

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Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?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Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?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Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?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

License Number: 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: O

If you answer "No", please provide an explanation or reason for an exemption request. O

Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting? Y

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 jurisdiction? 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 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

Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct? N

If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here: O

If you answer "No", please provide an explanation or reason for an exemption request. O

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 any health-related profession in any state or jurisdiction? Y

Have you completed your current CE requirements? Y

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

Person Info

Name:KAREN TANYA FEISULLIN

Address Info

Street Address [REDACTED]

Email: [REDACTED]@yahoo.com

Phone [REDACTED]

Fax

215-481-2048

CityPhiladelphia

StatePA

Zipcode19118

Country82

CountyPhiladelphia

Survey Response Summary
Question Response Summary

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

Person Info
Name:KAREN TANYA FEISULLIN
 Address Info
Street Address: [REDACTED] **Email:** [REDACTED]@yahoo.com
Phone: [REDACTED]
Fax: [REDACTED] 215-481-2048
City:Philadelphia
State:PA
Zipcode:19118
Country:82
County:Philadelphia

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 jurisdiction.	CT, medicine
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	[REDACTED]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here.	
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	

Date Submitted: Thursday, December 18, 2014

Education Info
 No education records

Employment Information
 No employment records

Person Info

Name: KAREN TANYA FEISULLIN

Address Info

Street Address [REDACTED]

Email [REDACTED]@yahoo.com

Phone [REDACTED]

Fax [REDACTED]

215-481-2048

City Philadelphia

State PA

Zipcode 19118

Country 82

County Philadelphia

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 or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If 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

Date Submitted: Monday, November 28, 2016

Education Info

No education records

Employment Information

No employment records



TARGET SHEET

Board: Medicine

Date Created:

08/13/2009

Licensee Full Name:

KAREN TANYA FEISULLIN

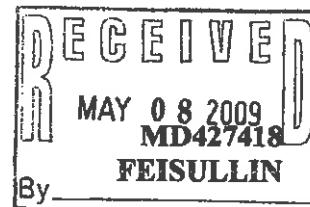
License No:

MD427418

RNEW

2314332

STATE BOARD OF MEDICINE
STATUS CHANGE/REACTIVATION APPLICATION



KAREN TANYA FEISULLIN

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

PHILADELPHIA PA 19106

License expired: 12/31/2006

Name Change	Address Change
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.	West Hartford, CT 06119

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** - I am retired from practice but desire to keep my license active to treat immediate family members. I 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."*

1619417
3-11-09

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 Radcl, 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

Item	Name	DOB	School	Yr/Grad	Request ID
1	FISULLIN, 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.

LICENSE NUMBER 427418

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 not 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

YES	NO	<i>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 RENEWAL, PLEASE PROVIDE THE PENNSYLVANIA LEGAL FILE NO. IF PREVIOUSLY REPORTED, YOU DO NOT NEED TO REPORT IT AGAIN.</i>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. 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 <u>Connecticut</u>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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 the <u>date you were served</u> . **if you previously reported the complaint to the Board provide the docket number _____
<input type="checkbox"/>	<input type="checkbox"/>	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.)

RECEIVED
MAY 08 2009

SECTION B - VERIFICATION OF INFORMATION

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

I understand that I am required by law and agree to maintain medical malpractice insurance in order to treat patients in the Commonwealth of PA.

Signature of Licensee (Mandatory): [Redacted] Date: 5/5/09

Social Security Number: [Redacted] DOB: [Redacted]

Name of Medical School Jefferson Medical College Yr of Graduation 2002

SECTION C – VERIFICATION OF PRACTICE / NON-PRACTICE

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

KAREN TANYA FEISULLIN

Philadelphia PA 19106
MD427418

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: YES NO

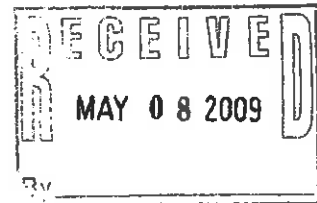
2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status?

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.

[Redacted Signature]
(Signature of Licensee)

5/5/09
(Date)



Karen T. Feisullin MD

West Hartford, CT 06119
@yahoo.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

Wolf 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

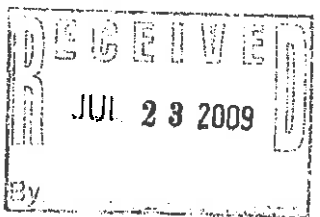
Divon MY, Feisullin K. "The impact of blood glucose control on fetal growth in gestational diabetes" abstract presented at annual meeting of Society of Perinatal Obstetricians 1997

CERTIFICATE OF ATTENDANCE
CONTINUING MEDICAL EDUCATION

This certifies that Karen Feisullin, M.D.

Has participated in the " **Grand Rounds Conference**"

Held on **03/6/07 GRAND ROUNDS 2007 - 2008**



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

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. BOX 2643
 HARRISBURG, PENNSYLVANIA 17105
 #1-medinfo@state.pa.us

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 Tanya Feisullin

License No. MD 427418 CME Hours for Biennial Period: Jan 1, 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. 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, 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 REQUESTING CREDIT FOR CATEGORY 1 ACTIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN REACTIVATING A LICENSE OR IF YOU 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, Self-Study, Web Site, etc.)	Actual Time Spent
8/1/08	ACOG Compendium of	Prevention of Rh D Alloimmunization	1.0
8/2/08	Selected Publ. Practice Bulletin	Thrombocytopenia in Pregnancy	2.0
8/3/08		Antepartum Fetal Surveillance	1.5
8/4/08		Induction of Labor	1.5
8/5/08		Intrauterine Growth Restriction	1.5
8/6/08		External Cephalic Version	1.0
8/7/08		Operative Vaginal Delivery	1.0
8/8/08		Thromboembolism in Pregnancy	2.0
8/9/08	↓	Perinatal Viral & Parasitic Infections	1.5

