myLicense Renewal Question Responses

License Number: MD427418

Name: KAREN TANYA FEISULLIN

Online Submission Date:

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing juristiction?	N
Have you met your current CE requirements?	Υ
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?	Υ
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Ň
induced resilience of a sixth many year age to the sample of a sixth manpragate and sample.	
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Since your last renewal, have you withdrawn an application for licensure in another licensing juristiction?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?	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 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?	Ň
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?	N
Are you submitting a name change with this renewal?	N
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?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing juristiction?	N
Have you met your current CE requirements?	Υ
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?	Ŷ
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	Ň
Please provide the profession and state or jurisdiction.	CT, MEDICINE
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of	
narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme	
Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction?	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N

myLicense Renewal Question Responses

<u>License Number:</u> MD427418

Name: KAREN TANYA FEISULLIN

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?	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:	0
If you answer "No", please provide an explanation or reason for an exemption request.	0
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Υ
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?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N
Please provide the profession and state or jurisdiction.	PA, CT
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	PA, CT
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation	PA, CT N
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction?	N
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction? Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? 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	
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction? Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? Since your initial application or your last renewal, whichever is later, have you been charged by a	N N
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction? Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? 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? 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	N N N
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction? Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? 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? If yes, please submit a copy of the entire Civil Complaint, which must include the filling 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:	N N N
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction? Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? 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? If yes, please submit a copy of the entire Civil Complaint, which must include the filling 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: If you answer "No", please provide an explanation or reason for an exemption request. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting? Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to	N N N O
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction? Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? 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? If yes, please submit a copy of the entire Civil Complaint, which must include the filling 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: If you answer "No", please provide an explanation or reason for an exemption request. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting? 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?	N N N O
Are you, or have you ever been addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requireme Do you currently have any disciplinary charges pending against your professional or occupation license, certificate, permit or registration in any state or jurisdiction? Do you currently have any criminal charges pending and unresolved in any state or jurisdiction? 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? If yes, please submit a copy of the entire Civil Complaint, which must include the filling 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: If you answer "No", please provide an explanation or reason for an exemption request. Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting? Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to	N N N O O Y

Person Info Name:KAREN TANYA FEISULLIN	7				
Address Info					
Email:					
Street Address @yaho	o.com				
Phone					
Fax 215-481-2048					
CityPhiladelphia					
State PA					
Zipcode19118					
Country82					
CountyPhiladelphia					
Survey Response Summary					
Question Response Summary	N				
Are you submitting a name change with this renewal?	17				
Do you hold a license/certificate (active, inactive or	N				
expired) to practice in any other state or jurisdiction?					
Since your initial application or last renewal, whichever is					
later, have you had disciplinary action taken against your	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 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	A.T				
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.	-				
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	N				
refused, or for disciplinary reasons agreed not to reapply					
for a license, certificate or registration in any profession in any other state or jurisdiction?					
Since your initial application or last renewal, whichever is					
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide,	l .				
aggravated assault, sexual offenses or drug offenses in	N				
aggravated assault, sexual offenses or drug offenses in any state, territory or country?					
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	'				
_	N				
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)					

Damon Info		
Person Info		
Name:KAREN TANYA FEISULLIN		
Address Info		
Street Address:	Emai	@yahoo.com
Phone		
Fax	215	-481-2048
CttyPhiladelphia		
StatePA		
Zipcode19118		
Country82		
CountyPhiladelphia		

CountyPhiladelphia	
Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse	
recognition and reporting?	Y
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	CT, medicine
jurisdiction	
Since your initial application or last renewal, whichever is later, have you had disciplinary action	1
taken against a professional or occupational license, certificate, permit, registration or other	N
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?	
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	N
professional or occupational license, certificate, permit or registration in any state or	
urisdiction?	
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	N
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.	
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,	N
Medicare, third party payor or another authority?	
Since your initial application or your last renewal, whichever is later, have you ever had	
	N
acility?	
Since your initial application or your last renewal, whichever is later, have you been charged by	
hospital, university, or research facility with violating research protocols, falsifying research,	N
or engaging in other research misconduct?	
Since your initial application or last renewal, whichever is later, have you engaged in the	
ntemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or	
ubstances that may impair judgment or coordination?	
f 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
f yes, please submit a copy of the entire Civil Complaint, which must include the filing date and	
ne date you were served. Submit a statement which includes complete details of the	
omplaints that have been filed against you. PLEASE NOTE: If you previously reported the	
omplaint to the Board you will only need to provide the docket number here.	
n you maintain current medical professional liability incurance in the Commonwealth of	
ennsylvania?	Y
you answer "No", please provide an explanation or reason for an exemption request.	
Thursday, December 18,	
2014	
dynation Info	
ducation Info	

No education records

No employment seconds

Employment Information

Person Info	
Name:KAREN TANYA FEISULLIN	
Address Info	
Street Address	Email 2vahoo.com
Phone	
Fax	215-481-2048
CityPhiladelphia	
StatePA	
Zipcode19118	
Country82	
County Philadelphia	

CountyPhiladelphia	
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.	PA, CT physician
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 of 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?	
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 filling 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 ecognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
f you answer "No", please provide an explanation or reason for an exemption request.	
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.	19001
Monday, November 28, 2016	
ducation Info	
No education records	

No employment records



Board: Medicine

Date Created: 08/13/2009

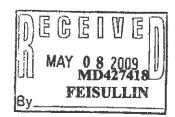
<u>Licensee Full Name:</u> KAREN TANYA FEISULLIN

License No: MD427418

RNEW

2314332

STATE BOARD OF MEDICINE STATUS CHANGE/REACTIVATION APPLICATION



KAREN TANYA FEISULLIN

PHILADELPHIA PA 19106

Return to:

State Board of Medicine

PO Box 2649

Harrisburg, PA 17105-2649

License expired: 12/31/2006

For a change of name, indicate new name below and attach 8½ x11 photocopy of a legal document verifying name change i.e., marriage certificate, divorce decree, or legal document indicating retaking of a maiden name, etc.

Address Change

Address Change

INSTRUCTIONS

Select the option you are requesting. The fees are listed in each of the options. CME requirements can be found at www.dos.state.pa.us/med. Click on Continuing Medical Education Requirements.

- CURRENTLY ACTIVE STATUS REQUESTING ACTIVE/RETIRED STATUS 1 am retired from practice but desire to keep my license active to treat immediate family members. 1 am exempt from the medical professional liability insurance and CME requirements. Complete section B. Return your "Active" wall and wallet licenses. Submit a \$5 check/money order made payable to the "Commonwealth of PA."
- CURRENTLY ACTIVE/RETIRED STATUS REQUESTING ACTIVE STATUS I wish to reinstate my license to an active status. I have completed the continuing education requirement and will hold medical professional liability insurance. Complete Sections A, B and C. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) starting with graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. Return your "Active/Retired" wall and wallet licenses. Submit copies of your continuing education certificates and a \$5 check/money order made payable to the "Commonwealth of PA."
- CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS I do not wish to practice Medicine and wish to place my license on an inactive status. I understand that to reactivate my license I will need to meet the continuing education requirement and obtain medical professional liability insurance. Complete Section B and return your wall and wallet licenses. No fee is required.
- CURRENTLY EXPIRED/INACTIVE STATUS REQUESTING ACTIVE STATUS I wish to reinstate my license to an active status. I have completed the continuing education requirement and will hold medical professional liability insurance. Complete Sections A, B, and C. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) starting with graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.. Submit copies of your continuing education certificates and a \$360 check/money order made payable to the "Commonwealth of PA." If practicing in PA after the license expired, in addition to \$360, submit \$5 per month, or part of month since the license expired.
- CURRENTLY EXPIRED/INACTIVE STATUS REQUESTING ACTIVE/RETIRED STATUS I wish to reinstate my license to an active/retired status to treat immediate family members. I am exempt from the medical professional liability insurance and CME requirements. Complete Sections A, B, and C. Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, research, etc.) starting with graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred. Submit a \$360 check/money order made payable to the "Commonwealth of PA."

101 de 100 m 2 2 2 0 m

1

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 11, 2009

Attn: Tammy Radel, Administrator Pennsylvania State Bd. of Med. PO Box 2649 Harrisburg, PA 17105

Re: Board Action Query Dated: May 11, 2009 Your Reference Number: TSH

FSMB Batch Number: BQ1619449

The following is a report of the search results from the Board Action Data Bank as of May 11, 2009 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 11, 2009

ltem	Name	DOB	School	Yr/Grad	Request ID
1	FEISULLLIN, KAREN TANYA		039020	2002	20821632
		LICENSE HISTORY State Board CONNECTICUT PENNSYLVANIA			

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.

PLEASE NOTE: A reactivation application for a Pennsylvania license which has been inactive for four years or more must be accompanied by proof that you held an active license in another jurisdiction or employment by the Federal government during that time. If you have held a license in another jurisdiction, please submit this documentation with your reactivation application.

if you have <u>not</u> held an active license to practice in any other jurisdiction or were not employed by the Federal government within the last four years, the Board has the authority to place conditions on your return to practice in order to protect the health, safety and welfare of the public. The Board may require applicants requesting reactivation of an expired/inactive/active-retired license to successfully complete a clinical skills evaluation and/or retraining program. This may delay the reactivation of your license until an approved skills evaluation and/or retraining program has been successfully completed.

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

-	1100	
YES	NO	If yes to question 2, 3, 4, 5, 6, 7 or 8 - provide details AND attach certified copies of legal document(s). If you already reported the information to the board prior to this rememble, please provide the pennsylvania legal file no. If previously reported, you do not need to report it again.
V		Do you hold or have you ever held a license, certification or registration (active, inactive, current or expired) to practice this profession in any other state or jurisdiction? List:
	V	2. 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. 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?
	V	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. 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?
	2	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. Since May 19, 2002, 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 <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. Are you or have you ever been addicted to the intemperate use of alcohol or 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 Pennsylvania Board's Professional Health Monitoring Program.)
SECTI	ON B -	- VERIFICATION OF INFORMATION MAY 0 8 2009
	HIW WILL	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 amminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is nalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.
underst	and that	I am required by law and agree to maintain medical malpractice insurance in order to treat patients in the Commonwealth of PA.
Signatur	e of Lic	ensee (Mandatory):
Social S	ecurity (Number: DOB:
Name of	Medica	Ischool Jefferson Medical College Yrof Graduation 2002

SECTION C - VERIFICATION OF PRACTICE / NON-PRACTICE

*** Your reactivation cannot be processed unless this page is completed ***

KAREN TANYA FE	ISULLIN_			
Philadelphia PA 19	106 W.	Hartford,	CT	06120

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating, THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status?

CHECK ONE: Tyes

2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status?

CHECK ONE: | YES | NO

I understand that any false statement made is 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 and/or certification.

(Signature of Licensee)

S/SWS
(Date)

MAY 0 8 2009



West Hartford, CT 06119 Qyahoo.com new address 95 of 8/15/09! Philadelphia, PA

19118

Education

7/03-6/06 Thomas Jefferson University Hospital Resident, Department of Obstetrics and Gynecology Philadelphia, Pennsylvania Successfully completed USMLE Steps I, II, III and IV

7/02-6/03 Albert Einstein College of Medicine Montefiore Medical Center Intern, Department of Obstetrics and Gynecology Bronx, New York

8/98-6/02 Jefferson Medical College Philadelphia, Pennsylvania Doctor of Medicine

1/95-6/97 Hunter College of the City University of New York New York City, New York Post-baccalaureate study in the sciences

9/84-6/89 Queens College of the City University of New York Flushing, New York Bachelor of Arts Major: Psychology

Employment

Abington Memorial Hospital, Department Of Obstetrics and Gynecology Hire date 9/14/2009

Relocation/summer vacation 7/1/09-9/13/09

Community Health Services, Hartford, CT. Director of Women's Health for a Federally Qualified Health Center 10/2006-7/09.

-Clinical Assistant Staff, Department of Obstetrics and Gynecology, Hartford Hospital 12/2006-7/09

-Clinical Staff, University of Connecticut School of Medicine 12/2008-7/09

-Clinical Adjunct Professor Quinnipiac University Graduate School of Nursing 6/08-7/09 Maternity leave 7/1/06-10/2/06

Columbia University College of Physicians and Surgeons; study coordinator - Low dose mifepristone and misoprostol to induce early abortion, 9/1996-7/1998

Hunter College of the City University of New York; adjunct lecturer, Chemistry, 1/1995-6/95

Ziff-Davis Publishing Company; senior account executive, 7/1989-1/1995

Licensure and Certification

2003 State of Pennsylvania
2006 State of Connecticut
2008 The American Board of Obstetrics and Gynecology,
Board Certified

Honors and Awards

Arnold P. Gold Foundation Humanism and Excellence in Teaching Award Jefferson Excellence in Teaching Award; five-time recipient Jefferson Medical College Outstanding Obstetrics and Gynecology student Hunter College Dean's List

Presentations and Publications

Feisullin K, Ness A, Baxter J. "The use of insulin glargine in diabetic pregnancies" abstract presented at annual meeting of Society of Maternal Fetal Medicine 2007

Berghella V. Evidence based obstetrics and maternal fetal medicine Chapter 11: Maternal Anemia -contributing author. Informa UK 2007

Woolf S et al. Health Promotion and Disease Prevention in Clinical Practice, second edition. Chapter 11: Family planning. Contributing author Lippincott, Williams and Wilkins Philadelphia 2008

Divon MY, Feisullin K. "The impact of blood glucose control on fetal growth in gestational diabetes" abstract presented at annual meeting of Society of Perinatal Obstetricians 1997

CERTIFICATE OF ATTENDANCE

WE

CONTINUING MEDICAL EDUCATION

This certifies that _____ Karen Feisullin, M.D.____

Has participated in the " Grand Rounds Conference"

Held on OB/64 2 GRAND BOUNDS 2007-

8 coc - 1.00C

Physicians should only claim credit commensurate with the extent of their participation in the activity... Educational activity for a maximum of 30-AMA PRA Category 1 credit rm. Continuing Medical Education for Physicians. Hartford Hospital designates this Hartford Hospital is accredited by the Connecticut State Medical Society to sponsor

Certified by:



Neil S. Yeston, M.D.
Vice President, Academic Affairs

Accredited Sponsoring Organization
Hartford Hospital
Department of Medical Education
Hartford, Connecticut 06102



Commonwealth of Pennsylvania Department of State Bureau of Professional And Occupational Affairs State Geard of Neutcine P. O. Box 2449 Municipurg, Pennsylvania 17105 State Occupation (Neutrical Professional Profe

Continuing Medical Education

Reporting Form
(AMA PRA Category 2 Credit Only)

The Pennsylvania State Board of Medicine requires that physicians document AMA PRA Category 2 Credit that they have completed to fulfill the Board's Continuing Medical Education requirement for licensure. This form is provided to assist licensees in documenting these credits and can be found on our web site at www.dos.state.ga.us/med.

