

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

Official Use Only

020905

M D - 0 3 6 3 5 4 - L

G O P A L R N E W

THIS IS YOUR RENEWAL NOTICE

T A GOPAL  
ALLENTOWN MEDICAL CENTER  
SUITE 304  
401 N 17TH STREET  
ALLENTOWN, PA 18104

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

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

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

IF, SINCE YOUR LAST RENEWAL, YOU HAVE EXPERIENCED DIFFICULTIES AS A RESULT OF ALCOHOL OR OTHER DRUGS SUCH AS DIAGNOSIS OF/ TREATMENT FOR CHEMICAL DEPENDENCY OR ABUSE OR ARRESTS FOR CHEMICAL-USE-RELATED OFFENSES, YOU MAY CONTACT THE BUREAU'S IMPAIRED PROFESSIONAL PROGRAM FOR CONFIDENTIAL INFORMATION AND ASSISTANCE AT 1-800-554-3428.

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

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

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

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

IF YOU WANT TO HAVE YOUR LICENSE PLACED ON "INACTIVE" STATUS, CHECK HERE.  
NO FEE IS REQUIRED FOR INACTIVE STATUS. YOU ARE STILL REQUIRED TO ANSWER THE ABOVE QUESTIONS AND SIGN BELOW.

SIGNATURE \_\_\_\_\_

DATE 9/28/94

M D 036354  
GOPAL RNEW

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

THIS IS YOUR RENEWAL NOTICE

T. V. GOPAL  
ALLENTOWN MEDICAL CENTER  
SUITE 304  
401 N 17TH STREET  
ALLENTOWN, PA 18104

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

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

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

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

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

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

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" PLACE AN "X" IN THE BLANK TO THE RIGHT. IF NONE IS REQUIRED, YOU ARE STILL REQUIRED TO ANSWER THE QUESTIONS ABOVE.

SIGN AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION

SOCIAL SECURITY NUMBER [REDACTED] DATE OF BIRTH: [REDACTED]  
NAME OF MEDICAL SCHOOL: GRANT MEDICAL SCHOOL, Bombay, India YEAR OF GRADUATION: 1971

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

SIGNATURE: [REDACTED] DATE: 10/2/96

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

Official Use Only 011891  
MD - 036354 - L  
G O P A L R E N E W

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

T A GOPAL  
ALLENTOWN MEDICAL CENTER  
SUITE 304  
401 N 17TH STREET  
ALLENTOWN, PA 18104

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

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

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

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

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

- YES NO
- ( ) 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW.
  - ( ) 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
  - ( ) 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED GUILTY, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTED OR DISMISSED), WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
  - ( ) 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REPOSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
  - ( ) 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
  - ( ) 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

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

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 1224, RELATING TO UNKNOWN FALSIFICATION TO AUTHORITIES.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**

— TIRUN A GOPAL

**License No:**

MD036354L

579146\_LIC\_2\_10/25/2012

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

RENEWAL APPLICATION – PHYSICIAN AND SURGEON (MD)

Full Name TIRUN A. GOPAL  
 Street Address [REDACTED] STE 305  
 City ALLENTOWN PA State PA Zip Code 18104  
 License Number MD036354L

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

Check if appropriate

ADDRESS CHANGE – The address above is a new address and not on file with the Board.

NAME CHANGE – The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

- I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. Form must still be completed – questions answered, signed and dated.
- I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements. Renewal must be completed and fee required.

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

YES	NO	If you answered yes to questions 2 through 8, provide details AND attach certified copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN
✓		1. Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction? LIST: <u>CALIFORNIA</u>
	✓	2. 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?
	✓	3. 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 state or jurisdiction?
	✓	4. 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, accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court?
	✓	5. Since your initial application or your 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?
	✓	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, 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. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	✓	8. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and <u>the date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
✓		9. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.


**SECTION B – CONTINUING EDUCATION – SELECT ONE BELOW.** *You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2014.*

- During this renewal cycle (1/1/11-12/31/12) I have completed the required 100 hours of continuing education with at least 20 hours in courses granted AMA Category 1 approval and at least 12 credit hours in approved activities in the area of patient safety/risk management.
- I am currently enrolled/have participated in an accredited training program during this renewal cycle (1/1/11-12/31/12) and I am exempt from the continuing education requirement.