Pennsylvania State Board of Medicine

13

Name: Karen Gersulka MD

License No. MD 427418 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	ACOG Compendium of	Fetal Macrosomia	1.0
8/11/08	Selected Publications - Practice	Management of Recurrent Early Pregnancy Loss	2.0
8/12/08	Bulletins	Chronic Htn in pregnancy	2.0
8/13/08		Gestational Diabetes	1.5
8/14/08		Assessment of Risk Factors for Preterm Birth	1.5
8/15/08		Diagnos/mgmt of Preeclampsia/Eclampsia	1.5
8/16/08		OB Anesthesia + Analgesia	1.0
8/17/08		Thyroid Disease in Pregnancy	2.0
8/18/08		Perinatal care at threshold of Viability	2.0
8/19/08		Shoulder Dystocia	1.0
8/20/08		Mgmt of Preterm Labor	1.5
8/21/08		Neural Tube Defects	1.5
8/22/08		Prophylactic Antibiotics in Labor + Delivery	1.0
8/23/08		Cervical Insufficiency	2.0
8/24/08		Dystocia + Augmentation of Labor	1.0
8/25/08		Nausea + Vomiting of Pregnancy	1.0
8/26/08		Vaginal Birth after Previous cesarean	2.0
8/27/08		Mgmt of Post-term Pregnancy	2.0
8/28/08		Multiple Gestation, complicated Twin Triplet, Higher order Multiple	2.0
8/29/08		Ultrasound in Pregnancy	1.0
8/30/08		Pregestational Diabetes Mellitus	2.0
8/31/08		Antiphospholipid Syndrome	2.0
9/1/08		Intrapartum fetal heart rate monitoring	1.0
9/1/08		Episiotomy	0.5
9/2/08		Mgmt of Allergens in Pregnancy	1.5
9/3/08		Postpartum Hemorrhage	1.0
9/4/08		screening for fetal chromosomal abnormalities	1.0
9/5/08		Hemoglobinopathies in Pregnancy	2.0
9/6/08		Premature Rupture of Membranes	1.0
9/7/08		Mgmt of Herpes in Pregnancy	1.5
9/8/08		Viral Hepatitis in Pregnancy	2.0
9/9/08		Use of Psychiatric meds in pregnancy + lactation	2.0

Pennsylvania State Board of Medicine

Name: Karen Feisullen MD

License No. MD 42741F

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
9/10/08	ACOG Compendium of	Invasive Prenatal Testing	1.0
9/10/08	select Pubs-Practice	Assessment of Fetal Lung Maturity	1.0
9/11/08	Bulletins - OB	obstetric aspects of trauma management	1.5
9/12/08	ACOG Compendium of	Medical Mgmt of Tubal Pregnancy	1.0
9/13/08	select Pubs-Practice	Prophylactic Oophorectomy	1.0
9/14/08	Bulletins - Gynecology	Medical Mgmt of Endometriosis	2.0
9/15/08		Mgmt of Anovulatory Bleeding	2.0
9/16/08		Premenstrual Syndrome	2.0
9/17/08		Surgical Alternatives to Hysterectomy	2.0
9/18/08		Use of Biotinails after Mgmt of menopausal symptoms	1.0
9/18/08		Mgmt of Interlida from Distal	1.5
9/19/08		Diagnosis of central precocious puberty	2.0
9/19/08		Selective Estrogen Receptor Modulators	1.0
9/20/08		Polycystic Ovary Syndrome	1.5
9/20/08		Breast Cancer Screening	1.0
9/21/08		Cervical cytology screening	2.0
9/22/08		Benefits/Risks of Sterilization	1.0
9/22/08		Osteoporosis	0.5
9/23/08		Chronic pelvic pain	1.0
9/24/08		Diagnosis of Gestational Diabetes	1.5
9/25/08		Gyn Herpes Simplex Infection	1.0
9/26/08		Intrauterine Device	1.0
9/26/08		Human Papillomavirus	1.5
9/27/08		Urinary Incontinence in Women	2.0
9/27/08		Mgmt of Endometrial Cancer	2.0
9/28/08		Mgmt of abnormal cervical cytology + histology	2.0
9/29/08		Medical Management of Abortion	1.5
9/30/08		Emergency Contraception	1.0
10/1/08		Vaginitis	0.5
10/2/08		Hormonal Contraception in Women with coexisting medical conditions	2.0
10/3/08		Antibiotic Prophylaxis for gyn procedures	1.5
10/4/08		Endometrial Ablation	1.0

Pennsylvania State Board of Medicine

4

Name: Karen Feisullen MD

License No. MD427418 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
10/5/08	ACOG Compendium of	Mgmt of Adnexal Masses	1.0
10/5/08	selected Pub- Practice	Presentation of DVT + Pulmonary	1.5
10/6/08	Bulletins - Gynecology	Pelvic organ prolapse	1.5
10/7/08	ACOG Compendium of	Cervical Cancer Screening in Adolescents	1.5
10/7/08	selected Publications -	STD's in Adolescents	1.0
10/8/08	Committee Opinions +	Guidelines for Adolescent +	0.5
10/8/08	Policy statements	Endometriosis in Adolescents	1.0
10/9/08		Meningococcal Vaccines in Adolescents	0.5
10/10/08		Etiol + Mgmt. of Abnormal Cervical	1.5
10/10/08		Cytology + Histology in Adolescents	1.5
10/10/08		in utero Reproductive Health	1.0
10/12/08		Human Papillomavirus Vaccine	1.0
10/13/08		Menstruation in Girls/Adolescents -	0.5
10/13/08		Menstrual Cycle as Vital Sign	0.5
10/13/08		Breast Concerns in Adolescents	0.5
10/13/08		The Cervical Adolescent - Prevention	0.5
10/13/08		Treatment + Ob/Gyn Implications	0.5
10/14/08		Vaginal Atrophy + Diagnosis	1.0
10/14/08		Management + Treatment of	1.0
10/15/08		Intrauterine Device + Adolescents	1.0
10/16/08		Tubal Ligation with Cesarean	0.5
10/16/08		Delivery	0.5
10/16/08		Cocoon Responsibility	0.5
10/16/08		Insurance Reimbursement by	0.25
10/17/08		Third-party payers	0.25
10/17/08		At-risk Drinking + illicit Drug	0.5
10/17/08		Use Ethical Issues in Ob/Gyn	0.5
10/17/08		Nonmedical use of OB ultrasonography	0.25
10/17/08		Major medical decision making, ethics + law	0.25
10/18/08		Ethical issues for physicians	0.25
10/18/08		to practice in practice	0.25
10/18/08		using preimplantation embryos	0.25
10/18/08		for research	0.25
10/18/08		Innovative practice: ethical guidelines	0.25
10/19/08		Professional Responsibilities	0.5
10/19/08		in OB/Gyn Education	0.5
10/19/08		Commercial Enterprises in	0.25
10/19/08		Medical Practice	0.25
10/19/08		Sex selection	0.25
10/20/08		medical fertility	0.25
10/20/08		patent testing - Ethical issues	0.25
10/20/08		in selection + counseling	0.25