Name:	Karen	Tanya	Feisu	lin .		- 10
					2007 to Dec 31,	2008

The American Medical Association defines Category 2 activities as those which have not been formally designated by an accredited provider for AMA PRA Category 1 Credit. Individual physicians may claim AMA PRA Category 2 Credits for learning experience that have improved the care they provide their patients. Category 2 activities include reading journal articles.

AMA PRA Category 2 Credit may be earned for activities physicians have undertaken on their own that should be beneficial to their practice. <u>Credit claimed should be commensurate with the actual time spent on an activity.</u> Information regarding the requirements to obtain AMA PRA certification can be found on their web site at <u>www.ama-assn.org/cme</u>.

Acts of charity, volunteer time and service on a council or committee DO NOT earn a physician CME credit. Credit CANNOT be claimed for education incidental to the regular professional activities of a physician, such as learning that occurs from clinical experience. Credit IS NOT awarded for passing examinations:

	THIS FORM SHOULD BE USED TO RECORD ONLY CATEGORY 2 ACTIVITIES				
IF RE	QUESTING CREDIT FOR CATEGORY 1 ACT	TIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN ARE CHOSEN FOR AN AUDIT OF YOUR CME			
Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal Jime Self-Study, Web Site, etc.) Spent			
8/1/08	Acos Concerdum of	Presenting of RhD Allo immended 1-0			
8/2/08.	School Rubl - Practice Bulle	he Personbocytopenia a Arguera 200			
83/08		Antosahun Fetel Surveillance 125			
84108		Indiction of Labor 1.5			
8/5/08		Introubone Growth Restriction 15			
8/1/08		Experial cookalin Version 1.0			
8/1108		morrive Vaand Delien 1.0.			
80818		throubsenboling in Premaray 200			
CAPIUR	J	Prinated Wingle Parasite Interton 1,5			

W

Name: Karen Fersulla MD

License No. MAY274(8 CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

Date of Description of Activity (I.e. Article Title Online Activity	Location (I.e., Name of Journal, vity, etc.) Salf-Study, Web Site, etc.)	Actual Time Spent
sholox Acoca Congentur		1.0
8/11/08 School Publishes - A	rachce Management of Recurrent Early	20
Shalus B	ulleting chance 4th in premance	2-0
Slialu8	Gostahanal Diahotas	(.5
81468	Assessment of the factors	لكناب
2/15/08	Diagna Manut of Preclaupsia Edans	كيلمع
Sklas	OB Anesthesia & Analgoria	10
8/11/08	Thyroid Miscer in Manney	20
S/VK/US	Perhatel care of throughold	20
8/14/08	Shoulder Dystocia	1.0
8 20 08	Mant of Drelam Calor	15
8/21/08	Neural Tube Defeats	<u>ــــکــــ</u>
8/27/08	prophylacke Anthology	1.0
8/23/08	Corricul Ina Faciona	20.
Starios	Distoria - Azimentalen at Catal	احما
\$125/08	Mausea & Vomiting of Pregnancy	10
M26lox	Vagnal Bitweller Pravous Cosseran	20
8/27/08	Mont of Postern Prenavay	2.0
8/28/08	Triplet, Higher order But Died	
8/27/08	ultranopoly a Range	1.0
8/30/08		20
813108	Intravalent Studence	2.0
91108	Beil manufactura	© i ≤
9/108		
9/2/08	Mant of Morning rate in francis	-3 i
9/3/08	Postmartin Hemorrhane screening Ere Refall	10
9/4/08		1.0
9/5/08	Hemoglishingon in Remain	
9/6/08		اریا
9/2/08	wanta Helper or Bremand	2.0
9/8/48	Use of Payon who med in	12.0
9/9/08	gorgiana 4 lastation	

Name: Karen Teisullin Mo

License No. MD 4274(F CME Hours for Blennial Period: Jan 1, 2001 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Time Self-Study, Web Site, etc.)
9/10/08	Acit Corpordum of	Invasive Prevature Testing 1.0
YUGILP	release Pubs-Practice)	Assessment of Perdium
9/11/08	Bulleting - 0B	obstetera Aspects, of troums 1.5
9/17/08	ACOG Compendence of	Metroel Mant of Tubal Programa 1.0
9/13/08		prophyboric conharedown 100
914/08	Bulletine Gynerdosy	Medical Ment of Endametras 20
9/15/08		Ment of Machalory Steeding 200
9/14/08		Preminaryal syndrame 20
9/11/08		sure on Allemonias de Hyperson 20
9/11/08		the of Both lails of or mus 40
9/18/08		more mertilizar Rom delation 100
5/19/08		Diaglate of Connal macronings to
9 1908		Stretue Edures Recepter Moling 14
9/20/08	12	Polyceph arry Syndrams 15
9/20/08	· ·	Brance Carcon Screening 1.0
9/21/08		remained orthology screening 20
80/22/19		Benefits piske of stendization Lo
9/22/08		Osleparas 0.5
9/23/08		charpaic pelus pour 10
9/24/08		Mas treat of Gostahamal Trepholiside LS
9/25/08	· · · · · · · · · · · · · · · · · · ·	Gra harper surface integral to
9/26/08		Intrastance Dener 100
9/25/08		Human Papillema Vicus 115
9 27 08		Urmany Incartinence in Women 200
9/27/08		Mant of Endandical cancer 2-0
9/28/08		Mand Amornael Carrage Cathley 20
97908		Medical management of Martin LS
9/30/08		Emergency Contracoption 1.0
IPLIUS		Harmanak Cayracenter in Wenny 70
10/3/08		on society by the could continue
4 -		problem Villaglance to 544 Lis
10/4/08		Endonemal Ablahan 10

5

Name: Karen Fersulla mD

License No. MD 4274(8 CME Hours for Blennial Period: Jan 1, 2007 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
10/5/08	ACOG Compordium of	Mant of Advanced Makings	1.0
10/5/08	solved Publ- Practice	Properties of DVT + Relinary	1.5
10/6/00	Bulletins - Gyne cology	Peluc Argan Prolapse	1.5
10/2/08	ACUG Carpendoun of	Corneal Concer Straing in Addopper	715
10/0/08	selected Riplicolous-	STD's in Adjustants	(0)
10/5/05	committee comions +	Guideling ifor Adoleson the	005
10/8/08	Policy doublements	Endancements in Arcae Sents	صا
10-9/08		Manyocuccal Vaccines 10	0.5
tolistor		(Eval + injurt of Mournest Come	1,5
Different		Comment of the strange of the strange	-
10/4/08		initial Repudiotive Hearth	10
10/2/08		Hunain Papillamaiums Vaccine Mensimum in Givis/Addessents-	LO.
10/13/08		IMPACTURE CLOCK POR VIELX SICIA	0.5.
10/13/08		Dreast Cieveins in Adolesconts The Opine work Addisconts Prevent Treasure of the Influence Addisconts Information Agency S-Diagnoziste Informatione Addisconts	0.5
1043/08		treating to the transfer	70.5
10/4/08		Jagineil Agenosis Diagnozis	00
10/15/08			(.0
10/6/08		Tubal Ligarin with Tellivery	0.5
10/16/08	.,,	mappaphile eximpression by	0.3
Wieldy			0.25
Idialos.		H-15 Canking + illicht drug	3.5
10/12/08		Honney and use of OB when snowed	v 0.2
10/2/08		Majornal Docken Malay, Ether Ha	u 0,2
10/18/08	·	Ethical works for playsicians	0.25
101868		Majornal Decision Moder, Ethics that Bething works for my sicans with the modern the formation of the state o	a25.
10/18/08		importe protection guideline	
10/19/118		Protes sprace 12 esponsibilities	0,5
101908		Commercial Enterprises in	0.78
10/19/08		Sex selection	0.25
80 05 01		medical Entitle	0.25
10/2018	V	in selection - Enicol 1550s	0.25

9

ť

Name: Karen Fersullin ND

License No. MN 4274 8 CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Belf-Study, Web Site, etc.)	Actual Time Spent
Vazdox	ALUG Compendium of Selecter	Patents message + Interests	0.25
10/21/08	Publicators- countiver	seeking + Giving Consultation	0.25
1.0/21/08.	Opinions + Policy Starkness	Adephan	0.25
10/2408	cantre	multicles pregnancy Reduction	
10/22/08		arine legal Representation	0.25
10268		offentitations of workers including	0.5
10/22/08		serval Miscanduct	0.25
10/23/08		support testimony	01.25
10/23/US		Desearch Involving Wilman	0.5
10/23/08		the limit of constantial	(), J
1024/08	·=	Human ImmyrodeRopage Mrus	
10/24/08		Emical Melsium moudy	05
10/24/08		Parker startie of ambilical	0,25
10/25/08		to the fellow	0.25
10/25/08		Convier Screening For Senetic	0,5
10/25/48		Nichtes In Part Busine Jewish Base	کین ام
10/26/08		screening for Tay sachs	05
10/26/08		Perindet Rits with Assisted Perindent Chief Tersology Under Screening	1.0
10/27/08		opene of course screening)	10
10/27/08		Evaluation of Shill burns 4	0
10/28/08		weunated Deaths	20
10/29/08		Heusburn screening	1.5
10/30/08		Generics + relecting	1.5
10/3/108		Assis ant	0,25
10/3/108		performance i interpretation of imaging studies of the Copy of	0.35
10/31/08		Nongy newhom c Procedures	0.25
11/1/08		AND HAY M CHICAGO PRECESONS	100
41/1/08		Several OBI GILL TOTAL	0,5
11/1/08		Induced Mother + Brand Corcall	ak os
11/2/08		Professional Crasilty and	0.25
11/2/08		Wenne Asky Embolization	0.5
11/2/08		ACOPACK USE of Lapassen Kocky	0.35

Name: Karen Feisullin mis

License No. My 4274 (& CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

		Location (i.e., Name of Journal,	Actual
Date of Activity	Description of Autivity (i.e., Article Title, Online Activity, etc.)	Self-Study, Web Site, etc.)	Time Spent
uslux.	Acola Compendium of Solected	the importance of precuritation	0.25
11/3/08	Rublications - Committee Opinions	We of solow in ment of	025
11/4/08	i Policy statements contit	ampunded Bloldenhoot Homen	50125
nluke.	1	Elective Concidented	0.25
nuox		nenaths 8+6 lake in ablances	اصدا
11/5/08	·	Pele of URLGIN in screen laight	5 0,5
n 508		Emples there can car	0.25
4/2/08		was a state of the USTS of	0.2
7,7		habited for house to Sy	0.5
11/6/08		Round Towner Screening	0.5
いついか		Princey & Preventire are	1.0
11/108		Principal a Prevenue are:	.0,5
		Brand Versus General Oal and	
1 1/2		Coloniscom + Colorectal curcos	3,5
119/08		Phaguaceutical Comprising	0,25
11/108		Sugaranal hyderorlang	0,5
11/9/48		She Induced Sorthydayscope	as
11/10/08	·	Huslenscon.	0.5
4/10/08		the Uninsured	0.5
n hlus		though care for Honeless Waner	0.5
n/u/u8		Racial + Ednik Disparches	0.5
11/12/08		Smoking cesserium buring	0.75
4/3/08			1.0.
11/11/08		promised Screening + Interiors - Brown Freezy, markers + Infort	0.25
1111108		wealth Weracy	0)25
uliyles		Exhaust asset + freezeway	0.5
11/15/08	=	A. ravel din Drawing	0.25
445/08		Recruse du na manay + notate	200
4/15/08		Interview Contable of Therefore	9,7
11 16/18		Safety of Livenop in Nem	
11 16/08		Immunizat DND pregramy	as
4/16/08		Han obsteter Surgey in Program	0.25