**SECTION C – VERIFICATION OF INFORMATION**

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

Signature of Licensee (Mandatory): \_\_\_\_\_

  
\_\_\_\_\_  
ND

Date: \_\_\_\_\_

10/2/12

EXPIRATION DATE: →	<b>December 31, 2012</b>
FEE – Payable to “COMMONWEALTH OF PENNSYLVANIA” →	Fee-waived for 2012 renewal only!
<b>PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES</b>	
<b>TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES</b>	
<b>RETURN BY: DECEMBER 1, 2012</b>	

IN THE COURT OF COMMON PLEAS OF LEHIGH COUNTY, PENNSYLVANIA  
CIVIL DIVISION

TIRUNILAYI ANANTHARAMAN  
GOPALAKRISHNAN,

Petitioner.

IN RE: CHANGE OF NAME

No. 2012-C-1820

**ORDER**

NOW, this 15<sup>th</sup> day of June, 2012, upon consideration of the Petition For Name Change for Tirunilayi Anantharaman Gopalakrishnan, Petitioner, and upon presentation of Proof of Publication of Notice as required by law together with proof that there are no judgments or decrees of record or any other matter of like effect against the Petitioner, and it appearing that there is no legal objection to the granting of the prayer of the Petitioner,

IT IS ORDERED that the name of Petitioner be and is hereby changed to TIRUN A. GOPAL.

BY THE COURT:



I, Andrea E. Naugle, Clerk of Judicial Records of the Court of Common Pleas of Lehigh County, Allentown, PA do certify that this is a true and correct copy of the original record filed in said Court.  
Andrea E. Naugle, Clerk of Judicial Records

6/16/12 Camery  
Date Deputy

FILED  
12 JUN 15 AM 9:45  
CLERK OF COURTS  
CIVIL  
LEHIGH COUNTY, PA



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
**TIRUN A GOPAL**

**License No:**  
**MD036354L**

579146\_LIC\_2\_12/31/2014



**ONLINE RENEWAL INFORMATION**

**TIRUN A GOPAL**

**LICENSE TYPE: Medical Physician and Surgeon**

**LICENSE NUMBER: MD036354L**

**REGISTRATION CODE: 94T22320**

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

Go to [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us). Follow the on-screen instructions to complete your renewal, and you will receive immediate confirmation that it has been processed. We encourage you to renew by **12/01/2014** to ensure receipt of your license prior to the expiration date. To renew online, you will need a valid credit card and your registration code (94T22320).

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



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

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

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

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

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

Person Info  
**Name:**T A GOPAL  
 Address Info  
**Street Address** [REDACTED] **Email:** [REDACTED]@gmail.com  
**Phone** [REDACTED]  
**Fax** [REDACTED] 6104327794  
**City**ALLENTOWN  
**State**PA  
**Zipcode**18104  
**Country**82  
**County**Lehigh

Survey Response Summary  
 Question Response Summary

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

Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
No education records	
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	

**myLicense Renewal Question Responses**

**License Number: MD036354L**

**Name : TIRUN A GOPAL**

**Online Submission Date :**

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

**Online Submission Date : 11/24/2004 6:39:14AM**

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

**Online Submission Date : 10/24/2006 7:52:29AM**

<b>Renewal Question</b>	<b>Response</b>
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N

**myLicense Renewal Question Responses**

**License Number: MD036354L**

**Name : TIRUN A GOPAL**

Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility? N  
Since your last renewal, have you had your DEA registration denied, revoked or restricted? N  
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country? N  
Do you maintain current medical professional liability insurance in the Commonwealth? Y  
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit? N

**Online Submission Date : 10/16/2008 2:20:03PM**

<b>Renewal Question</b>	<b>Response</b>
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 jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N

**Online Submission Date : 10/3/2012 12:16:49AM**

<b>Renewal Question</b>	<b>Response</b>
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 jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N