Pennsylvania State Board of Medicine

Name: Karen Fersullin MD

License No. MD 427418 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
10/20/08	ACOG Compendium of Selected	Patents, medicine + interests of Patients	0.25
10/21/08	Public Affairs - Committee	seeking + giving consultation	0.25
10/21/08	Opinions + Policy Statements	Adoption	0.25
10/24/08	cont'd	Multifetal Pregnancy Reduction	0.5
10/22/08		institutional responsibility to provide legal representation	0.25
10/22/08		utilization of women including those with multifetal disabilities	0.5
10/22/08		Sexual Misconduct	0.25
10/23/08		Expert testimony	0.25
10/23/08		Research involving women	0.5
10/23/08		the limits of consented personal reproductive medicine	0.5
10/24/08		Human Immunodeficiency Virus	0.5
10/24/08		clinical research inquiry in OB/GYN	0.5
10/24/08		Routine storage of umbilical cord blood	0.25
10/25/08		Advanced Paternal Age - Risks to the fetus	0.25
10/25/08		Maternal Phenylketonuria	0.5
10/25/08		carrier screening for genetic diseases in east European Jewish descent	0.5
10/26/08		Screening for Tay Sachs	0.5
10/26/08		Perinatal risks with assisted reproductive technology	1.0
10/27/08		update on carrier screening for cystic fibrosis	1.0
10/27/08		Screening for fragile X syndrome	1.0
10/28/08		Evaluation of stillbirths + neonatal deaths	2.0
10/29/08		Newborn screening	1.5
10/30/08		Genetics + molecular diagnostic testing	1.5
10/31/08		Statement on Surgical Assistants	0.25
10/31/08		Performance + interpretation of imaging studies by OB/GYNs	0.25
10/31/08		Gynecologic Procedures	0.25
11/1/08		Avoiding inappropriate decisions based on false prophetic testing	0.5
11/1/08		General OB/GYN role in early detection of ovarian cancer	0.5
11/1/08		Induced Abortion + Parental Consent	0.5
11/2/08		Professional Liability and malpractice	0.25
11/2/08		Uterine Artery Embolization	0.5
11/2/08		Appropriate use of laparoscopically assisted vaginal hysterectomy	0.25

Pennsylvania State Board of Medicine

6

Name: Karen Feosullin MD

License No. MD427418 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
11/3/08	ACOG Compendium of Selected Publications - Committee Opinions & Policy Statements Cont'd	The importance of pre-conception care	0.25
11/3/08		role of US law in regard of obesity	0.5
11/4/08		complicated Bioidentical Hormones	0.25
11/4/08		elective concurrent appendectomy	0.25
11/4/08		Menstrals & LC late in ob/gyn	0.5
11/5/08		Role of US law in screening diagnosis of breast masses	0.5
11/5/08		Tamoxifen & uterine cancer	0.25
11/5/08		noncontraceptive uses of long-acting intrauterine devices	0.25
11/6/08		Uterine artery	0.5
11/6/08		Routine Cancer Screening	0.5
11/7/08		Primary & Preventive Care	1.0
11/8/08		Role of cytotheology in Generalist as legal practice	0.5
11/8/08		Brand versus Generic Oral Contraception	0.25
11/8/08		Colonoscopy & Colorectal cancer screening & prevention	0.5
11/9/08		Pharmaceutical Compendium	0.25
11/9/08		Supracervical hysterectomy	0.5
11/9/08		Saline Induced Sonohysterography	0.5
11/10/08		Hysteroscopy	0.5
11/10/08		The Uninsured	0.5
11/11/08		Health care for homeless women	0.5
11/11/08		Racial & ethnic disparities in women's health	0.5
11/12/08		Smoking cessation during pregnancy	0.75
11/13/08		Psychosocial Risk factors: prenatal screening & interventions	1.0
11/14/08		Breastfeeding: maternal & infant aspects	0.25
11/14/08		Health Literacy	0.25
11/14/08		Scheduled cesarean & prevention of vertical HIV transmission	0.5
11/15/08		Air travel during pregnancy	0.25
11/15/08		Beerage during pregnancy & lactation	0.5
11/15/08		Antenatal Corticosteroid therapy for fetal maturation	0.5
11/16/08		Safety of Levonorgestrel in pregnancy	0.25
11/16/08		Immunization during pregnancy	0.5
11/16/08		Vaginal Surgery in Pregnancy	0.25

Pennsylvania State Board of Medicine

Name: Karen Feisullin MD

License No. MD427418 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
11/17/08	ACOG Compendium of Selected	use of progesterone to reduce preterm births	0.25
11/17/08	Publications Committee	Pain Relief during labor	0.25
11/17/08	opinions - Policy Statements	Obesity in Pregnancy	0.5
11/15/08	cont'd	Subclinical Hypertension in Pregnancy	0.25
11/15/08		Cesarean Delivery on maternal request	0.25
11/15/08		Discussion / Disclosure of Medical Facts	0.25
11/20/08	↑ SAFETY ↓	① Patient Safety in OB + GYN	1.25
11/21/08		② Partnering with Patients to Improve Safety	1.25
11/22/08		③ "do not use" abbreviations	1.50
11/23/08		④ Patient Safety in Surgical Environment	2.0
11/24/08		⑤ Tracking + Reminded Systems	2.0
11/25/08		⑥ Safe Use of Medication	1.5
11/26/08		⑦ Medical Emergency Preparedness	1.5
11/27/08		⑧ Disruptive Behavior	2.0
11/28/08		⑨ Communication Strategies for Patient Handoffs	2.0
11/29/08		⑩ Abortion Policy	0.25
11/29/08		Tobacco Advertising aimed at women & adolescents	0.25
11/30/08	Perms - Update on obstetrics	Principles of Evidence Based Medicine	0.5
12/1/08	+ Gynecology - Primary	Legal + Ethical Issues in I care	0.75
12/1/08	+ Preventive Care	Screening + Risk Factors	0.75
12/2/08		Cardiovascular Disease	1.0
12/3/08		Substance Abuse	0.5
12/4/08		Fertility Control	0.5
12/5/08		Violence against women	1.0
12/6/08		Depression + other mood disorders	0.75
12/7/08		Thyroid Diseases	0.5
12/8/08		Coagulation	1.0
12/9/08		Headache	0.25
12/10/08		Sleep Apnea	0.25
12/11/08		Urinary tract disorders	1.5
12/12/08		Prevention / Recognition of Infectious Diseases	1.0
12/13/08		Alternatives for Women's Healthcare	1.0