Pennsylvania State Board of Medicine

425

Hame: Karen Fesulla mo

License No. MD 437418 CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

	Date of Activity	Descriptio (i.e., Article Title, (n of Activity Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
	11/10/08	Nas Carpendur	non Selected	use of mossistone to reduce	0.25
	11/nlor	Publications Co	11 .	Painteliet during labor	0.25
	11/108	muns - Polis	y Statements	Messey in Premany	0.5
	n week	Colo.	t09	Sibelineal Hypothyadamin Pray	7 7 7
	11/18/08		<u> </u>	Cosacran Deliphe sa mulanal	0.25
	14:50			Dixussion Dixcharge Miede Frank	25.1
	N 20 08			Pahent Scien in OB+ 641	1.25
	11 21/08	11-	(3)	Partnery with Perhants to lunguage	1-25
	11/2/14 7	110.01		"Do not use "abbreviations	1.50
	11/73/48	SAFE	ty 5	Potent Sa Coly in Surgial Guer	er 2.0
	11 24 08		~ 6	Tracking + Pennided Systems.	20
	11 75 08		6)	Sie us of medication.	الكاا
	11.78 LX		ا ها	Medical Eurorgany Prepreduces	1.5
3	11/27/18		Q	Committee Behander	201
	11.128/44	A shop of many contrast	(10)	Patient handoffs	7.0
	11/24/08	<u> </u>		THE MAN POLICE OF	75.25
	11 2408		V	March Addescents	0.25
		Prens-Updade	CO COSERRACS	Principles & Eurodence Based med	1
	121/08	+ Gyarcky	Primary.		0.75
	121108	* Exchantive	curl	screny + lok factors	0.75
	12/2/08		, to the second of the second	Cardin Vascular Disease	10
	12/3/08	to strain a firm of the property of the strain of the stra	the street and the supplementary and the street and	Substance thuse	0.5
1	12/5/08			Central Central	0.5
-	1/41/	5 17 19 1 01		Depression + other mosel	1.0
}	12/2/08			7.500000	0.75
}					0.5
}	1 1 2.			Coagulopathies	0.0
		<u> </u>		Hendache	0.25
Ì	12/10/08	1 4 4 4 5 ac 4 1 5		Sleep Apres	025
Ì	12/2/18			rownin fract Districts	(3)
	12/13/08			Botamads for Women's trouble con	
- <i>)</i> L	6.00 B				جينان

74	2/
	P)

Name: Kaisen Fersu	lis MD	
		Jan 1, 2000 7 to Doc 31, 7008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
12/14/08	Acos Concendence of	Fatigue + Parent Saleta	0.5
2/15/08	solooled Publications -	technique thance to Reduce the reliable ENERS	0.5
	committee on pt salety	MERCHAN - VELOUGE ETTUS J	
	+ Quality inpresented		
<u> </u>	Clast	two one cours	
_ <u>.</u>		Salete	
		a term	
		,	
			٠,
		6	
·		, 4	
	,		
·			
•	·		
			-
	200		,
			·
		**	

MO - Mo Prookdown

CERTIFICATE OF ATTENDANCE

CONTINUING MEDICAL EDUCATION

E

This certifies that Karen Feissulin, MD

Has participated in the DEPARTMENT OF OB/GYN GRAND ROUNDS 2006-2007

the activity... Physicians should only claim credit commensurate with the extent of their participation in Educational activity for a maximum of ____ Continuing Medical Education for Physicians. Hartford Hospital designates this Hartford Hospital is accredited by the Connecticut State Medical Society to sponsor 13 AMA PRA Category 1 credit TM

Certified by:

Neil S. Yeston, M.D.
Vice President, Academic Affairs

Accredited Sponsoring Organization Hartford Hospital Department of Medical Education Hartford, Connecticut 06102



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. HOX 2649
HARRISBURG, PENNSYLVANIA 17105
31-medicine@atata.pa.us



Continuing Medical Education

Reporting Form

(AMA PRA Category 2 Credit Only)

The Pennsylvania Sta	ate Board of Medicine	requires that ph	ysicians docum	ent AMA PRA	Category 2 Cn	edit that they I	nave
completed to fulfill th	e Board's Continuing	Medical Educat	tion requirement	for licensure.	This form is	provided to a	ssist
licensees in documen	iting these credits an	d can be found o	n our web site at	www.dos.stat	e.pa.us/med.	•	
./			. k				

License	No. MD 4274	418 CME	Hours for Biennial Period:	Jan 1, 2007 to Dec 31	, 200 8
Name: _	Karen	19749	teisullin		_

The American Medical Association defines Category 2 activities as those which have not been formally designated by an accredited provider for AMA PRA Category 1 Credit. Individual physicians may claim AMA PRA Category 2 Credits for learning experience that have improved the care they provide their patients. Category 2 activities include reading journal articles.

AMA PRA Category 2 Credit may be earned for activities physicians have undertaken on their own that should be beneficial to their practice. <u>Credit claimed should be commensurate with the actual time spent on an activity.</u> Information regarding the requirements to obtain AMA PRA certification can be found on their web site at www.ama-assn.org/cme.

Acts of charity, volunteer time and service on a council or committee DO NOT earn a physician CME credit. Credit CANNOT be claimed for education incidental to the regular professional activities of a physician, such as learning that occurs from clinical experience. Credit IS NOT awarded for passing examinations.

-	THIS FORM	SHOULD BE USED TO RI	ECORD ONLY CATEGORY 2 ACTIVITIES	
IF RE	EQUESTING CREDIT	FOR CATEGORY 1 ACT A LICENSE OF IF YOU A	'IVITIES, YOU MUST SUBMIT CERTIFICATES WH RE CHOSEN FOR AN AUDIT OF YOUR CME	IEN
Date of Activity		otion of Activity le, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
	Aco 6 Congen	dun of	Presention of Ph D Allo morum godin	1.5
	Scieded R	151- Practice Bullet	Presentan of RhD Allo monunosoh	[.5
			Antepachin Fetal Surveillance	1.5
	··		Induction of Labor	1.0
			Intrautorine Growth Restriction	60
· · · · · · · · · · · · · · · · · · ·			External Cephalic Version	1.0
			operative Uganel Delivery	1.0
			Thromboundalism in Preprinces	1.5
	l v	<u>k</u>	Perinated Viral + Parasite Infector	1.5



Name: Karen Persullen mo

License No. MN 4274(8 CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actua Time Spent
	ALOG Compendium of	Fetal Maiorosomia	1.5
	Colocad R. lat. dr. C Proches	Manney A Recurrent Early	2.0
	Bulletins	Chronic Hoto in premance	1.5
		Gestatural Diabetes	1.5
		Assessment of Risk Factors	1.0
		Disgramgent of Preclampsia Eday AB Anesthesia + Analogue	1
			1.5
		Perhatel care at threshold	کی ا
		Shoulder Dystocia	1.0
		Mant of Preson Color	10
		Neural Tube Defeats	1.0
		proply lack Antibiotes in	20
		Corvical Insufficiency	2.0
 		Dystocia + Anymentation of Labor	200
		Nausen & Unniting of Pregnance Vagnal Bathersten Prevans cessarean	('0
			1.5
		الكيدها الماليا الماليا الماليا الماليا الماليا	pà e
		Ultrasmography in premane	6.1
		Pregestational Biobeles Nelti	برار
			2.0
		eat monutaring	1.0
		5/13/16/15/13	
		Mant of Albumourizate in liquing	71.0
		Screening En Petel	[,0
		Henoglobingophies in Menant	<u>ب ا ر (</u>
		Premature Rutine of Ment	Hesti.
		Manto Herres in Pregnance	<u>41.ĉ</u>
•	V	Viral Heroutitus in Manant	
		use of Psychiatric med's in	120

(3)	,

Name: Karen Feisullin mo

) LE US E II W E II W

License No. M) 427 4(8 CME Hours for Biennial Period: Jan 1, 2003 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actu Time Sper
	ACCE Corpordur of	Invasive Prevated Testing	l. S
	select Pubs-Practice	Assessment of Festelling	40
	Bulleting - 0B	obstetence Aspects of trains	
	ACOG Congendin of	Medical Maint of Tubal Promoto	
	Select Pubs - Practice	Prophylance Copharactory	1.5
	Bulleting- Gynerdogy		
		Medical Ment of Endowertous Ment of Anguladora Ricedia	2.0
		1	1,0
		Surciral Alberrah / Her	476.
		Vec of Both Commonas	
		The section of the se	- [, [
		Durchan	2.0
		1	200
		Polycest a Dacy Stranger	
		D. T. Walter	1.5
		7	1.5
			20
			۲۵
			-0
	1 1 1		2,
		Diag treat of Gestatoral Traphol	P
		Gyn herpes Sinflan Infections	10
		Intrautaine Dence	1.0
			<u>ک،</u>
			2,0
		Mant of Endunchal Concer	20
		1 1 1 mornal + the tological	210
		Energency Contraction	1.D
		11.	0,1
		Horrisonal Contracemen in Wind	.0
		My coexisting medical conduction	526
		Entracking About Proceeding	1.5
	*	Endonesiae Ablahan Woccerie	<u> </u>

Name: Karen Fersulla MD

License No. MD 4274(8 CME Hours for Biennial Period: Jan 1, 200) to Dec 31,

2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
	ACOG Comperdium of	Mant of Advasal Masses	1,5
-	select Publ- practice	Presenten of DVT + Pulmanay	2.0
	Bulletins-Gine wory	Peluc organ Prolapse	1.5
	A(UG Compandium of	Corneal Cancon grang in Address	71.5
<u> </u>	Selecte & Publicarius-	STD's in Addesports	1.5
	Committee ignions +	Enduremois in Addessent	1,0
	Policy Stortements	Enduremois in Adde Seents	1.0
m***		Manyococcal vaccines in	1.0
		(Exel + ment of thurnest conce (curdusy + histology in Addisants	11.5
		In theil Repoduite Heath	Lio
<u> </u>		Human Papillana vins Vinceine	1.0
		menstructor in 61/15/Hocheson+5-	ک، ۱
		The Openeum Addescent - Prevents	[.0
		The Opiney of Adescent - Prevental Vaginal Agents State Diagnosis !	1.5
		ACOUPLEAT	1.0
		Tubul Lyann with Cesasean	[.0
		mappropriate permissionents by	1.0
		At- CIS COCIONAL + III PENERS	1.0
		womedical use of OB altersmoney	110
		Makernal Deckum makes Ethers flow	5 0.5
<u> </u>		to multiple in preschier	0,5
		MSIM BIE MANICENHAUTEN ENGLISH	0.5
		Ethical guidelines	0.5
		Commercial Enterprises in Medical Drugges	1.0
		Ser coloring	3.5
		medial Entitle	0,5
		Catent testing - Ethical Issues	RS



Name: Karen Feisullin MD

License No. My 427418 CME Hours for Biennial Period: Jan 1, 2001 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actua Time Spen
	ALUG Compendium of Selecta	Patents, medicine + Interests	0,-
	Publications - Canalitee	See King + Giving Consultation	015
	Opinions + Policy Statement	Adyrhan	0,5
	contid	Multiletal Pregnancy Reduction	
		Institutional Designation is	0.3
····		Henricaring of Wisters Including	0,5
		Se Yval Mis unduct	0.5
		superd testimony	0.5
		Research Involving himen	0,
<u> </u>		the limits ist considerations	0.
<u>. </u>		Human ImmynuteRcence Ving Emical Decision modery	
		Rustine Storing of unbillical	0,5
		Case d Bluesel	0.2
		Advanced Paiernel Age-Risks	0,2
		LETTER SCHOOL CONCERN LAND CONCERN L	0.5
		WISHLES IN FILL EMPLY DEPLY DECT	
		Perinaled Risks with Assiled	0.25
		obecone of control screening	3,5
		screening fue trayile x	0,5
			2.0
		Newborn screening	1.0
		Genetics + Moleculary Testing	60
			0,25
		Performance + interpretation of major studies by 08/6723	0.3
-		Sound discount (NOCO GOVED II	0.25
		AND FINE IN CONVICTOR DECIVES	ی ہ
		belection of exercise and	U.S
		incused Abation + Board Coreal Call	0
		County france	1,25
		Alenne Acteur Eutelization	0.5
		Morrale use of Lapassaplacky (5, 3 5

(b)	

Namo: Karen Feisullin no

JUL 23 2009

SULF

License No. My 437418

CME Hours for Blennial Period: Jan 1, 2007 to Dec 31,

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
	ACOS Compendium of selected	the importance of preconcepton	0125
	Publications - Councille Cousins	the impulsance of precuncation Rate of ors low in ment of	015
	+ Policy Statements cont &	compounded Bioldentack Homen	5 0,25
		Elective Concidented	0,23
		reports 3 to like in allowy	0,5
		Ric of college in seeing longing	50,5
		Emacien + Werine Cuncor	0.2
<u> </u>		porcontracentre uses of	ان کا مید
		Juliodynya	0.5
		Perine Tuner Seveening	0.5
		Primory & Prevance care;	1.0
		Bornalist of Controlle	0,5
		ALL ACTION DEVELOPED CONTROL	nue 0,2
		Coloniscopy + Coloredel Curcal	0,5
		Pharmaceutical Compunder	0,25
		Supercomal hyderectory	0,5
····		Silve Induce & Sinchystonycola	05
	· · · · · · · · · · · · · · · · · · ·	Aystersay	0.5
		The Uninsured	کرن
		Health cure for Honeless Wines	0.5
		Racial + Ethnic Disparities	0,5
		3 moking cessering during	0.75
		Brichard Screening + Interior steen	1.0
·		Breust Feeding: Muse must be Infant	0.25
		naith Cheracey	0.25
		Eneduled C-school freventured	0.5
	1	Ar ravel dung Preparey	0.25
		Exercise during premary + postal?	
		Arthorited Cortional Mencey	ک،ن
		Safety of Liveroc movem	1025
	J	Immunization DIVIN premany	0.3
		vin obstetor Survey in Premier	0.25

