINT your name and license number below:

_____

Last, **First**

License No. _____

State Board of Medicine

PO Box 2649

Harrisburg, PA 17105

Telephone: 717-783-1400

Email: st-medicine@pa.gov

Web Site: www.dos.state.pa.us/med

TARGET SHEET

Board: Medicine

Licensee Full Name:
SARA BETH PENTLICKY

License No:
MD440124

2766378_LIC_5_03/23/2012

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

March 23, 2012

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

SARA BETH PENTLICKY 9849
[redacted]
PHILADELPHIA PA 19130

RE: MD440124

RE: Continuing Education Audit

Dear Licensee:

The State Board of Medicine received your response to the continuing medical education audit being conducted. The information provided has been reviewed and this hereby certifies your compliance with the continuing medical education requirement for the January 1, 2009 – December 31, 2010 biennial renewal period.

Should you have any questions, please contact the Board.

Sincerely,

State Board of Medicine

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

January 30, 2012

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

SARA BETH PENTLICKY 9849
[redacted]
PHILADELPHIA PA 19130

RE: MD440124

Dear Doctor:

You have been randomly selected for audit of the continuing education hours claimed for the renewal of your physician and surgeon license through December 31, 2010. The State Board of Medicine requires completion of 100 hours of AMA PRA Category 1 or 2 hours of continuing education as outline below:

- Twenty (20) credit hours must be completed in AMA PRA Category 1 activities.
- The remaining eighty (80) credit hours may be completed in either Category 1 or Category 2 approved activities.
- A minimum of 12 hours of the 100 must be completed in activities related to patient safety or risk management and may be completed in either Category 1 or 2.
- Details regarding continuing education accepted as Category 1 and 2 can be found on the Board's web site at www.dos.state.pa.us/med.

You must now submit **copies** of your continuing education documentation totaling a minimum of 100 hours for the renewal period 1/1/09 through 12/31/10. When submitting Category 1 hours, copies should be 8 ½" x 11" and must include your name, name of sponsor, course title, date of completion and number and category of CME credits awarded. **Do not submit** registration receipts, course agendas, or activity sheets. These do not provide all the information necessary to determine eligibility as outlined above. If you no longer have your certificates, you must contact the course provider for duplicates. **THE DOCUMENTATION SUBMITTED WILL NOT BE RETURNED.**

Please complete the verification statement below and return this entire page with copies of your continuing education documentation **no later than 30 days from the date of this audit notice.** If you were exempt from the CME requirement during the required time period, please complete and return this audit notice with documentation of your exemption.

Failure to satisfactorily comply with this audit request will result in a referral to the Professional Compliance Office, which may result in disciplinary proceedings under **Section 41 (6) of the Medical Practice Act of 1985 (63 P.S. 422.41 (6).** Thank you for your cooperation.

Sincerely,
State Board of Medicine

VERIFICATION STATEMENT

I have attached copies of approved continuing education for programs I completed during the licensure period 1/1/09 through 12/31/10.

[redacted] 2/16/2012
Signature (Required) Date

N/A Please see attached letter.

Penn Medicine

Department of Obstetrics and Gynecology

Penn Family Planning & Pregnancy Loss Center

February 16, 2012

Commonwealth of Pennsylvania

State Board of Medicine

PO Box 2649

Harrisburg, Pennsylvania 17105

Dear Ma'am or Sir;

Please note that I am currently participating in a Fellowship Program with the University of Pennsylvania Health System's Department of Obstetrics & Gynecology. I did not move to, or practice in, the state of Pennsylvania until July of 2010. I have called the State Board of Medicine to determine if I am eligible for an audit of continuing education hours and was advised to draft and fax this letter to your attention, as I should not have been selected for an audit at this time.

Thank you for your attention to this.

Please feel free to contact me with any further questions.

Sincerely,

[redacted]

Sara Beth Pentlicky, MD

1000 Courtyard | 3400 Spruce Street | Philadelphia, PA 19104-4283 | Tel: 215.615.5234 | Fax: 215.615.5319

Penn Medicine

Department of Obstetrics and Gynecology

Penn Family Planning & Pregnancy Loss Center

March 19, 2012

Commonwealth of Pennsylvania

State Board of Medicine

PO Box 2649

Harrisburg, Pennsylvania 17105

Dear Ma'am or Sir;

I am writing this letter in reference to Sara Beth Pentlicky, MD. Recently, she received notice that she was selected for a random audit of continuing education hours for the time period of 1/1/09 through 12/31/10. Dr Pentlicky is currently participating in a Fellowship program with our health system. Additionally, her residency program occurred in Kentucky and ended June 30, 2010 (she was still in residency during the time period to be audited). Dr Pentlicky started her program at the University or Pennsylvania in July of 2010. She did not have a Pennsylvania Medical License prior to this.

We have called the state and were told to submit a letter detailing why she is ineligible for this audit at this time. I am including a copy of Dr Pentlicky's original correspondence, a copy confirming her completion of residency, and the original notification from the state informing her of the audit.

If anything else is needed, please do not hesitate to contact me.

Thank you in advance for your assistance with this matter.