Pennsylvania State Board of Medicine

NO - No breakdown
1/1/09

CERTIFICATE OF ATTENDANCE

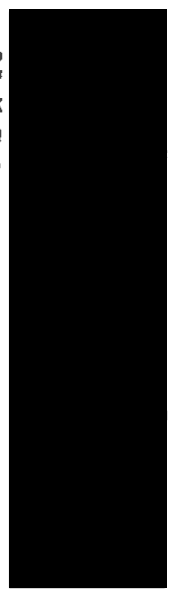
CONTINUING MEDICAL EDUCATION

This certifies that Karen Feissulin, MD

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

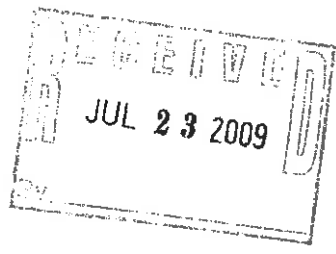
Hartford Hospital is accredited by the *Connecticut State Medical Society* to sponsor Continuing Medical Education for Physicians. Hartford Hospital designates this Educational activity for a maximum of 13 AMA PRA Category 1 credit™. Physicians should only claim credit commensurate with the extent of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

Certified by:



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

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



1



COMMONWEALTH OF PENNSYLVANIA
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STATE BOARD OF MEDICINE
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st-medicine@state.pa.us

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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 Tanya Feisullin

License No. MD 427418 CME Hours for Biennial Period: Jan 1, 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. 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, 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 REQUESTING CREDIT FOR CATEGORY 1 ACTIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN REACTIVATING A LICENSE OR IF YOU 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, Self-Study, Web Site, etc.)	Actual Time Spent
	ACOG Compendium of	Prevention of Rh D Alloimmunization	1.5
	Selected Pub- Practice Bulletins	Thrombocytopenia in Pregnancy	1.5
		Antepartum Fetal Surveillance	1.5
		Induction of Labor	1.0
		Intrauterine Growth Restriction	1.0
		External Cephalic Version	1.0
		Operative Vaginal Delivery	1.0
		Thromboembolism in Pregnancy	1.5
		Perinatal Viral & Parasitic Infections	1.5

2

JUL 23 2009

Name: Karen E. Sullivan MD

License No. MD427418 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
	ACOG Compendium of Selected Publications - Practice Bulletins	Fetal Macrosomia	1.5
		Management of Recurrent Early Pregnancy Loss	2.0
		Chronic Htn in pregnancy	1.5
		Gestational Diabetes	1.5
		Assessment of Risk Factors for Preterm Birth	1.0
		Diagn/Mgmt of Preeclampsia/Eclampsia	2.0
		OB Anesthesia + Analgesia	1.0
		Thyroid Disease in Pregnancy	1.5
		Perinatal care at threshold of Viability	1.5
		Shoulder Dystocia	1.0
		Mgmt of Preterm Labor	1.0
		Neural Tube Defects	1.0
		Prophylactic Antibiotics in Labor + Delivery	2.0
		Cervical Insufficiency	2.0
		Dystocia + Augmentation of Labor	2.0
		Nausea + Vomiting of Pregnancy	1.0
		Vaginal Birth after Previous cesarean	1.0
		Mgmt of Post-term Pregnancy	1.5
		Multiple Gestation: Complicated Twin, Triplet, Higher-order Multiple gest	2.0
		ultrasonography in pregnancy	1.0
	Pre-gestational Diabetes Mellitus	1.5	
	Antiphospholipid Syndrome	2.0	
	Intrapartum Fetal heart rate monitoring	1.0	
	epistaxis	1.0	
	Mgmt of Allergens in pregnancy	1.5	
	Postpartum Hemorrhage	1.0	
	screening for fetal chromosomal abnormalities	1.0	
	Hemoglobinopathies in pregnancy	1.0	
	Premature Rupture of Membranes	1.5	
	Mgmt of Herpes in pregnancy	1.0	
	Viral Hepatitis in pregnancy	1.0	
	Use of Psychiatric meds in pregnancy + lactation	2.0	

3

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Name: Karen Feisullen MD

License No. MD 427418

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
	ACOG Compendium of select Pubs-Practice Bulletins - OB	Invasive Prenatal Testing for Anencephaly	1.5
		Assessment of Fetal Lung Maturity	1.0
		obstetric aspects of trauma management	2.0
	ACOG Compendium of select Pubs- Practice Bulletins- Gynecology	Medical Mgmt of Tubal Pregnancy	1.0
		Prophylactic Oophorectomy	1.5
		Medical Mgmt of Endometriosis	2.0
		Mgmt of Anovulatory Bleeding	1.5
		Premenstrual Syndrome	1.0
		surgical Alternatives to Hysterectomy for Mgmt of Leiomyomas	1.5
		Use of Botulinum Toxin for Mgmt of menopause symptoms	1.0
		Mgmt of Infertility from drug therapy	2.0
		Diagnosis of central nervous system dysfunction	2.0
		Selective Estrogen Receptor Modulators	1.5
		Polycystic Ovary Syndrome	1.5
		Breast Cancer Screening	1.5
		Cervical cytology screening	2.0
		Benefits/Risks of Sterilization	1.0
		Osteoporosis	1.0
		Chronic pelvic pain	1.5
		Diag/treat of Gestational Diabetes	1.0
		Gyn Herpes Simplex Infections	1.0
		Intrauterine Device	1.0
		Human Papillomavirus	1.5
		Urinary Incontinence in Women	2.0
		Mgmt of Endometrial Cancer	1.5
		Mgmt Abnormal cervical cytology + histology	2.0
		Medical Management of Abortion	1.0
		Emergency Contraception	1.0
		Vaginitis	1.0
		Hormonal Contraception in Women with coexisting Medical Conditions	2.0
		Antibiotic Prophylaxis for gyn procedures	1.5
		Endometrial Ablation	1.0