0

Karen Feisullin mi

JUL 2 3 2009

License No.MD427418

CME Hours for Blennial Period: Jan 1, 2007 to Dec 31, 208

Accologration of Spirited Use of Projectione to reduce the pretein buth Publications - Committee Pain (e) les during labore pinus + Poling Steatements Objecting in Prejnancing Cont d Subclinical Hypothygodomin P Concern Delugies on make more Partient Silety in OB + Gypt Partient Silety in OB + Gypt Partient Silety in OB + Gypt Partient Silety Partient	0.25 0.25 0.5 0.25 2.0
Publications - Committee Pain (eller during labore principles - Poling Startements Objecting in Pregnancia Committed Subdividual Hypothygodomin Pregnancia Cerureum Delipas on masterne Discourse Mierre Mierre Frahent Stiety in UB+ Egyl Partnering with Reheals to Improve	0,5 (eq, 0,25 2,0 2,0 2,0
Discussion Discussion Between Contract Contract Subdivious Hypethy Endown in Programment of Contract Subdivious Son Must are a Discussion Discussion Discussion Discussion Region & Partners of Between Subdivious & Partners of with Reports to lapsage	0,5 (eq, 0,25 2,0 2,0 2,0
Cerclain Delips on Mustines Discussion Discussive Missis E Partnersy with Repeats to Improve Partnersy with Repeats to Improve	2.0 2.0 2.5
Partnerry with Repeats to lapour	2.0 2.0 2.5
Partnering with Retents Wingrave	2.0
Partnersy with Repends to lapour	ر ا، 5
PATIEN "Do not use" abbreviations	
US 10 We assistant	—— · · · · —
	1.5 June 1.5
SACETY Patrent Salay in Suignal Env	(.0
Sur us of medication	1.0
Medical Emergency Preparedness	2.0
Disruptive Behavice	l. <u>S</u>
Districtive Behaviores Ex	!1.5
- Aborton Police	1.0
Tobacco Advertising award at	
Presis-Updade in observics Principles & Evidence Braden	
+ Gynaching - Primary legal + Ethicul Isrus in 1° , A Preventure rive screening + Rok Factors	0.75
Cardw viscular Diease	1.0
Substance Mouse	0.5
Central Control	0.5
violence aganst women	
Denression + offen model	0.75
they cold Diseases	_0,5
Coajulipathies	1.0
Headache Slage A.	0,25
Sleep Aprea U snash tract Disorders	025
Proventin Pergrapos of Mechan	(い と (い し
Between for women's health	

				 52
			88 19	
			8	

(3)

Name: Karen Fersulla MD

License No. MD4274(8

_ CME Hours for Biennial Period: Jan (to Dec 31;

JUL 2 3 2009

Actual Date of **Description of Activity** Location (i.e., Name of Journal, Time Activity (i.e., Article Title, Online Activity, etc.) Self-Study, Web Site, etc.) **Spent** 0.5

Duplicate

fax cover shed: (to: TERRY 717-787-7769 FROM: KAREN FEISULLIN MD Te: add tonal documentether 4 CV Please all if of need to navide oncre information. As of 8/15/09, my address will be Philadelphia, PA 19118 # pages including corn sheet: 12



COMMONWEALTH OF PENNSYLVANIA STATE BOARD OF MEDICINE P. O. BOX 2649 HARRISBURG, PENNSYLVANIA 17105 st-medicine@state.psu.us

www.dos.state.pa.us/med July 24, 2009

KAREN TANYA FEISULLIN

3849

WEST HARTFORD CT 06119

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

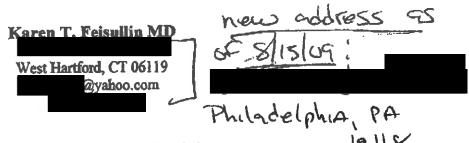
RE: DISCREPANCY NOTICE - Status Change/Reactivation Application - Physician

Dear Doctor:

The Board has received your status change/reactivation application. The items listed below are needed to complete your application. Your license cannot be changed/reactivated 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 your license has been reinstated by the Board.

- Curriculum Vitae listing <u>ALL</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
- Continuing Medical Education We have given credit for 30 Category 1 hours. We cannot accept the certificate for Department of OB/GYN Grand Rounds 2006 2007 because there is no breakdown by year and all hours must be earned after January 1, 2007. We cannot accept the Category 2 hours submitted because no dates were provided for each reading and the source document for each item was not provided. Please provide an additional 70 Category 1 or Category 2 hours.

NOTE: PLEASE RETURN A COPY OF THIS LETTER! WITH THE INFORMATION AND BOCUMENTS REQUESTED.



Education

7/03-6/06 Thomas Jefferson University Hospital Resident, Department of Obstetrics and Gynecology Philadelphia, Pennsylvania Successfully completed USMLE Steps I, II, III and IV

7/02-6/03 Albert Einstein College of Medicine Montefiore Medical Center Intern, Department of Obstetrics and Gynecology Bronx, New York

8/98-6/02 Jefferson Medical College Philadelphia, Pennsylvania Doctor of Medicine

1/95-6/97 Hunter College of the City University of New York New York City, New York Post-baccalaureate study in the sciences

9/84-6/89 Queens College of the City University of New York Flushing, New York Bachelor of Arts Major: Psychology

Employment

Abington Memorial Hospital, Department Of Obstetrics and Gynecology Hire date 9/14/2009

Relocation/summer vacation 7/1/09-9/13/09

Community Health Services, Hartford, CT. Director of Women's Health for a Federally Qualified Health Center 10/2006-7/09.

-Clinical Assistant Staff, Department of Obstetrics and Gynecology, Hartford Hospital 12/2006-7/09

-Clinical Staff, University of Connecticut School of Medicine 12/2008-7/09

-Clinical Adjunct Professor Quinnipiac University Graduate School of Nursing 6/08-7/09 Maternity leave 7/1/06-10/2/06

Columbia University College of Physicians and Surgeons; study coordinator - Low dose mifepristone and misoprostol to induce early abortion, 9/1996-7/1998

Hunter College of the City University of New York; adjunct lecturer, Chemistry, 1/1995-6/95

Ziff-Davis Publishing Company; senior account executive, 7/1989-1/1995

Licensure and Certification

2003 State of Pennsylvania
2006 State of Connecticut
2008 The American Board of Obstetrics and Gynecology,
Board Certified

Honors and Awards

Arnold P. Gold Foundation Humanism and Excellence in Teaching Award
Jefferson Excellence in Teaching Award; five-time recipient
Jefferson Medical College Outstanding Obstetrics and Gynecology student
Hunter College Dean's List

Presentations and Publications

Feisullin K, Ness A, Baxter J. "The use of insulin glargine in diabetic pregnancies" abstract presented at annual meeting of Society of Maternal Fetal Medicine 2007

Berghella V. Evidence based obstetrics and maternal fetal medicine Chapter 11: Maternal Anemia -contributing author. Informa UK 2007

Woolf S et al. Health Promotion and Disease Prevention in Clinical Practice, second edition. Chapter 11: Family planning. Contributing author Lippincott, Williams and Wilkins Philadelphia 2008

Divon MY, Feisullin K. "The impact of blood glucose control on fetal growth in gestational diabetes" abstract presented at annual meeting of Society of Perinatal Obstetricians 1997



COMMONWEALTH OF FERNISYLVANA
DEFARTMENT OF STATE
BURËAU OF PROJECTIONAL AND DECUPATIONAL AFFARS
STATE SOURCE OF MEDICINE
F. D. SOX 200
HARRISBURG, PERNISYLVANA 17149

HARRISBURG, PERNISYLVANA 17149

Continuing Medical Education

Reporting Form
(AMA PRA Category 2 Credit Only)

The Pennsylvania State Board of Medicine requires that physicians document AMA PRA Category 2 Credit that they have completed to fulfill the Board's Continuing Medical Education requirement for licensure. This form is provided to assist licensees in documenting these credits and can be found on our web site at www.dos.state.pa.us/med.

Name:	Karen Tan	a feisullin		
Licens	NO. MD 427418	CME Hours for Biennial Period:	Jan 1, 2007 to Dec 31,	200 8

The American Medical Association defines Category 2 activities as those which have not been formally designated by an accredited provider for AMA PRA Category 1 Credit. Individual physicians may claim AMA PRA Category 2 Credits for learning experience that have improved the care they provide their patients. Category 2 activities include reading journal articles.

AMA PRA Category 2 Credit may be earned for activities physicians have undertaken on their own that should be beneficial to their practice. Credit claimed should be commensurate with the actual time spent on an activity. Information regarding the requirements to obtain AMA PRA certification can be found on their web site at www.ama-assn.org/cme.

Acts of charity, voluntéer time and service on a council or committée DO NOT earn a physician CME credit. Credit CANNOT be claimed for education incidental to the regular professional activities of a physician, such as learning that occurs from clinical experience. Credit IS NOT awarded for passing examinations.

	THIS FORM SHOULD BE USED TO RECORD ONLY CATEGORY 2 ACTIVITIES					
if RE	QUESTING CREDIT FOR CATEGORY 1 AC REACTIVATING A LICENSE OF IF YOU	TIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN ARE CHOSEN FOR AN AUDIT OF YOUR CME				
Date of Description of Activity Activity (i.e., Article Title, Online Activity, etc.)		Location (i.e., Name of Journal, Time Salf-Study, Web Site, etc.) Spent				
801108	ACOG Concendence of	Presenting of the Allo morning L.O				
\$12108		And Thrombucy topenia in Acquaray 200				
8308		Antego them Fetal Surveillance 1.3				
84108		Induction of Labor 1.5				
8/5/08		Introubonne Growth Restriction LIS				
8/6/08		External Contraction Versian 1.0.				
3/1/08		Branche Uzamo Deliera 1.0				
80kk		thrombounding in freenancy 200				
SIGIUS	J	Proposed Wral - Paris he Infectio 1.5				

Permeylvania State Board of Médicine

(11)

Name: Karen Cusulla MD

License No. MD 427 4(8 CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
8/10/08	Alog Campenham of	Fetal Magrosomia	1.0
811108	Colored Pulaliotax - Practice	Managiners of Recurrent Early	20
8/12/08	Bulletins	chronic then in oremance	2-0
8/13/08		Codahanal Diahatas	1.5
814/08		Assessment of thek factors	كنا
Q 15/18			8-162
Sklak		OB Angelesia + Analgoria	1.0
8/17/08		The rold Missesser in Resummer	2.0
3/18/18		Permatul our out threshold	200
8/14/08		Shoulder Dystocia	1.0
8/20 08		mant of Preser Calour	کما
8/21/08		Neural Tube Detrots	h5
8/22/08		prophylacke, Anthors is belivery	1,0
123 66		Corricul Ina Farana	2.0
S/2X/U8		Distocia a Anguerlaham OF Catal	
8/25/08		Messen & Comiting of Programme	الميا
X26/08		Vagnal Between Marias Cosarear	20
8/27/48		Ment of Postern Prenance	2.0
8/28/18		Triplet, Higher order Meller land	m 200
8/29/08		Whosenogaphy in Migrane	(.5)
8/30/08		Pregestational Brabeles Nelt	
8/31/08		Introduction Etal heart	2.0
9/1/08		Intrapartin etal real	0.5
9/108		Episionary	
9/2/08		mant of Albuman 12abe in france	
913/08		Proportion Menorrhand	110
9/4/08		Claring by the a Charles a Charles	1 1
9/5/08		Hemaglabia apolines in Region	7.20
9/6/08			کیا ہے۔ کیا ہے
9/2/08		manto Herpes in Pregner	T
9 8/48	1	Use of Payon whice med in	120
9/9/08		tise of Psychiatric med in	4.0

Name: Karen Fessellen mo

License No. M) 427 4(8 CME Hours for Biennial Period: Jan 1, 2008 to Dec 31, 2008

Date of . Activity	Description of Activity (i.s., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Time Self-Study, Web Site, etc.)
9/10/08	Acco Corpordien of 1	Invasive Prevaled Testing 1.0
9110108	Select Pubs-Practice)	prosessment of Ferral Ling 10
9/11/08	Bulleting - 0B	obstehne Aspects of troums 15
9/17/08	ACOG Compender of	Mchael Mant of tubal Proporcy 1.0
9/13/08	Select Pubs - Practice.	months base contrapolary 100
Plulie	Bulloting Gynerdogy	Medical Ment of Endowetions 20
91568		Mont of Anne lodory Bleedy 200
9 16/08		Preminatrial sindrane 20
9/17/08		SVICI ORL A Warran woo Lot Alexanders on
911/08		Use of Both rolls of my to
9 18/08		Manta herblide from delates 1-5
9/19/08		Diaglita of course continued a Zue
9/19/08		School & Estage Recent Melibragh
9/20/08		Polycycho dary Syndrame 15
9.120/08		Breist aren Screening 1.0
9/21/08		certifical actioning 20.
9/22/08		Benefit PixXx of Stenlization ho
9/22/08		Osleonaris O.S
9/23/08		Chranic pelus poet 10
9/24/08		mail treat of Gostatonal Tryhollaine LS
9/25/08		Gy Despes Sinfler Infohen & LO
9/26/08		Intrantoure Dever 40
9/28/08		Human Papillema virus 1.5
9/27/08		bringry warminence in Women 20
9127/08		Mant of Endandhal Cancer 2-0
9/28/08	· ·	Mand Ahnormach + modeloft 20
9 29/08		Medical Management of Martin 1.5
9/30/08		Emergency Contracaption 1.0
lel lox		Harmonde Cantra contrar in Western 7 of
10/2/08		of coresping received continues that
10/3/08		throbute Vophylace for 54 1.5
1011100		Endaneirae Ablatan 10