Sincerely

[redacted]

Jenifer Groves, MEd, MBA

Program Manager

University of Kentucky
Albert B. Chandler Medical Center
University Hospital and Affiliated Hospitals

UK

This Certificate is Awarded to

Sara Beth Pentlicky, M.D.

who served as

Resident in Obstetrics & Gynecology
from July 1, 2006 to June 30, 2010

Chief Resident from July 1, 2009 to June 30, 2010

In witness whereof the undersigned have caused this Certificate to be signed by their Duly Authorized Officers.

Dean

Executive Vice President for Health Affairs

Chairperson

Program Director

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

February 24, 2012

SARA BETH PENTLICKY 9849
[redacted]
PHILADELPHIA PA 19130

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

RE: MD440124

AUDITOR: TERRY

RE: CME DISCREPANCY NOTICE – Medical Doctor

Dear Doctor:

As a result of our request to audit your continuing medical education, you provided the Board with copies of your CME certificates. After a review of the documents provided, the following discrepancies have been found:

- Verification is needed of your fellowship enrollment between 1/1/09 and 12/31/10.

  Please have the University of Pennsylvania Health System's Department of Obstetrics and Gynecology send a letter on their official letterhead indicating the dates of enrollment in their program. Since this fellowship was under an unrestricted license and not a Graduate Medical Training license, we must have verification from the fellowship program of your participation or a copy of you graduation certificate.

PLEASE SUBMIT THE NECESSARY INFORMATION TO RESOLVE THIS DISCREPANCY. THE REQUESTED INFORMATION MUST BE RECEIVED IN THE BOARD OFFICE WITHIN 30-DAYS FROM THE DATE OF THIS LETTER.

Person Info
Name: SARA BETH PENTLICKY
Address Info

Street Address [redacted] **Email** [redacted]@gmail.com
Phone [redacted]
Fax
City Seattle
State WA
Zipcode 98102
Country 82
County King

Are you submitting a name change with this renewal?	N
Have you completed your current CE requirements?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	MD in WA, ID and KY
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?	[redacted]
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. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here.	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	N
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.	I practice outside of PA
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	98122

Date Submitted: Tuesday, December 06, 2016

Education Info

No education records

Employment Information

No employment records

Person Info
Name:SARA BETH PENTLICKY
Address Info
Street Address [redacted] **Email** [redacted]@gmail.com
Phoneapt [redacted]
Fax
CityPhiladelphia
StatePA
Zipcode19123
Country82
CountyPhiladelphia

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	N
	N

Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	
Since your initial application or 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:SARA BETH PENTLICKY
Address Info
Email: [redacted]@GMAIL.COM
Street Address [redacted]
Phonesecond floor [redacted]
Fax
CityPhiladelphia
StatePA
Zipcode19130
Country82
CountyPhiladelphia

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to	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?	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

Person Info
Name:SARA BETH PENTLICKY
Address Info
Street Address [redacted] **Email:** [redacted]@GMAIL.COM
Phonesecond floor [redacted]
Fax
CityPhiladelphia
StatePA
Zipcode19130
Country82
CountyPhiladelphia

Survey Response Summary
Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to	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?	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

Person Info
Name: SARA BETH PENTLICKY
Address Info
Street Address [redacted] **Email** [redacted]@gmail.com
Phon [redacted]
Fax
City Seattle
State WA
Zipcode 98102
Country 82
County King

Are you submitting a name change with this renewal?	Y
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.	MD- WA, KY, ID
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?	[redacted]
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.	I am currently not practicing in PA. If I return to PA to practice I will have professional liability coverage.

Date Submitted: Wednesday, December 17, 2014

Education Info

No education records

Employment Information
No employment records

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
POST OFFICE BOX 2649
HARRISBURG, PA 17105-2649
www.dos.pa.gov

01/10/2017

VERIFICATION/CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME:	PENTLICKY, SARA
LICENSE TYPE:	Medical Physician and Surgeon
LICENSE #:	MD440124
LICENSE STATUS:	Active
LICENSE ISSUE DATE:	05/24/2010
LICENSE EXPIRATION DATE:	12/31/2018
DISCIPLINARY HISTORY:	No Disciplinary Action Exists

Ian J. Harlow, Commissioner
Bureau of Professional and Occupational Affairs

myLicense Renewal Question Responses
License Number: MD440124
Name : SARA BETH PENTLICKY

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 juristiction?	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 : 12/24/2010 12:15:10AM

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 juristiction?	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

Online Submission Date : 12/17/2014 7:15:52PM

Renewal Question	Response
Are you submitting a name change with this renewal?	Y
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 juristiction?	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: MD440124
Name : SARA BETH PENTLICKY

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.	MD-WA, KY, ID
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	[redacted]
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?	[redacted]
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.	I AM
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	N

Online Submission Date : 12/6/2016 7:21:12PM

Renewal Question	Response
Are you submitting a name change with this renewal?	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 juristiction?	N
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?	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.	MD IN WA, ID
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	[redacted]
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 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.	I PRACTICE
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 any health-related profession in any state or jurisdiction?	Y
Have you completed your current CE requirements?	Y

myLicense Renewal Question Responses

License Number: MD440124

Name : SARA BETH PENTLICKY

Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	98122