4

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Name: Karen Feisullen MD

License No. MD427418 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
	ACOG Compendium of select Pub-Practice Bulletins - Gynecology	Mgmt of Adnexal Masses	1.5
		Prevention of DVT + Pulmonary Embolism	2.0
		Pelvic organ Prolapse	1.5
	ACOG Compendium of Selected Publications - Committee opinions + Policy statements	Cervical Cancer Screening in Adolescents	1.5
		STD's in Adolescents	1.5
		Guidelines for Adolescent Health Research	1.0
		Endometriosis in Adolescents	1.0
		Meningococcal Vaccines in Adolescents	1.0
		Eval + Mgmt of Abnormal Cervical cytology + Histology in Adolescents	1.5
		Initial Reproductive Health VISIT	1.0
		Human Papillomavirus Vaccine	1.0
		Menstruation in Girls/Adolescents - Menstrual Cycle as Vital sign	1.5
		Breast Concerns in Adolescents	1.0
		The Ovaries in Adolescent - Prevention + OB/GYN Implications	1.5
		Vaginal Agenesis - Diagnosis + Mgmt + Referral care	1.5
		Intrauterine Device + Adolescents	1.0
		Tubal Ligation with cesarean Delivery	1.0
		Coding Responsibility	1.0
		Inappropriate Reimbursement by third party payers	1.0
		At-risk drinking + illicit drug use Ethical Issues in OB/GYN	1.0
		Nonmedical use of OB ultrasonography	1.0
		Maternal Decision making, Ethics + Law	0.5
		Ethical Issues for Physicians to resolve in practice	0.5
		using preimplantation Embryos for Research	0.5
		Innovative practice: Ethical guidelines	0.5
		Professional Responsibilities in OB/GYN Education	1.0
		Commercial Enterprises in medical practice	0.5
		Sex selection	0.5
		Medical Fertility	0.5
		Patient testing - Ethical Issues in Selection + counseling	0.5

5

DECEMBER
JUL 23 2009

Name: Karen Feisullin MD

License No. MD427418 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	
	ACOG Compendium of Selected Publications - Committee Opinions + Policy Statements	Patents, medicine + interests of Patients	0.5	
	cont'd	seeking + giving consultation	0.5	
		Adoption	0.5	
		Multifetal Pregnancy Reduction		1.0
		Institutional Responsibility to provide legal representation for fertilization of women including those with mental disabilities		0.5
		Sexual Misconduct		0.5
		Expert Testimony		0.5
		Research including women		0.5
		the limits of conscientious refusal in reproductive medicine		0.5
		Human Immunodeficiency Virus		1.0
		ethical decision making in OB/GYN		0.5
		Routine storage of umbilical cord blood		0.25
		Advanced paternal Age - Risks to the fetus		0.25
		Maternal Phenylketonuria		0.5
		carrier screening for genetic diseases in East European Jewish descent		0.5
		screening for Tay Sachs		0.25
		Perinatal Risks with Assisted Reproductive Technology		0.5
		update on carrier screening for cystic fibrosis		0.5
		screening for fragile X syndrome		0.5
		Evaluation of Stillbirths + Neonatal Deaths		0.5
		Newborn screening		1.0
	Genetics + molecular Diagnostic Testing		1.0	
	Statement on Surgical Assistants		0.25	
	Performance + interpretation of imaging studies by OB/GYNs		0.25	
	Minimally Invasive Procedures		0.25	
	Avoiding Inappropriate Decisions based on false positive results		0.5	
	General OB/GYN role in early detection of cervical cancer		0.5	
	Induced Abortion + Board Certification		0.5	
	Professional Liability and mal-practice		0.25	
	Uterine Artery Embolization		0.5	
	Appropriate use of Laparoscopically assisted vaginal hysterectomy		0.25	

6

Name: Karen Feisullin MD

RECEIVED
JUL 23 2009

License No. MD427418 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
	ACOG Compendium of Selected Publications - Committee opinions + Policy statements cont'd	The Importance of Preconception Care	0.25
		Role of US/GYN in mgmt of obese women	0.5
		compounded Bioidentical Hormonal elective concurrent Appendectomy	0.25
		Hepatitis B + C Wk in OB/GYN	0.5
		Role of US/GYN in screening/diagnosis of breast masses	0.5
		Tamoxifen + Uterine Cancer	0.25
		non-contraceptive uses of levonorgestrel intrauterine device	0.25
		Vulvodynia	0.5
		Routine Cancer Screening	0.5
		Primary + Preventive care	1.0
		Role of periodic assessments of cystourethroscopy in Generalist + GYN practice	0.5
		Brand versus Generic Oral Contraceptives	0.25
		Colonoscopy + Colorectal cancer screening + prevention	0.5
		Pharmaceutical Compounding	0.25
		Supracervical hysterectomy	0.5
		Saline Induced Sonohysterography	0.5
		Hysteroscopy	0.5
		the Uninsured	0.5
		Health care for Homeless Women	0.5
		Racial + Ethnic Disparities in Women's Health	0.5
		Smoking cessation during pregnancy	0.75
		Psychosocial Risk Factors	1.0
		Perinatal Screening + Intervention	0.25
		Breastfeeding: maternal + infant Aspects	0.25
		Health Literacy	0.25
		Scheduled Co-trimoxazole + prevention of vertical HIV transmission	0.5
		Air travel during Pregnancy	0.25
		Beerage during pregnancy + postpartum	0.5
		Advanced Corticosteroid Therapy for fetal Maturation	0.5
		Safety of Liveborn in Pregnancy	0.25
		Immunization During pregnancy	0.5
		Nonobstetric Surgery in Pregnancy	0.25