Name: Karen Fersulla mi)

License No. MD 427 4(8 CME Hours for Blennial Period: Jan 1, 2007 to Dec 31, 2008

			Actual
Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Nume of Journal, Self-Study, Web Site, etc.)	Time Spent
10/5/08	ACOG Converdien of	Mant of Advanced Masses	1.0
	select lubl- practice	Prajection of DVT + Pulmany	145
10/6/08	Bulletins-Grecology	Peluc organ Prologica	125
- 1		a a Comment of Malana	615
10/2/08	ACOG Carpendown of	Corneal Concer grang in Address	
10/2/68	selected Publications-	STD'S in Adjogrants	1.0
10/8/08	Convertee garians +	Endenders in Addessent	0.5
10/8/08	Policy Howements		ا مرا
walos.		Manyocuccal Vacences in	0.5
Jolistor		Exal + mand of Whomes Care	tis
- Palintos (partitory + history in Adepart	-
10/4/08		mital Republishing feath	10
1012/08		thinds Parillona uns Vaccine	صاً.
10/13/08		Mensituation in Gills/Holesonts-	0.5
10/13/08		Pread Con eine in Add escarts The Delivery Addescent Present Treatment + object Diagnozis Vaginal Agents Diagnozis	0.5
10/13/08		treasure + + college laplication	10.5
10/14/08		Vaginal Agenesis Diagnosis	10
10/15/08		Adulescents	1.0
10/6/08		Tubal Lyaten with colivary	0.5
10/16/08		Codin Resamability	0.3
10/12/08	· · · · · · · · · · · · · · · · · · ·	mappipulate stimburgeneste by	0.25
12/12/08		H-15 Connunt illest one	0.5
10/12/08		Homedone use of OB cultorsmope	Ny O.Z
10/12/08		Malerral Apricion ralan, Ethics +4	
10/8/48		Estima weng for play strang	10,25
1018/08			0.25
" LO MA (UB		Invalue produce: guideline	1
10/18/08		Protessippent Responsibilities	0.5
3 1	1	Commercial Enterprises in	0.25
101908		Sex selection	0.28
		medica O Catilida	0.25
10 20 08		Buttent testing - Emilcoll 1550	0.25
10/20108		In selection + counseling	1 0100

Mamor	Karen	Feisullin	M
Nama	Kalen	HELSULLIN	104

License No. M3427418 CME Hours for Blennial Period: Jan 1, 2007 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
lazdor	ACUG Compendium of Selected	Release mediane + Interes	0.25
10/21/08	Publicating - Countivel	seeking + Giving Consultation	0.25
1.0/21/08	Upinions + Pulcy Statement	Adelphin	0,25
10/2/108		multiletan regnancy beduction	0.5
10/22/08		the future he personally to municy lead he wasen to the head of water, including those with mantel of the head	0.25
idvolo8			0.5
10/22/08		sexual ms unduct	0.25
10 23/08			0.25
10/23/08		the Lines of consolinting	0.5
10/23/08		ecanol in Lordon Chie median	0.5
1924/08	· · · · · · · · · · · · · · · · · · ·	Human Immundehoener Mrug	
10/24/08		The Control of the Co	05
10/24/08		Abranced Palernal Age - Right	0,25
10/25/08			0.25
10/25/08		Makinel Phon Mahmuria	0,5
10/25/08		Micros in part Empre Jeush Dase	1 24 1
10/26/08		Permutal Richs with Assisted	05
10/26/08		United an Course Screening	1.0
10/27/08		screening for fragile x	1.0
10/27/08	·	Fuelvation of Still birting 4	0
10/28/08		Neurosal Dearth 3	20
10/29/08		Genetes - Molecular II	1.5
10/30/108		Shemanton Singland	<u> </u>
103/108			0,25
10/3/108		Imaging studies by as fagors	0.35
1031/08		Nongynechar Procedures	0.25
11/1/08		General OB/672 Ble Early	0.5.
11/1/18		General OB/67 OF Brice Persons	K 13.5
11/08		11 ACLIED A MONETURE + REPORT (WEEKLE	COS
11/2/08		Gan - May be conce	0.25
11/2/08	4	Mornal ve of Lapasser Kally	0.35
11/2/08		Idestated Vergland Kysterewich	ر دور

Name: Karen Fessilliams

License No. MIS 4274 (& CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (I.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
113/08	ALUG Compandium of Colored	the importance of precur contan	0125
1 1	Replications - Counties consums	and the second s	025
114/08	4 Policy datements conty	ampain ded Bio identicate Homin	+5 0,25
nluke.		Elective Concecenter	0,25
nulos		heraths & to lake in allegik	0.5
11/5/08		Petr of collins in screen Diginis	C 11 5
ulslog.		Emacien + Werine Cancer	0.25
4/8/08		who companies with a light of all	(),2
11/6/08		The wilder	0.5
nclus		Positive Trincer Screening	0,5
11/2/08		On well I Occupate a Committee	1.0
11/8/08		Control of Cyto Verinescapin	.0,5
4 R/08		MIND TO SO DENENC DIGIT OUNTRO	0.25
N/8/U8		coloruscopy + altectal curcan	3,5
11/9/08		Pharmaceutcal Compandy	0,25
4/9/08	A-1	Supercapinal Hysterectory	0.5
11/2/08		Solve Induce & Sorbudonorolis	as
11/10/08		Audenscon	0.5
11/10/08		the Uninsured	0.5
N 12/US		Health cure for Humsless Wanen	015
MILLUX		land + Ethnic Disparities	0.5
W1268		smoking cessection during	0.75
u 43/08		Bythosocial Kisk Fritzers Beginning Screening + Interite a Kin	1.0
4/4/08		Broust feeting: material + Infant	0.25
4114108	·	naith Weracy	0.25
MUYER	·	supplied a section of reventure of	05
4/15/08			01.2.5
1115/08		Brerase durin memanay - manage	200
14 15/08		Introded Corphological Michael	2,5
4/6/08		Sety of Livenop infrem	025
11 16/08	J	linamingota Dry previous	05
4/16/08		Minobstehr Surreu in Presing	0.25
		23	

Name: Karen Fesulla mo

License No. MD 437418 CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

	Date of Activity	Descriptio (i.e., Article Title, I	n of Activity Online Activity, etc.)	Location (I.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
	11/11/18	Mas Congentur	not selected.	acetern buch	0.25
	11/11/08	Publications Co	mortage	Pain Callet during labor	0.25
	W 117 108	Junes - Eli	y somewats	Objection of Programmer	. U.S
-	n isles	COV.	t d	Subdince & Hyper jadamin Pre	May 025
<u></u>	11 15 05			Cosaccan Delione on exchange	25.6
	14:23/-			Discussion Discusive Miero Fier	25
-	11/2/108	75		Pahent Salety in 08+641	1-25
	1 1	MENT	3	Partnery with Retails he hypery	1-25
	79/56			Do not use abbreviations	1.50
1		SAFE	\ \	Patent Scaly in Surged hour	
٦,	12406		- 6	Tracking + launded Systems	120
1/2			(2)	Set use of medicades	1.5
	1/27/48			Medical Emerging Preparedness	1.5
(A)	1 20/16			Communication Strategies Ex	12-01
	1172/08	Total State of State	(18)	- Participation of the second	
-	4 2x08			Tools to the stand of	0.25
1	4.4	rans-Update	(oh servic s		0.25
	1.	- Grandey	Primary	Principles & Enders Bastimes legal + Ethical Issues in 1° and	1
	2/1/08	e exercative		Society + Role Factors	0.75
	2/2/08			Cardia yasrulan Disease	10
L	21308			Substance thuse	0.5
	24/18			Central Central	0.5
_	4500			violence grant wance	1.0
17	VILUX.	the state of the s		Depression + offen model	0.75
	2/7/08			the rold Diseases	0.5
	2808	<u> </u>		Coajulypahues	ó
	2/3/08			Headache	0.25
1	2/10/08			Sleep Apren	025
1.7	14108			1 Charm tract Distributes	(5
.12	2/2/18			coverton leconition of incoher	1,0
ناز	111368	<u> </u>		structs for Women's houth con	10

150
\ PJ

· Name:	Karen	Feisu	Min	an		<u> </u>	
License	SYCEM ON	7 4668	CME Hours	; for Biennial Period:	Jan 1, 20x	∑7to Dec 31, _	7008

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Wab Site, etc.)	Actual Time Spent
12/14/08		Fatigue + Pahent Salete technique thances has peduce medicarhan - related Errors	0.5 0.5
·	clast	two are color	
	P	dent sasety)	

Enclosed please find a listing of my category I t 2 come fer I for my reactivation application of my expired leansylvenia license. The number 15 mb 427418, thank you, Karen Fersulam nud feisulling



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

August 13, 2009

Attı: Tanımy Radel, Administrator Pennsylvania State Bd. of Med. PO Box 2649 Harrisburg, PA 17105

Re: Board Action Query Dated: August 13, 2009

Your Reference Number:

TŠH

FSMB Batch Number: BQ1658646

The following is a report of the search results from the Board Action Data Bank as of August 13, 2009 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of August 13, 2009

Item	Name	DOB	School	Yr/Grad	Request ID
ŀ	FEISULLIN, KAREN TANYA		039020	2002	21267609
		LICENSE HISTORY State Board CONNECTICUT PENNSYLVANIA			

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 crossreference 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 July 24, 2009

KAREN TANYA FEISULLIN

9849

WEST HARTFORD CT 06119

Telephone: 717-783-1400/787-2381

Fax: 717-787-7769

EVALUATOR:

- No. 12

TERRY

RE: DISCREPANCY NOTICE - Status Change/Reactivation Application - Physician

Dear Doctor:

The Board has received your status change/reactivation application. The items listed below are needed to complete your application. Your license cannot be changed/reactivated 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 your license has been reinstated by the Board.

- Curriculum Vitae listing <u>ALL</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
- Continuing Medical Education We have given credit for 30 Category 1 hours. We cannot accept the certificate for Department of OB/GYN Grand Rounds 2006 2007 because there is no breakdown by year and all hours must be earned after January 1, 2007. We cannot accept the Category 2 hours submitted because no dates were provided for each reading and the source document for each item was not provided. Please provide an additional 70 Category 1 or Category 2 hours.

NOTE: PLEASE RETURN A COPY OF THIS LETTER WITH THE INFORMATION AND DOCUMENTS REQUESTED.



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 May 12, 2009

KAREN TANYA FEISULLIN

9849

WEST HARTFORD CT 06119

Telephone: 717-783-1400/787-2381

Fax: 717-787-7769

EVALUATOR:

TERRY

RE: DISCREPANCY NOTICE - Status Change/Reactivation Application - Physician

Dear Doctor:

The Board has received your status change/reactivation application. The items listed below are needed to complete your application. Your license cannot be changed/reactivated 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 your license has been reinstated by the Board.

- Curriculum Vitae listing <u>ALL</u> periods of employment or unemployment (i.e., child rearing, research, etc.) from graduation from medical school to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.
- Continuing Medical Education Please submit copies of your CME certificates to verify completion of Continuing Medical Education. CME requirements can be found at www.dos.state.pa.us/med.

NOTE: PLEASE RETURN A COPY OF THIS LETTER WITH THE INFORMATION AND DOCUMENTS REQUESTED.



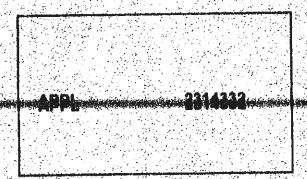
TARGET SHEET

Board: Medicine

Date Created: 08/24/2005

Licensee Full Name: KAREN TANYA FEISULLIN

<u>License No:</u> MD427418



49-101 (REV.02/05)

Regulat Mailing Address
STATE BOARD OF MEDICINE
P Q. BOX 2649
HARRISHURG, PA 17103-2649
717-783-1400/717-787-2381
st-medicine@anate pa us
Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

M	D		2	9	ij	1	8	
						3	5 [
		Q.	ĹΉ	EICIA	2.00	P.ON	4.12	
		/II-0-	 11.			::3		÷

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION

For Gradunies of <u>ACCREDITED</u> Medical Schools

say \$15.00. not to hindapile Maker check payable to the Commonwealth of Penns & by of \$10.00 fell be shorged for any check or many brance remined in grain by your bonk regard WL- 181702 Please print or type. TANYA KAREN FEBULLIN NAME: Permanent Address: All correspondence and 4 BIOG the license will be mailed to this address Zip Code moleus the I ward to notified of a change. Email address | Clesalin @ yelsoo . Com Social Security Number: Date of Birth: If your medical/licensure records are listed under another name or names list below. DATES OF ATTENDANCE LIST MEDICAL SCHOOL(S) ATTENDED: From: 8/97 to 6/02 Jefferson Medical College Mode Yr. Mo & Yr Mo. d. Yr. Date of Graduation: 6 Dex 2 There incensing examination(s) passed:

() FLEX - indicate state where taken: Date taken: Component 1 Component 2

() NATIONAL BOARD - PART 1 PART II PART III

A USMLE - STEP 1 STEP 2 STEP 3 Check licensing examination(s) passed: () LMCC - Canadian () STATE BOARD . indicate state where taken:_

49-100 (KEV.01-05)		
ACGME Post Graduate Training: POY 1 - Hospital: Prom 1 185 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
POY2 Hospital		
Answer the following questions. If "YES" is answered to \$7 through \$8, provide complete details in a manual as certified copies of relevant documents. Sign and date below:	******	e e y e gr we
	YES	M
you hald an unrestricted leads of the surface of the parties of th		
2) Have you ever withdrawn an application for a doubt hal as again a seried or refused, or agreed hot to Marphy for a literal or agreed hot to Marphy for a literal or restrict or agreed as a second or requirement or construction or construction.		
Fax any disciplinary a tich coen treet acritic years are or manifester.	e no e mortale	Para agains
Of received producted, featility of the state of the stat	rood with the	
i Since May 19, 2001, have you seed avertal for distant location deplaced of association of the control of the		es es antic
Have you had proceine privileges secret, review of control to the analysis of control to the control of the con		
Have you had your tex registration design to head to be registration and the state of the state		

So the you, or have you ever been addited to the footier professional wealth Honitoring Program.

