Official Use Only

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

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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 11, 1996 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$60.00, MADE PAYABLE TO THE "COMMONWEALTH OF PA." RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY PEE 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 MEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE.

YOU ARE HERBBY 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
PROPESSIONAL PROGRAM FOR COMPIDENTIAL INFORMATION AND ASSISTANCE AT 1-800-554-1428.

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 PINAL DISPOSITION, WHICHEVER IS SOONER.

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

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DATE 9138/94

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THIS IS YOUR RENEWAL NOTICE

T.W GOPAL ALLEBTOWN MEDICAL CENTER BUITH 304-401 N 17TH STREET ALLENTOWN: PA 18104 P.O. BOX 8414 HARRISBURG, PA. 17105-8414

CONTROL JOENS TO PRACTICE MEDICINE AND SUSMEN IN FERNSYLVANIA WILL EXCITE ON DECEMBER 31, 1945. TO RENEW THOUGHT LESS AND SUBMIT A CHECK OF NOMEY OFFICE IN THE AMOUNT OF SEC.OF, JULIE 104 DIG THE TOMORY OF THE AMOUNT OF SEC.OF, JULIE 104 DIG THE TOMORY OF THE TOMORY OF THE PENALTY PER OF \$5,00 DIG THE TOMORY OF THE PENALTY PER OF \$5,00 DIG THE THIN SE CHARGED FOR REMEMBER AFTER DECEMBER 31, 1996: A PROCESSING PER OF \$20.00 WILL BE CHARGED FOR THE THE MONEY CREEK FOR MONEY CAMER PROPRIES OF THE FEASON. TO YOU HAVE A CHARGE IN NAME AND/OR ATTEMBED THE THE CHARGE DEAT TO THE PRE-PRINTED RAME AND ADDRESS AND ATTACH A COPY OF LEGAL POCUMENTATION OF THE NAME CHARGE.

TICE OF YOU PRACTICE IN PRINCYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROPERSIONAL LIABILITY INSURANCE AND TAY THE

THE STELLIHARY ACTION TAKEN IN ANOTHER STATE. TERRITORY OF CCENTRY EMAIL BY LEVONTED TO THE HOARD OF THE BIL MIAL REMEMAN MOSTCE TITISM IN DAYS OF FIMAL DISPOSITION, WHICHEVER IS SCOURF.

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2 2 11 SHEETS OF TAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY.

- 00.1. OO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURCERY IN ANY OTHER JURISDICTION: IP 488, LIST EACH ONE ON THE DACK
- AN 21 SINCE YOUR LAST RENEWAL, HAS ANY DISCUPLINARY ACTION BEEN TAXEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OF COUNTRY?
- (X 3), SINCE YOUR LAST RENEWAL, HAVE YOU SEEN CONVICTED, FOUND GUILTY OR NOTO CONTENDERS, ON LECELVED PROBATION SITHOUT VERDICT AS TO ANY PERONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATION, IN ANY STATE OR FEDERAL COUNTY
- (X) 4. SINCE YOUR LAST RENZHAL, HAVE YOU HAD PRACTICE PRIVILEGES DELIED, REVOKED OR DESTRICTED IN A HO. 17AL OR OTHER HEALTH CARE FACILITY?
- 5. SINCE YOUR LAST REMEMBL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOYED OR RESTRICTED ON HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATE ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

A YOU WANT YOUR LICENSE PLACED ON "INACTIVE IT 'ACE AN "X" IN THE DLANK TO THE RIGHT.

OF THE 13 REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTIONS ABOVE.

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THIS IS YOUR REMENAL HOTICE - 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

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£ .	1			OF DISCIPLING OR EMPLOYMENT TERMINATED IN A HEAPTTAL OR ANY MEALTH CARE PACILITY?

IP YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE SLANE TO THE RECHT, NO. PER 18 ARQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, BION AND DATE BELOW,

PROVIDER PRIVILEGES TERMINATED BY ANY NEDICAL ABBISTANCE AGENCY FOR CAUSE?

REPAREMENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND COPPECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE
DESCRIPTION TO THE PENALTIES OF IS PA. C/S. 1224. VELATING TO UNSHOPS PALEIFICATION TO AUTHORITIES.

The Committee of the same of the sour bear designation design, revoked or restricted or have you had roug-

IGNATURE DATE

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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

TIR UN RENEW	AL APPL	ICATION - PHYSICIAN	N AND SURGEON (MD)
Full Name			RETURN TO:
		STE 3	°5,
Street Address	Λ	7	State Board of Medicine
ALLENTONN	VA	18104	PO Box 8414
City	State	Zip Code	Harrisburg, PA 17105-8414
MD 03635	41		
License Number			

Check if	арргорг	late

- 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 FOI LOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

		If you answered yes to questions 2 through 8, provide details AND attach certified copies of legal document(s). IF YOU
YES	NO	ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT
/		Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction? LIST:
	1	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 renowal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application idented 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 note contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) as to any felony or misdemeaner, 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?
		 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 filling date and the date you were served.
		*If you previously reported the complaint to the Board provide the docket number
V		 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.

tiam currently enrolled/have participated in an accredited training program during this renewal cycle (1/1/11-12/31/12) and tiam 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 of 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):

EXPIRATION DATE:

December 31, 2012

FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" →

Fee-waived for 2012 renewal only!

PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES

TO ENSURE YOU RECEIVE YOUR NEW LICENSE BEFORE IT EXPIRES **RETURN BY: DECEMBER 1, 2012**

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 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 cartify that this is a true and correct copy of the original record filed in said Court.

Andrea E. Naugie, Clerk of Judicial Records,

Carrie L

Deputy

TERROR COURS IN



Board: Medicine

<u>Licensee Full Name:</u> 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 <u>www.mylicense.state.pa.us</u>. 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;
- Requesting an application by emailing 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	
Email	
Street Address	gmail.com
Phone	
Fax 610432779	04
CityALLENTOWN	•
StatePA	
Zipcode18104	
Country82	
CountyLehigh	
Survey Response Summary	
Question Response Summary	
Are you submitting a name change with this renewal?	
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, whichev	er is
later, have you had disciplinary action taken against yo	our N
license, certificate or registration issued to you in any	
profession in any other state or jurisdiction?	
Since your initial application or last renewal, whichever	
later, have you been convicted, found guilty or pleaded	I
nolo contendere, or received probation without verdici	t, or
accelerated rehabilitative disposition(ARD) as to any	
felony or misdemeanor, including any drug law	N
violations, or do you have any criminal charges pendir	
and unresolved in any state or jurisdiction? You are no	
required to disclose any ARD or other criminal matter	
that has been expunged by order of a court.	<u> </u>
Since your initial application or last renewal, whichever	er is
ater, have you withdrawn an application for a license,	
certificate or registration, had an application denied or	
refused, or for disciplinary reasons agreed not to reapp	ly
for a license, certificate or registration in any professio	n
n any other state or jurisdiction?	
Since your initial application or last renewal, whicheve	er is
ater, have you been arrested for criminal homicide,	N
aggravated assault, sexual offenses or drug offenses in	
my state, territory or country?	
Since your last renewal, have you been the subject of a	
vivil malpractice law suit? If yes, please submit a copy	
he entire Civil Complaint which must include the filin	
ate and the date you were served. If you previously	N
eported the complaint, email or fax the docket number	to
he Board. (email at st-medicine@state.pa.us or fax at	
17-787-7769)	

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

myLicense Renewal Question Responses

License Number: MD036354L

Name: TIRUN A GOPAL

Online Submission Date:

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	· Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	Ň
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 uristiction?	N
lave you met your current CE requirements?	~
ince your last renewal, have your provider privileges been terminated by any medical assistance gency for cause?	Ņ
ince your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or ealth care facility?	N
ince your last renewal, have you had your DEA registration denied, revoked or restricted?	N
ince your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual ffenses or drug offenses in any state, territory or country?	N
to you maintain current medical professional liability insurance in the Commonwealth?	Υ
fedical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Ň

Online Submission Date :

11/24/2004 6:39:14AM

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?	Ň
Since your last renewal, have you withdrawn an application for licensure in another licensing uristiction?	N
lave you met your current CE requirements?	Υ
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	Ň
since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or ealth care facility?	N
ince your last renewal, have you had your DEA registration denied, revoked or restricted?	N
ince your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual ffenses or drug offenses in any state, territory or country?	N
to you provide health care services to patients within the Commonwealth of PA?	Y
yes, is the percentage of patients that you provide care for in the Commonwealth 20% or more of our practice?	Ϋ́
o you maintain current medical professional liability insurance in the Commonwealth?	Υ
fedical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Ÿ

Online Submission Date :

10/24/2006 7:52:29AM

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)?	Ϋ́
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	Ň
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?	Ň

myLicense Renewal Question Responses

<u>License Number:</u> 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? 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 N
Do you maintain current medical professional liability insurance in the Commonwealth? Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Y N

Online Submission Date :

10/16/2008 2:20:03PM

Renewal Question	Response
Are you submitting a name change with this renewal?	
Are you licensed in another licensing jurisdiction in this profession (any status)?	Ÿ
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?	Ň
Since your last renewal, have you withdrawn an application for licensure in another licensing juristiction?	N
Have you met your current CE requirements?	~
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	Ņ
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 in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Υ
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Ņ

Online Submission Date :

10/3/2012 12:16:49AM

Renewal Question	Response
Are you submitting a name change with this renewal?	
Are you licensed in another licensing jurisdiction in this profession (any status)?	Ý
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	Ň
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 uristiction?	N
lave you met your current CE requirements?	Υ
since your last renewal, have your provider privileges been terminated by any medical assistance gency for cause?	Ņ
lince your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or ealth care facility?	N
ince 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 ffenses or drug offenses in any state, territory or country?	N
o you maintain current medical professional liability insurance in the Commonwealth?	Υ
fedical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N