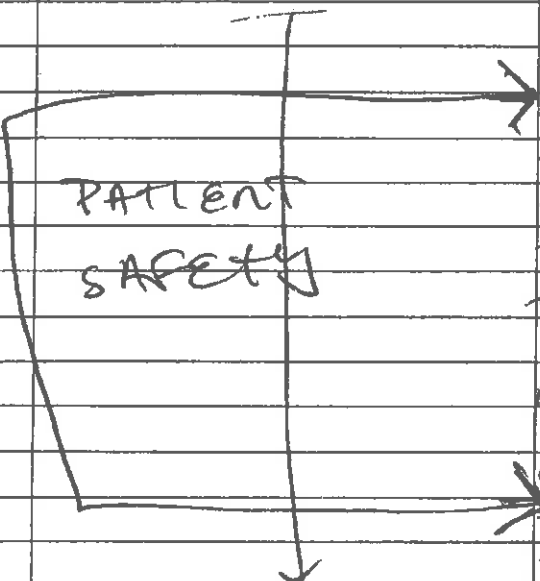
7

RECEIVED
JUL 23 2009

Name: Karen Feisullin MD

License No. MD427418 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
	Abstracts/Compendium of Selected Publications - Committee opinions + Policy Statements cont'd	use of progesterone to reduce preterm birth	0.25
		Pain relief during labor	0.25
		obesity in pregnancy	0.5
		Subclinical Hypertension in Pregnancy	0.25
		Cervical Delivery or Mechanical	0.25
		Discussion / Disclosure ^{Request} Adverse Events	0.25
		Patient Safety in OB + GYN	2.0
		Partnering with Patients to Improve ^{Safety}	1.5
		"Do not use" ^{adverse events}	1.0
		Patient Safety in Surgical Environment	1.5
		Tracking + Reminded System	1.0
		Safe use of medication	1.0
		Medical Emergency Preparedness	2.0
		Disruptive Behavior	1.5
		communication strategies ex patient handoffs	1.5
		Abortion Policy	1.0
		Tobacco Advertising aimed at ^{and} women & adolescents	1.0
	Praxis-Update in obstetrics + Gynecology - Primary + Preventive care	Principles of Evidence Based Medicine	0.5
		legal + Ethical Issues in 1 st care	0.75
		Screening + Risk factors	0.75
		Cardiovascular Disease	1.0
		Substance Abuse	0.5
		Fertility Control	0.5
		Violence against women	1.0
		Depression + ^{other mood} disorders	0.75
		Thyroid Diseases	0.5
		Coccyopathies	1.0
		Headache	0.25
		Sleep Apnea	0.25
		Urinary tract disorders	1.5
		Prevention / Recognition of ^{Infectious} Diseases	1.0
		Botanicals for Women's Healthcare	1.0





Duplicate

FAX cover sheet:

TO: TERRY 717-787-7769

FROM: KAREN FEISULLIN MD

Re: additional documentation
+ CV

Please call if I need to provide
more information. [REDACTED]

As of 8/15/09, my address will be:

[REDACTED]
Philadelphia, PA 19118

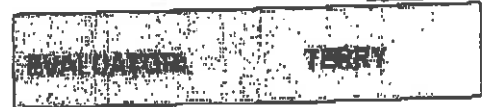
pages including cover sheet: 12



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

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

KAREN TANYA FEISULLIN
 [REDACTED]
 WEST HARTFORD CT 06119



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 ALL 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.

Karen T. Feisullin MD

West Hartford, CT 06119

@yahoo.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



COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
 STATE BOARD OF MEDICINE
 P. O. BOX 2040
 HARRISBURG, PENNSYLVANIA 17103
 717-787-2222

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 Tanya Feisullin

License No. MD 427418 CME Hours for Biennial Period: Jan 1, 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. 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, 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 REQUESTING CREDIT FOR CATEGORY 1 ACTIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN REACTIVATING A LICENSE OR IF YOU 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, Self-Study, Web Site, etc.)	Actual Time Spent
8/1/08	ACOG Compendium of	Prevention of Rh D Alloimmunization	1.0
8/2/08	Selected Publ- Practice Bulletin	Thrombocytopenia in Pregnancy	2.0
8/3/08		Antepartum Fetal Surveillance	1.5
8/4/08		Induction of Labor	1.5
8/5/08		Intrauterine Growth Restriction	1.5
8/6/08		External Cephalic Version	1.0
8/7/08		Operative Vaginal Delivery	1.0
8/8/08		Thrombembolism in Pregnancy	2.0
8/9/08		Perinatal Viral & Parasitic Infections	1.5

Pennsylvania State Board of Medicine

Name: Karen E. Sullivan MD

License No. MD 427418 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	ACOG Compendium of	Fetal Macrosomia	1.0
8/11/08	Selected Publications - Practice	Management of Recurrent Early Pregnancy Loss	2.0
8/12/08	Bulletins	Chronic Htn in Pregnancy	2.0
8/13/08		Gestational Diabetes	1.5
8/14/08		Assessment of Risk Factors for Preterm Birth	1.5
8/15/08		Diagnosis of Preeclampsia/Eclampsia	1.5
8/16/08		OB Anesthesia + Analgesia	1.0
8/17/08		Thyroid Disease in Pregnancy	2.0
8/18/08		Perinatal care at threshold of Viability	2.0
8/19/08		Shoulder Dystocia	1.0
8/20/08		Mgmt of Preterm Labor	1.5
8/21/08		Neural Tube Defects	1.5
8/22/08		Prophylactic Antibiotics in Labor + Delivery	1.0
8/23/08		Cervical Insufficiency	2.0
8/24/08		Dystocia + Augmentation of Labor	1.0
8/25/08		Nausea + Vomiting of Pregnancy	1.0
8/26/08		Vaginal Birth After Previous Cesarean	2.0
8/27/08		Mgmt of Postterm Pregnancy	2.0
8/28/08		Multiple Gestation, Complicated Twin Triplet, Higher order Multiple	2.0
8/29/08		Ultrasounds in Pregnancy	1.0
8/30/08		Pregestational Diabetes Mellitus	2.0
8/31/08		Antiphospholipid Syndrome	2.0
9/1/08		Intrapartum Fetal Heart Rate monitoring	1.0
9/1/08		Epidural	0.5
9/2/08		Mgmt of Allergization in Pregnancy	1.5
9/3/08		Postpartum Hemorrhage	1.0
9/4/08		Screening for Fetal Chromosomes + Abnormalities	1.0
9/5/08		Hemoglobinopathies in Pregnancy	2.0
9/6/08		Premature Rupture of Membranes	1.0
9/7/08		Mgmt of Herpes in Pregnancy	1.5
9/8/08		Viral Hepatitis in Pregnancy	2.0
9/9/08		Use of Psychiatric med in pregnancy + lactation	2.0