6) Since May 19, 202, have any secretary and the beautiful and the Complain: which such the fund of the first that the first that the first the first the first that the fi

SIGNED STATISMENT

bins that discharing point social recurry number on this apply which is that the first the mit of blodwine to require a transport of the enterior of the enter Social Security Act personing to third support enforcement, at implemental in the templace which of Factor Act at \$1.00. If the first the months of the first the firs success recurrency was persuagang so enan suppose a consumeration, as unspecience as no a consumeration of fively displaces the Consumeration is increased to the Consumeration of Fively displaces the Consumeration of th National Practitioner Data Hand and the Health-Care Interprety and Properties State Regions to be 10 'vel 150' 150 year, possess the become a nation advantage to the contract of the contract

I beerly that the statements in this application are true and correct in the two of an accompany, not amake it was being I underwant that have incommon are included approximately and the incommon are included approximately and incommon are included approximately approximately and incommon are included approximately approximately approximately approximately approximately and approximately appro to the production of 18 Pa. C.S. Section Adjul relating to unaware infestigation, in pulsarines and may report to the surfacement or recombine of my analysis. all hospitals institutions to expanisations, my references, properly physical physical representations and processes, and of processes agree or and processes and of the contraction of

May v They average of the constitution of the

49-101 (REV 6201)

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.

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

Name of Applicant: Karen Tanga Fristillin NO

SIGNATURE:	Date: 7/11/or
Print or type name as signed above: C 4K/	MEN SLETANA MP
State in which licensed: PA	License Number: AAD 03 919
Name of Applicant: Kocce Tourse	of good moral character and to the best of m
I hereby certify that I know the applicant to be e- knowledge, he/she is not addicted to the intemporal a narcotic or other habit forming drug. I reco	of good moral character and to the best of merate use of alcohol or to the habitual use of ommend the applicant for a license to pr
I hereby certify that I know the applicant to be e- knowledge, he/she is not addicted to the intemporal a narcotic or other habit forming drug. I reco medicine in the Commonwealth of Pennsylvani	of good moral character and to the best of merate use of alcohol or to the habitual use of ommend the applicant for a license to price.
I hereby certify that I know the applicant to be e- knowledge, he/she is not addicted to the intemporal a narcotic or other habit forming drug. I reco	of good moral character and to the best of merate use of alcohol or to the habitual use of ommend the applicant for a license to pr

Return Completed Form to Applicant

Liai dure onais.

Gourier Dolivery Address
State Board of Medicine
2601 North Chird Street
Hatrisburg, MA 17110

Réguer Mailing Address Stête Board of Medicine O Box 2649 misburg, PA 17105-2649

EGEIVED DIRECT

VERIFICATION OF ACOME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates
TO BE COMPLETED BY APPLICANT

NIG. BUSHIN	KAOCN	TANKA
NAME: FEISULIN	Fam	Middle
I If training began before July 1, 1987, one y	ear of approved training at a first th	CGY I) or second IPGY 3
year level must be verified. If the waining be	gan on or after July 1, 1987, two (2	years or approved Tamily
are required one at first (PGY 1) year level an	d che at second (PGY 2) year lovel	
2 Training et a first (PGY 1) wear plust	be ACGMI approved entry leve	training which requires now.
previous training). Training at a second (PC	Y 2) year must be ACOMB appro	ived and can be any appeled?
See listing on back		
3. If training was completed at more than one	hospital duplicate this form and sol	omit to each hospital
To be completed by the program director at was in Pennsylvania, information must coin second year of training, this form may be copies to the completion of the approved training be accepted.	icide with data on graduate licens ompleted and signed by the prog- ling. Forms postmarked or signed	ie. For appurants still in the rum director Nicen (15) deys d prior to the Afteen days will
NAME OF HOSPITAL WHERE TRAINING WAS CO	ships print Albert banklein	When of Medicine
MANE OF HOSPITAL WIERE TRAINING WAS A	A Part of the Community	
NAME OF SPONSORING INSTITUTION ALLOC	stronter-Lullege ut	I Child tails
LOCATEDIN: BONY, NEW LUC		
City		State
COMPONENTS COLUMN		
(6/10) 1st Year from 07/11/2002To 06/30/	10) i Specially objective is the	LC Levelle 1
		Taisled
2nd Year from Tu *I'l certify that Your Turn of Applicant Name of Applicant	Specially.	
Land and the said of the said	anecessfully tours	ated will successfully a complete flish
Name of Applicant		
praduate medical daming and that there was not to	Ailternat August and August Au	
complete this training, the Board will be mutited.		See Touris definally
"I further certify that the above program was	ACOME accument at the mail ""	Name of Applicant)
completed the training."	Land to the same of the State o	
Signature of tro	Mid: Director	
[Scal of Huspital] Dates	gran: Director	Annual Control of the
If the hospital has no sent complete the following section s	nel leave this form noterized	
the state of the s	union and that this larger at as completed by the	e Locales
Program Director's Signature: Date: 1111 [2]	Zinco de la constanta de la co	
Program Director's Signature	The principle of the state of t	and the second of the
Date 11 13 191 -	COLLY SOME	Zin go filk kinnen
RETURN COMPLETED FORM DIRECTLY TO THE	BOARD IN OFFICIAL HOSPITAL PY	VELOPPEIANT FUELD STATE OF ME
IND I WIND WARRANCE IN POST OF THE PROPERTY OF		Countries in Right Coun

Regular Mulling Address State Hourn of Medicine Box 2649 Isburg, PA: 17105-2649

NAME: TE ISLIGUIZA

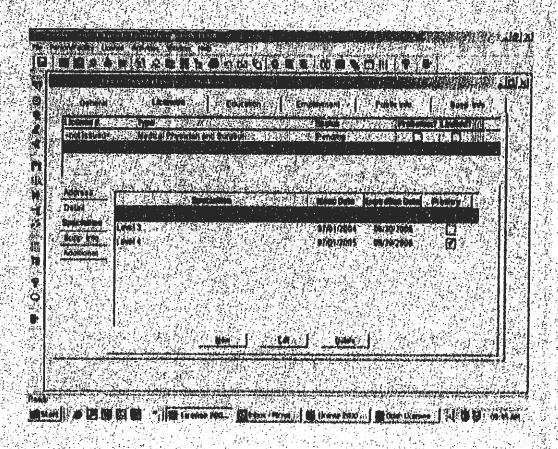
RECEIVED DIR.

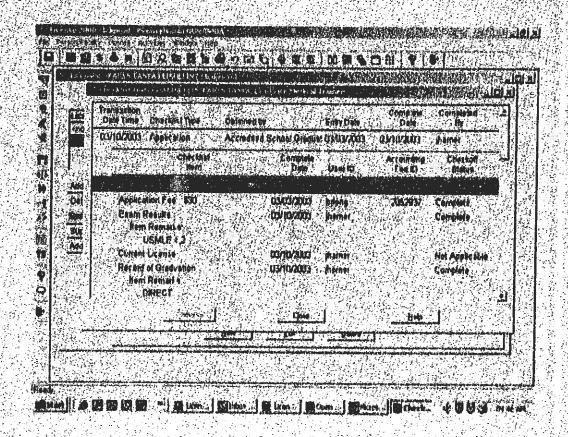
Courier Delivery Address State Board of Medicine 2001 North Third Street Hardsburg, PA 17110

YERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates

TO BE COMPLETED BY APPLICANT

year level must be veri are required, one at firs 2. Training at a first previous training). Tr See listing on back.	fied: If the training began (PGY 1) year level and or (PGY 1) year must be aining at a second (PGY 2)	on or after July no at second (PG ACGMI: approv !) year must be	ning at a first (PGY 1) or second (PGY 2 1. 1987, two (2) years of approved training if 2) year level; wed entry level (training which requires in ACGME approved and can be any specialty his form and submit to each hospital.
was in Frennsylvania, Second year of trainin prior to the completion not be accepted.	information must coincide g, this form may be comp i of the approved training.	with data on g eleted and signe Forms postma	the graduate training occurred. If training graduate license. For applicants still be the ed by the program director fifteen (15) days arked or signed prior to the fifteen days will
MAME OF HOSPITAL WI	ERE TRAINING WAS COMPL	eren jo (i.	AR A Charles and the Charles
NAME OF SPONSORING	INSTITUTION: JE CLE	in Whin	
LOCATED IN:	Edudelphia "	Markette	to be been been been been been been been
	City	an terminal or an experience of a terminal of the second	The first the second of the se
lst Year from/_	To disconnection of the special and the second arms of the second	Specialty	Level(PGV)
			Social dimercia, Level(PGV)
			医二角性 医髓膜 化磷酸 医肾髓 医乳腺 化二甲酚 医二甲基 医囊膜 化二甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
graduate medical training an complete this training, the Bo	d that there was/is no disciplinated will be notified."	uy action oidstandi	iccessfully completed will successfully complete this ing against this applicant. If this applicant does not ut the time (121)
completed the training			(Nape of Applicant)
[Seal of Hospital]	Date:	The cor	or to marking the control of the con
If the hospital has no seal comp	lete the following section and has	Liver Valley (1988)	그는 사람들은 학생들이 지난 학생들이 되고 있다면 가는 것이 되었다. 그는 사람들은 생각 나를 받았다.
I hereby certify that the	ls hospital has no seal or stamp an	d that this form was	completed by this basemal
	easure		
Date:	der han gert i Antoniale in dergescher Lands in Stein einem Ausgebreit		
return completed fo	RM DIRECTLY TO THE BOAT	rifin official i	Hospital envilopa







United States Medical Licensing Examination" (USMLA?) Certified Transcript of Scores

This document was properted by the Policiastics of fines Needling Boards of the Palent Resea, Inc. Policiastics Place, PO Box 61986s, Dollas, TN 78269-9888 — Pelopholic (817) 888-4848

Dete : 07/28/2005

RECEIVED DIRECT

Pennsylvania State Board of Medicine ATTN Cindy I. Warner, Administrator PO Hox 2649 Harrisburg, PA 17105-2649

Alt Number(u):

Feisidlin, Karen Tanya

Date of Mirsh:

Results for Steps taken by this examined (and for which results have been reported to date) are shown before Yor Steps that span make than one day, the test data reflects the day on which the evanuation began. Where numeric scores are reported, there are two seales used. and the focontineed of minimum passing sense "MP", on each scale is shown in precinitieses

USMLE STEP		palparate applie promise abance plante (and to give a parallel for a parallel for a parallel for a parallel f		
Test Date 06/21/2000	Three-Digit Store Fass/Fall Total MP 1 Pass 194 170	Two-Digit Score Local 519 30 75	Commedia	
USMLESTEP 2		dentes y a tradució a consideran maio resea más destreta de este del este de este de este de este de este de e	The same in the same same same same same same same sam	
Clinical Responsedge (C.S.) Test Piese 07/06/2001	Three-High Score Pass/Fall Total Met Pass 212 174	Ewn-Olgis zener Potat MP 85 25	Commisti	
USMLE STEP 3				
Test Date PENNSYLVANIA 01/20/2001	Fass/Fall Fotal AP Fass/Fall Fotal AP Pass 196 IP2	f no flight Store Lotal 119 30 75	Comments	

RECEIVED

iti 2 h 7005

Heafful Isporting Maris &

15976763

INTERPRETATION OF RESULTS

ESMLE framerican bortoile a complete frients frames and continue any any examinations the which the examples and and in teridis with fightist the Mis inflored the stone was different scatter are level. The hirt is a titler digit of the new to Which was recovered the fundamental district the consequence of from the passing wife is there in the trust of the trust by menth ow ensurers of representation above of the two their take of the handrof it is the real mountained minimum presimp store. The height probably adequates a from the transmitted about the boundary of all the part House Pure three and periods and and to individual larger

First Adaptify thirties with important solvery, the Standard Francisc Alphanterion with the presidence indicated the emission that while the privated he lieved it so examine you would derested by home different selection and venerior significant entrant The MAC a wordly in the large of Lay Springs on the thire digit water and I to Seventi on the twee digits are

STEPROTISICAL SKILLS (CSF.)

the Clinical Stillied. Assembly new of Asyp 2 was indicated as in And and the USALL trainer private her present first or letter, twice shape. The hope devisionation that could price a one introduction of step. I Chaintings to be affinentiated in the Dinnal Rambing it Kreingrania daigns in control sorg It has bound but they entare extremely extreme extremely they could effect the introduction of the Nego 21% component

SHELL BELLEVIA AND A THE AND A SHE A terretain endervolvent interview windthe engine which A SECRET SHE MENT OF THE TO MADE TO SE

Home and officers may be storaged to believe to forecasing a to property and record for the first property, we have introduction for coloring to compare more the such construction rammanical views thank the first of higher and their productly updated section to the County section THE RESERVE

ASSOTATIONS APPEARING CAMER'S OMMENTS Little problem to the remembers which we substitute of the analysis of the contract of the con

the flexibility are for all to see of body are considered by the Minister Adaption of the Selection as considering

Independent Desite that American and the hope from the what bothers of the symbolic at the alpha and on the property campled by the proposition the react that is former photographic construction for their flavors was rained the are the the the transfer, the second and the second second second second second second second second second withing the distribution is in the city of the posteriors of the com-Dep Marking Harported list of a far injuriary in a color of the terminal in the healthy delegate which is be fortuned in

on some deficience of academic through and amendian proper endoned will this remarries a may be obtained by contacting the erportation from which was recovered the granering of the COMIA Socretaria, 1340 March Succe. Philadelphia, PA THIN, religiouse of the transfer

Incomplete. The findamental training but my alk of the 5 best and a stimulation. No score is reported.