Pennsylvania State Board of Medicine

Name: Karen Reisullin MD

License No. MD 427418 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
9/10/08	ACOG Compendium of	Invasive Prenatal Testing	1.0
9/11/08	select Pubs-Practice	Assessment of Fetal Lung maturity	1.0
9/11/08	Bulletins - OB	obstetric aspects of trauma management	1.5
9/12/08	ACOG Compendium of	Medical Mgmt of Tubal Pregnancy	1.0
9/13/08	select Pubs-Practice	Prophylactic Oophorectomy	1.0
9/14/08	Bulletins - Gynecology	Medical Mgmt of Endometriosis	2.0
9/15/08		Mgmt of Anovulatory Bleeding	2.0
9/16/08		Premenstrual Syndrome	2.0
9/17/08		surgical Alternatives to Hysterectomy	2.0
9/18/08		Use of Botulinum Toxin for Mgmt of menopausal symptoms	1.0
9/18/08		Mgmt of Infertility from ovulatory dysfunction	1.5
9/19/08		Diagnosis of cervical cancer	2.0
9/19/08		Selective Estrogen Receptor Modulators	1.0
9/20/08		Polycystic Ovary Syndrome	1.5
9/20/08		Breast Cancer Screening	1.0
9/21/08		Cervical cytology screening	2.0
9/22/08		Benefits/Risks of Sterilization	1.0
9/22/08		Osteoporosis	0.5
9/23/08		Chronic pelvic pain	1.0
9/24/08		Diag/treat of Gestational Trophoblastic Disease	1.0
9/25/08		Gyn Herpes Simplex Infection	1.0
9/26/08		Intrauterine Device	1.0
9/26/08		Human Papillomavirus	1.5
9/27/08		Urinary Incontinence in Women	2.0
9/27/08		Mgmt of Endometrial Cancer	2.0
9/28/08		Mgmt of Abnormal Cervical Cytology + Histology	2.0
9/29/08		Medical Management of Abortion	1.5
9/30/08		Emergency Contraception	1.0
10/1/08	-	Vaginitis	0.5
10/2/08		Hormonal Contraception in Women with Coexisting Medical Conditions	2.0
10/3/08		Antibiotic Prophylaxis for gyn procedures	1.5
10/4/08		Endometrial Ablation	1.0

Pennsylvania State Board of Medicine

Name: Karen Feisullen MD

License No. MD 427418 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
10/5/08	ACOG Compendium of	Mount of Adrenal Masses	1.0
10/5/08	select Publ - Practice	Prevention of DVT + Pulmonary	1.5
10/6/08	Bulletins - Gynecology	Pelvic organ Prolapse	1.5
10/7/08	ACOG Compendium of	Cervical Cancer Screening in Adolescents	1.5
10/7/08	selected Publications -	STD's in Adolescents	1.0
10/8/08	Committee Opinions +	Guidelines for Adolescent Health Research	0.5
10/8/08	Policy statements	Endometriosis in Adolescents	1.0
10/9/08		Mucococcal Vaccines in Adolescents	0.5
10/10/08		Prevalence + Management of Abnormal Cervical Cytology + Histology in Adolescents	1.5
10/10/08		Initial reproductive health visit	1.0
10/12/08		Human Papillomavirus Vaccine	1.0
10/13/08		menstruation in girls/Adolescents - Menstrual Cycle as Vital sign	0.5
10/13/08		Breast Guidelines in Adolescents	0.5
10/15/08		The Unintended Adolescent - Prevention of Pregnancy + STI (age) Implications	0.5
10/14/08		Vaginal Infections - diagnosis, management + prevention	1.0
10/15/08		Intrauterine Device + Adolescents	1.0
10/16/08		Tubal Ligation with cesarean delivery	0.5
10/16/08		Coding Responsibility	0.5
10/16/08		Inappropriate reimbursement by third party payers	0.25
10/17/08		At-risk children + illicit drug use - Ethical Issues in OB/GYN	0.5
10/17/08		Nonmedical use of OB ultrasonography	0.25
10/17/08		Maternal Decision making, Ethics + Law	0.25
10/18/08		Ethical Issues for physicians in practice	0.25
10/18/08		Using preimplantation Embryos for research	0.25
10/18/08		Innovative practice: ethical guidelines	0.25
10/19/08		Professional Responsibilities in OB/GYN Education	0.5
10/19/08		Commercial Enterprises in medical practice	0.25
10/19/08		Sex selection	0.25
10/20/08		Medical Fertility	0.25
10/20/08		Patient testing - Ethical Issues in Selection + counseling	0.25