Irregular Rehardor - the Committee on Irregular Behardor deservated that the examines capaged in increasing behaving formates of research behavior me described in the entreal estitions of the USMEL Bottoria of Intermember of Intermental cryarding the nature of the triegular behavior and the ik termination of the Committee is available Africh information it not embised with this wanscript, it may be obtained by consisting the confinitation from which you received the transcript or the 1930 E Secretariat 3730 Market Speed, Undadelphia, P.A. 1911/4, heleptione 1215) 190, 1900

Score Soil Avuilable. The wive to rait available. Further review dial or mate somers be pending by it may have been determined that the so it come is be reported to

Pext Arrammentations . If they me trees and approval of a reque à from the existences, it et à resignalitatione a cre provides. in the administration of the examination

annulations appearing as motion

the constances with connection with an administration they are of the stangard may result in the case on an appropriations was an expensely in every term to regard the appropriate and enlast. of Assertations of the Nobel will appear in the east of the jiha, amejrit, j

BOARD ACTION DATA BANK INFORMATION APPEARING AS NOTES

The Bound Acts of the Bane of the feeling wood Stank Steale at Wanterfront in a paramer, arthur as proper for the USAM by ASS. harring and disciplance being a land and evening anthropies. the U.S. Artist Charles, the to a Department of Health and then in Services and inchrecked along columns to be inchalled in the firm that, an action man, be a nature of public period of he legally cotes able to where exects at them had editive excitation, the e contacted nationally by advice places an explanation frequen so it as reported to and released to the hound Action Land Wink are the discount of there is president in military such at the six terested the mode that reside for sompler and to as in in for eching minimum employers of history working inchange by wanth even present Chiefe toperfeeling the 13-614 an article because partial the perialment occurs of the in health of the few and the executive of such an alling may be and and in med SML reasonable Mass

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

MT181205 FEISULLIN

RENEWAL APPLICATION

KAREN TANYA FEISULLIN THOMAS JEFFERSON UNIVERSITY HOUSE STAFF OFFICE 111 SOUTH 11TH STREET SUITE 2170 PHILADELPHIA PA 19107-5096

State Board of Medicine PO Box 2649 Harrisburg, PA 17105-2649

YES	NO.	If YES to 2-8 - provide details AND attach certified copies of legal document(s).
	1/-	1. Do you hold a license to practice this profession in any other state or jurisdiction? List:
	X	 Strice your initial application or your last renewal, have you had disciplinary action taken against you license in any state or jurisdiction?
	Y	 Since your initial application or your last renewal, have you withdrawn an application for a license, had are application for a license denied or refused, or agreed not to reapply for a license in any state or junisdiction?
	X	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded not contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
	X	 Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	X	6. Since your initial application or your last renewal, have you had practice privileges denied revoked or restricted in a hospital or other health care facility?
	X	 Since your Initial application or your last renewal, have you had your DEA registration dentited, revoked of restricted or have you had your provider privileges ferminated by any modical assistance agency for cause?
	X	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you rubmit a copy of the entire Civil Complaint which must include the filing date and the date you were served.

Please review and update, as necessary, the following information regarding your license:

	Beginning Date	Ending Date	Level	Specially	Hospital#	Hospital Name
Gunent	7/1/2003	6/20/2004	2	Obstetrics and Gynecology	HS000240L	THOMAS JEFFERSON UNIVERSITY
Renewal	7110009	BACIO (1)	3	EbstehvedCorede	1. 43	A destroyed a finished by the state of the second
		,			gan and the state of the	

Bignature of Lieunaut (Mandatory)

Date 4 11--55

SSN

ATTACHMENTS FOR RENEWING:

- FEE \$15.00 check payable to "COMMONWEALTH OF RENNSYLVANIA". Write your license number on your payment A \$20.00 fee will be essessed to a returned payment
- LATE FEE \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the expiration date
- PGY 2 LEVEL Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable
- combination as indicated in the regulations.

 PGY 3 LEVEL or above Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE

MAY 0 6 2004



UNITED STATES MÉDICAL LICENSING EXAMINATION M

F. M. ation of State Michigal Boards of the U.S., Inc. P.O. Box 619850, Dollar, Texas 75261-9850 Telephone: (817) 571-2939

STEP 3 SCORE REPORT

Feisüllin, Karen Tanya

Test Date: January 20, 2004

USMLE ID: 5-068-028-9

The ISMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess unexaminee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in annihilatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above:

(9/45S) \$	This result is based on the minimum passing score recommended by USMLJ: for Step 3. Individual licensing authorities may accept the USMLII-recommended pass/fall result or may establish a different passing score for their own jurisdictions.
J196	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 211 and 18, respectively, with most scores falling between 140 and 260. A score of 182 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) for this scale is approximately six points.
	This score is also determined by your overall performance on the examination. A score of 15 on this scale, which is equivalent to a score of 182 on the scale described above, is recommended by USMLE to pass Step 3. The SEM for this scale is approximately two points:

Vour score is influenced both by your general understanding of clinical undictine and by the specific set of ticins selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examine were tested repeatedly using different sets of thems expecting similar content

MT181205 FEISULLIN

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

RENEWAL APPLICATION

KAREN TANYA FEISULLIN THOMAS JEFFERSON UNIVERSITY HOUSE STAFF OFFICE 113 SOUTH 11TH STREET SUITE 2170 PHILADELPHIA PA 19107-5096

State Board of Medicine PO Box 2649 Harrisburg, PA 17105-2649

1 will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request in status. No fee is required. QUESTIONS MUST STILL BE ANSWERED	
STATUR NO THE IS PROBLEMAN CRIESTIONS AND STATE OF A REPORT OF A	HICKLY

THE FOLLOWING OUESTIONS MUST BE ANSWEDED

		AND AND MAN AND AND AND AND AND AND AND AND AND A
YES	KO:	# YES to 2-6 - provide details AND attach certified copies of legal document(s).
	Υ	Do you hold a license to practice this profession in any other state or junseliction? List:
	Х	2. Since your initial application or your fast renewal, have you had disciplinary action taken against your ficense in any state or jurisdiction?.
	×	3. Since your initial application or your last renewal, have you withdrawn an application for a license denied or refused, or agreed not to reapply for a license in any state or preside then?
	X	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded note contenders, or received probation without verdict as to any follow or misdemeaner, including any drig law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
	X	 Since May 19, 2002, have you been arrested for criminal homicide, appravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	γ.	6: Since your initial application or your test renewel, have you had practice privileges defined revoked of restricted in a hospital or other health care facility?
	X	7. Since your initial application or your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	×	 Since May 19, 2002, have any malpractice compleints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the filing date and the date you were served.

Please review and update, as necessary, the following information regarding your license:

			and the second s		And the second of the second s	an mark, many min an extraction	product remaining and analysis of the program of the safety
'n		Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
		and the second of	and the same	in region y white	 Territoria de le como especialista, como especialista de como de los que de las el como de especialista. 	an e difference por la como militar de la como de la co La como de la como de	THOMAS JEFFERSON
	Current	07/01/2004	06/30/2005	. 3	Obstatrics and Gynecology	HS0002401.	UNIVERSITY
	December		Jane Control of the C	in prison the same	Promoting the second of the second	edwa in estrenia i moni i a colo a si	
	Validation	1112005	6/30/2006				

																Z	3
- × .	Se was a se	· · · · · · · · · · · · · · · · · · ·	4.5								-		20.00				
											•						
- 1				244										4.	2 .	# · ·	
c ı	احدد	alleria mil	innana.	Illiand at a sale					1 1			44.7 15					
	434 640	and the last	L 11 . DEC 1 15 E 2 E 2	(Mandatory):	,					4.H N	• .	Dale	7-4	1.3			
_				· Charman and a his					. •			3 214187		1 6			,
4 3	-											man A h A d d'a	· white party of the contract		a rulle in	Sec. 951	-46
		4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6															

ATTACHMENTS FOR RENEWING:

- * FEE \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A \$20.00 tee will be assessed for a returned payment.
- *LATE FEE. \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the expiration date.
- * PGY 2 LEVEL Copy of your USMLE Step 1 and 2 scores OR FLEX (scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations:
- Compination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION OATS.

STATE BOARD OF MEDICINE

RENEWAL APPLICATION

MT181205 FEISULLIN

KAREN TA				9849
THOMAS.			VIVER	SITY
HOUSE ST				
111 SOUT SUITE 217		STREE	I .	
PHILADEL	74.	19107	-5006	

MAY 2 6 2006

State Board of Medicine PO Box 2649 Harrisburg, PA 17105-2649

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. QUESTIONS MUST STILL BE ANSWERED.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s).
/		1. Do you hold a license to practice this profession in any other state or jurisdiction? List Pennsylvania, Pending Current and License.
	/	 Since your initial application of your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
	1	3. Since your initial application or your last renewal, have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?
		4. Since your initial application or your last renewal, have you been convicted found guilty or pluaded note contenders, or received probation without verdict as to any felony or misdemeanor, including any drug taw violations, or 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. Since your initial application or your test reviewal, have you had practice privileges denied revoked of restricted in a hospital or other health care facility?
		7. Since your initial application or your last renewal, have you had your DEA registration denied, revoked by restricted or have you had your provider privileges terminated by any inedical assistance egency for cause?
		B. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entre Civil Complaint which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

Please review and update, as necessary, the following information regarding your license:

	1.0	والمناعب والمستحدد بمستحير	نهار وفينده ما ياناه عاملت أما وماليك بما أنج في	والصيدي بتجريسها فترضاون	But we will not be a second and the second second second second second	المراجع والمراجع والمراجع والمراجع والمراجع		tana Ka
):,		Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital	Name
ľ	Current	07/01/2005	06/30/2006	Level 4	Obstetrics and Gynacology	H\$000240L	DIOMAS JE	FFERBON
F	Ronewal			lagrad sample		Transfer of the second	UNIVER	ian i
L			lan and best					
•	(P.) (1)	e of Licensee (Ma				Dat	n 2 1 5 0 (
٨	Aedicel 3	School Graduation	Date 6 20	1.7 2	Samuel and the same of the sam	SSN		

ATTACHMENTS FOR RENEWING:

- FEE \$15.00 check payable to COMMONWEALTH OF PENNSYLVANIA! Write your license monitor on your payment A \$20.00 fee and the assessed for a returned payment
- LATE FEE : \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after the appealant date
- PGY 2 LEVEL Copy of your USMLE Step. I and 2 across OR FLEX Lacross OR National Board Fant 1 and 7 across OR an acceptable combination as indicated in the regulations.
 PGY 3 LEVEL or above Copy of your USMLE Step 3 across OR FLEX I and II across OR National Board Parts 1-3 across OR an acceptable conditional and additional time regulations OR a copy of your unrestricted incesse WHICH SHOWS THE CURRENT EXPRAISION SATE

Amount 30.00

PRINT MAY LIDE Address Couries Delivery Address
California State Board of Medicine
D Box 2649 124 Pine Street; let Floor
Literation State Herrisburg PA 17101
T7 783 51400

*THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE
LICENSE DO NOT USE TO RENEW
THIS APPLICATION MUST BE SUBMITTED AT LEAST 69 DAYS
PRIOR TO THE START OF TRAINING

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

MBI SEFEISULLIN	J KAREN TAN	HAIDEN
ORESS:	Consideration and the state of	
Brony	1 /4	19161
citt ti	STATE	ZIP CODE
nal security #	DATE OF BIRTH:	MONTH/DATE/YEAR
MB & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
essibility of the second		
ME & ADDRESS OF HOSPITAL(S)	DATES OF PREVIOUS TRAINING	SPECIALTY USS - the St Size and a
<u>PROTE MELLE CONFIDENCIAL OF ME</u> US MOVELS PRICE AND	11/02-430/03	OBSERWEST SUNERBUIL
86 오 일 원국 제 (8년 18 년 -		
	K'ATRII IN DEMNSYLAVANIAL	
BE COMPLETED BY HOSPITAL LO		
ME OF HOSPITAL:	ifferson University Hospital	백 에 보인한 로이빗 살았다. 화대로 취임한
Mg.OF HOSPITAL:Thomas Je		백 에 보인한 로이빗 살았다. 화대로 취임한

Answer the following questions of "YES" is answered to #2 through #8, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below

elologiii Shiri Maria Cara Cara Cara Cara Cara Cara Cara		An extra part of the
	YOU !!	No:
MS To William to the County Roll of Action and County a		
inactive, current or expired in any state, territory or country? If		
"yas" last ail states below.	1	
2. Have you withdrawn an application for a license had anyapplication for		
ing a license denied or refused sor agreed not to reapply for a successe in a		
another state, territory or country?		
3): Has any disciplinary action been taken against your liness in another state, territory or country.		
4. Have you been convicted, found guilley, on pleaded guilty or holo		
contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal		
court?		
5. Since May 19, 2002, have you been arrested for criminal homicide.	# 1995 Y	
aggravated assault, sexual offenses or drug offenses in any state,	34. 3. 1.	
territory or country?		
6: Have you had practice privileges denied, revoked or restricted in a		W. E. K.
hospital of other health care facility?	Barrier v. A	
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?		
R Are you or have you ever been, addicted to the intemperate use of		3%
alcohol or to the habitual use of narcotics of 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 Health.		20
Monitoring Program		
9: since May 19, 2002, have any malpractice complaints been filled. against you? If yes, the Board requires that you submit a copy of the		
ent read of the complaint which must include the first no date and the		
date voluwere served		
Part Andrew State Control of Marian Control of Control		THE PERSON NAMED IN

Stroned Statement

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.

g	lan	atui	e of	Ap	110	ant																		48		1			
/AL			100		900	dr. S			7			72.00					3, 44							1 A			18 A		
.√\ Z D	ate		. 3	κC	3	3.			学校					41		4	417. 140	i, ii						2 (c	***		7		Ū
() (x)	文 并	4.7		A DOMESTIC						7.	17	17.11	W		100	٧		100		43	81	1	1	建造	Sin.	t. 144	•		4
7			100	100	7.7		1	11	17.0		17.	3 . 7		7.5	1		10.70		30	1			1	$\sigma = 0$	44	V-53	. 69	6.00	4 I
党の人				DIS					1													Ma.			4	vit.			

Feisiillin Karen Tanva

Philadelphia, PA 19103

@jefferson.edu

Medical Pains Hor

Jetterson Medical College of Thomas Jetterson University, Philadelphia, PA

09/1998 06/2002

Doctor of Medicine, 06/2002

Underer adus le Cduestion

Queens College of the City University of New York, Kissena Boulevard, Flushing, NY

Psychology

09/1984 - 05/1989

Bachelor's of Arts Degree, 06/1989

Hunter College of the City University of New York, New York, NY

DI CILICI

09/1994 = 05/1997

Employment

04/1988 - 05/1989

Rapid Research Executive Search Firm

investigator

relephone research of select companies to identify qualified candidates to recruit for executive positions.

07/1989 - 01/1995

Ziff Davis Publishing Company

senior account representative

Arranged marketing promotions with computer vendors to increase the US and international subscriber base of 7 scomputer magazines.

09/1995 = 12/1996

Hunter College of the City University of New York

Adjunct lecturer, tutor

Taught a General Chemistry laboratory course required for premedical students and chemistry majors, and tutored students in General and Introductory Chemistry.

06/1997 - 07/1998

Columbia Univ College of Physicians and Surgeons

study coordinator, counselor

Screened and counseled patients for the clinical trial of mifepristone and misoprostol to induce early abortion.

Research Experience

02/1996 - 09/1997

Albert Einstein College of Medicine

in a single

Worked with the director of maternal-tetal medicine on a study of factors affecting birthweight in babies of women with gestational diabetes mellitus:

05/1996 107/1998

Columbia Univ College of Physicians +Surgeons

sudveondinator

Supervised abstracting of medical records for NCI study investigating medical histories of women who underwent fertility treaments between 1970-1985, and cancer incidence.

05/2001

Jefferson Medical College

Working with a gyn oncologist on a retrospective study of women with ovarian cancer. We are looking at the treatment they received when diagnosed and at the recurrence of disease.

Publications/Presentations/Poster. Sessions

abstract presented at Society for Gynecologic investigation meeting, Neonatal Nucleated Red Blood Cell Counts in Growth Restricted Fetuses, Associations with Short-Term Neonatal Outcome, Minior V, Felsullin K, Divon M, 01/1996; Volume: Pages:

abstract presided at 1997 meeting of Society of Perinatal Obstetricians, The Impact of Blood Glucose Control on Fetal Growth in Gestational Diabetes, Divon, MY, Feisullin KT, 01/1997, Volume: , Pages:

Volunteer Experience

10/1995 - 06/1996

Lenox Hill Hospital

volunteer

Provided general patient assistance, and Special Events volunteer. Assisted in KidCare program to identify and protect neighborhood children.

09/1998=

ientore

Provided health care to residents of horneless shelters in the Philadelphia area.

ng/1908

American Medical Women's Association

officer, member

Organized meetings with women doctors to come speak about their experiences. Also arranged meetings with local agencies such as Women Organized Against Rape, and others to heighten awareness for women. Fund-raising for breast cancer, portrait selection for senior class. Arranged mentoring opportunities for students and women faculty.

Volunteer Experience

00/1008

Medical Students for Choice

ice suren member

Arranged meetings with reproductive health care providers to speak to students, helped arrange citywide meeting of MSFC members on our campus, organized volunteer activities for students at Planned Parenthood, attended local and national meetings for MSFC, promoted reproductive health externships offered by MSFC.

08/2000

yerry(erriore)

mentor

Mentor to an inner city girl who attended an after school program in North Phila. Read, helped with homework, and did activities outside of the center.

(10/2)(11/1)

Physicians for Social Responsibility

inenbe

Participated in "How to save your soul in medicine" series which discussed this challenges to idealism during medical training and pratice.

Litensure

Hobbles & Interests

I run regularly and race several times a year. I enjoy biking, weight-lifting, swimming and reading fiction,

United States Medical Licensing Examination Certified Transcript of Scores

This document was prepared by
National Board of Medical Examiners (NBME) National Board of Medical Examiners (1994).
3750 Market Street Philadelphia, PA 19104-3190 - Telephone (215) 590-9592

Date: 09/26/2001

Examinee: Feisullin, Karen Tanya

Examinee ID: 5-068-028-9

Date of Birth:

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. Scores are reported on two scales. The recommended passing score ("Min: Pass") on each scale is shown in parentheses.

1	$\mathcal{N}_{\mathcal{A}}$	en an	4.5	1.0	D 12			. 4	600		1	- 6	C				. * 5 5		A. 50			- T-	3	المراجعة		28 B L			٠
2.3	3 8 1	S-11		1.	200	p.	5 . 6	4	25					Ni.	24. Q	-	A.		1, 12	T-0	46 T	12.4	24 0	مم	A				
ā.	1	: ()	4	1.0		47.				1	1.2	r dire:	5.5	Dig	440	N. Call	LC:			A 17	/o-I	ик	u o	Y.	E,	4 11	. : W.E.	100	1.10
S.		103	1		~ / /s	29.5	4 4	1 20	X.C.	4 2	1	33	10.00	1,21	1	49.94			A 4.1		-7	-7	4 J.	¥ 11.	1.00			7 i .	-1
٣.	w	40.		100	2.	1,0	- 1	4.1	67.2	ts/IR	0ta	16 21	100	Sz . "	5 4	1	20		Tot	al .	والمحاجو					A 14	. 15		7.0
K (и.	56.	(i.e.)	4 1	2	dien's	Alberta Co.	4. 3.						der i	1 3 1	63.			A V K	쁘								· * 5	
1	1	35		37				. 20		1		经基金基			41 1	100		5. 27.			9.00	1.5	4.	199					41.
	10	281		BIE	100	d1.	WE	all	- P.	. 3	मगा			. IN	nın:	ra.	881:		Sco	re."			MI	n.r	222	a. L	omi	nen	its.
V,	17:57	1	133.6	4.10	13.44	artis.				. 10	A 14. 1	k .	3 164								10.0	- 4		***	4444		444		- and
X.	n,	4 50	17	m	100	Da.	P 69		4 3.		n c	2.7	1.0			70	Sec. 25		0 A		. 4 1 2		7	76					- 2
k.	X.	44			4.43				34	1	., پرج	\$ 12.1		1	77	/>	4	y 1950	OV.	50 .	100			73	1	11.		11	J
8		3.0	35.	100	211.0		with the		.0		1000				· -	7	17.70			S. 4"		e 5.	300						110
υ,	200	1	500	100		100			1.06.		3	Sec. Sec.	. 1				4.7		7.		17:	100		. 1 T.		99.		1 .5	

3.	100	3 3	40.0	Y 7		100	a real	1				* > *		7					/ .	6		* * * .		4.4		11.			
216	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4.5	131	1.1		Street, St.		14.		4 T 4 4	2		1 1. 1	14.5					e * t	AC -4			 12.27 	4				
× .	Activity.	T. Harris	1.27	1	· 11/		1		17.	1 7 5	7004	2 03							2313	. , .									
152	C212 C2	Sec. 19.2		2.1	17. 18. 18	A COLUMN	4.00			W		2.5				25 Z A	227			* Sale	_ •			. 50	.7	1 . 4			
S	5 B L N		SEC.		~~	2.5	3 14.		1 .		II da ai	in a	mı.	mid.	C-4				400	-	m.	.2A G		4	20.00	45			
1	ŰŠ	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	עיטיים	1,777	5 . AY	Tiv.	1 35				Chr	7 70	1011	EII.	200				3. A. W	W -	LPLL	211. 6	Scal				14		
A.,	1.5	11.47	CYAN.	3.1	167	1.1	Sec. 1	4,1		1.1			7	- 77	-	-					- T								
200	4 19 100			100		0.000	7 7								(5)				1 2		催化 机	_1 * +1							
άV.	Sec. 45.4	Sugar S.	6416		14	1.63	A 46.6	271.6	4.2	'Ata		1 2.7					7	Tal		- N.					27				
32	Free .	200	45.7	72.7	7.1 7.5	71			1.0	ota	18.	*		1.0		2003	25.1	Tol	1201 .		0 50	- 100					91 ± 1		
200	2010	A	1 120	1.0	100	10.00		100	711		2.0	4		20.00	44	- F		W-A-	1222	2.00	100				***				
37.	3	2 .	4.0	1	400	2.1	inch 7 d		-17 M					-				-				44 41	no met-		aba.				. :
425	M M Y	3 7 ()	1078		. PF 0	ien.		1,			and the	2.7		Min	nt III.	कारा हो '	M2" - ".	200	NAME OF	200		r Butti	ian . Kil	meio l		ALC: N	arlein, eth ar	46.0	
7.4	īė.	1.4	44.5	1.0				3.55		COL	Marie I	2.27	: U	W.H.		188		Sco	MG.	A. 6	100	LIVI		455		um	mer	1136	
							232 3	3 . 5 10	2 50 7 5		e	1.		1000	-	-	9.5		بعجب	96 1 1	200.00	-			400	-			
200	n = 1			100	110	127	4.0		120	116		. 141	***	5 7 1	(iii a	, ,,,,		- ch di -					-	2.5	· ·	A 41.5			٠.
		a Naz	7 I N	III III		HEE:	2 9 6					14 (7)		F	1.70		1	. X 🔊		• • •			7.5	* * *					
28	07/	~ ~	44.4			armen.	7.					e 's		1.5				U-2	4 5 7 1	***			10		***	1 1 7			
1	4.01.4		7.7									8.3			2.74	5-03- 5		1			20,000			4.7				2 1:	

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

State Board of Medicine. 717-783:1400 717-787-2381 03022/0001744

VERIFICATION OF MEDICAL EDUCATION

RECEIVED DIRECT

SECTION 1. To be completed by applicant:

Name of medical school

Location: NODS WALKER ST MENAG PA 19103

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

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

Name of medical student: KAREN TANYA FETSULUTN

Date student began to attend this medical school: 8/3//98

Month/Day/Year

Date of graduation 4/7/02

Month/Day/Vent

Seal of School

I certify that all of the above information is correct.

Signature of SHEWL HICH

Dean of Registrar School W. - Casou de Carota

Date: 2/25/63

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

Régular Mailing Audress Suite Board of Medicine P.O. Box 2649 Harrisburg, PA: 17103-2649

Courier Delivery Address State Board of Medicine 124 Pine Street, 1st Ploor Harrisburg, PA 17101 U.S.A.

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

FAX (817)868-4099 BOARD ACTION CLEARANCE REPORT

Attn: Gina Bittner Pennsylvania St. Bd. of Osteo. PO Box 2649 124 Pine Street Harrisburg, PA 17105-2649

Re: Board Action Query Dated: March 10, 2003 Your Reference Number: JH FSMB Batch Number: BQ768300

The following is a report of the search results from the Board Action Data Bank as of March 10, 2003 for practitioners submit above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of March 10, 2003

-1		AG	135		3.3		30	71	1. 1	3		Υ.	130		400	,	* 44		9			. Ja			· 1		Κ.
3	Ite		Na	me	3				1	4		4.55					DOD	10.		1. 70	Scho	ol :		1	Yr	Gra	d
		24	200	T T	70.00		P		-	2 7 7	,				•••	-	-	 -	. 40		-	4	-	1	-		-
		6	特PE	11121	TIN	KA	D P	N/T	INY	A	10				200)	0390	20	41		- 2	002	
Ŋ,				ME							a 2	4				,		. 5			0250				. 4. 3.75	998	٠,
4	4	100		NEI							5					•			1		0360	***	Na ta	1		993	
1	2		NE	Contract of the		20.00		- 4	20° y		:				jes,				٠.٠		0330	1 1		j.,,		979	٠
	137		7.4	*			2.7	. 13		0.0														L.O.			
ЭŤ.	C 2 77	Lat 8:	30	15	. 2		A		7.	1		1 100		1								. 1		37150	* A 1.	. 12	3.7