Pennsylvania State Board of Medicine

Name: Karen Fersullin MD

License No. MD427418 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
10/20/08	ACOG Compendium of Selected	Patents, medicine & interests of Patients	0.25
10/21/08	Public Affairs Committee	Seeking + Giving Consultation	0.25
10/21/08	Opinions + Policy Statements	Adoption	0.25
10/21/08	cont'd	Multifetal Pregnancy Reduction	0.5
10/22/08		Institutional responsibility to provide legal representation for patients of women, including those with mental disabilities	0.25
10/22/08		Sexual Misconduct	0.25
10/23/08		Expert Testimony	0.25
10/23/08		Research Involving Women	0.5
10/23/08		the limits of consent in research in reproductive medicine	0.5
10/24/08		Human Immunodeficiency Virus	0.5
10/24/08		clinical decision making in OB/GYN	0.5
10/24/08		Routine storage of umbilical cord blood	0.25
10/25/08		Advanced Paternal Age - Risks to the fetus	0.25
10/25/08		Maternal Phenylketonuria	0.5
10/25/08		carrier screening for genetic diseases in East Europe Jewish descent	0.5
10/26/08		screening for Tay Sachs	0.5
10/26/08		Perinatal risks with assisted reproductive technology	1.0
10/27/08		update on carrier screening for cystic fibrosis	1.0
10/27/08		screening for fragile X syndrome	1.0
10/28/08		Evaluation of stillbirths + neonatal deaths	2.0
10/29/08		Newborn screening	1.5
10/30/08		Genetics + molecular diagnostic testing	1.5
10/31/08		Statement on Sustained Assisted	0.25
10/31/08		Performance + interpretation of imaging studies by obstetrical	0.25
10/31/08		Noninvasive Procedures	0.25
11/1/08		Anything in obstetrical decisions based on false or false results	0.5
11/1/08		General OB/GYN role in early detection of ovarian cancer	0.5
11/1/08		Included Abortion + Parental Consent	0.5
11/2/08		Professional liability and malpractice	0.25
11/2/08		Uterine Artery Embolization	0.5
11/2/08		Appropriate use of laparoscopically assisted vaginal hysterectomy	0.25

Pennsylvania State Board of Medicine

6

Name: Karen Fessill MD

License No. MD 427418 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
11/3/08	ACOG Compendium of Selected	The importance of preconception care	0.25
11/3/08	Publications - Committee opinions	role of obesity in management of	0.5
11/4/08	Policy statements CentH	compendium of Biotechnology	0.25
11/4/08		elective concurrent Appendectomy	0.25
11/4/08		Hepatitis B & C in OB/GYN	0.5
11/5/08		role of OB/GYN in screening / diagnosis of breast masses	0.5
11/5/08		Tamoxifen + uterine Cancer	0.25
11/5/08		noncontraceptive uses of long-acting intrauterine system	0.25
11/6/08		Malnutrition	0.5
11/6/08		Routine Cancer Screening	0.5
11/7/08		Primary + Preventive care	1.0
11/8/08		role of cytoreductive therapy in management of ovarian cancer	0.5
11/8/08		Brand versus generic oral contraceptives	0.25
11/8/08		Colonoscopy + colorectal cancer screening + prevention	0.5
11/9/08		Pharmaceutical Compendium	0.25
11/9/08		Supercervical hysterectomy	0.5
11/9/08		Saline Induced Sonohysterography	0.5
11/10/08		Hysteroscopy	0.5
11/10/08		The Uninsured	0.5
11/11/08		Health care for homeless women	0.5
11/11/08		Racial + ethnic disparities in women's health	0.5
11/12/08		Smoking cessation during pregnancy	0.75
11/13/08		Psychosocial Risk Factors Prenatal Screening + Intervention	1.0
11/14/08		Breastfeeding: maternal + infant aspects	0.25
11/14/08		Health Literacy	0.25
11/14/08		Scheduled cesarean + prevention of vertical HIV transmission	0.5
11/15/08		Air travel during pregnancy	0.25
11/15/08		Exercise during pregnancy + postpartum	0.5
11/15/08		Antenatal corticosteroid therapy for fetal maturation	0.5
11/16/08		Safety of Levenorg Mirena	0.25
11/16/08		Vaccination During pregnancy	0.5
11/16/08		Vaginal Surgery in Pregnancy	0.25

Pennsylvania State Board of Medicine

Name: Karen Feisullen MD

License No. MD427418 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
11/17/08	ACOG Competency of Selected	Use of magnesium to reduce preterm births	0.25
11/17/08	Publications Committee	Pain relief during labor	0.25
11/17/08	Opinions - Policy Statements	Obesity in Pregnancy	0.5
11/15/08	cont'd	Subclinical Hypertension in Pregnancy	0.25
11/15/08		Cesarean Delivery on maternal request	0.25
11/19/08		Discussion / Disclosure of Financial Interests	0.25
11/20/08		① Patient Safety in OB + GYN	1.25
11/21/08		② Partnership with Patients to Improve Safety	1.25
11/22/08		③ "Do not use" alternatives	1.50
11/23/08		④ Patient Safety in Surgical Environment	2.0
11/24/08		⑤ Tracking + Reminder Systems	2.0
11/25/08		⑥ Safe use of Medication	1.5
11/26/08		⑦ Medical Emergency Preparedness	1.5
11/27/08		⑧ Disruptive Behavior	2.0
11/28/08		⑨ Communication Strategies for Patient Handoffs	2.0
11/29/08		⑩ Abortion Policy	0.25
11/29/08		Tobacco advertising aimed at women & adolescents	0.25
11/30/08	Reps - Update in obstetrics	Principles of Evidence Based Medicine	0.5
12/1/08	+ Gynecology - Primary	Legal + Ethical Issues in 1 st care	0.75
12/1/08	+ Preventive care	Screening + Risk factors	0.75
12/2/08		Cardiovascular Disease	1.0
12/3/08		Substance Abuse	0.5
12/4/08		Contraception Control	0.5
12/5/08		Violence against women	1.0
12/6/08		Depression + other mood disorders	0.75
12/7/08		Thyroid Diseases	0.5
12/8/08		Coccydynia	1.0
12/9/08		Headache	0.25
12/10/08		Sleep Apnea	0.25
12/11/08		Urinary tract disorders	1.5
12/12/08		Prevention / Recognition of Infectious Diseases	1.0
12/13/08		Alternatives for Women's Health care	1.0

Pennsylvania State Board of Medicine

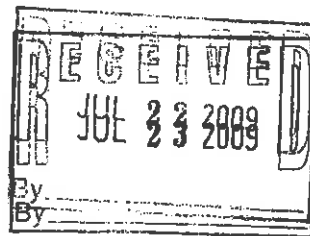
Enclosed please find a listing of
my category 1 + 2 come fee

1/07- 12/08 for my reactivation
application of my expired Pennsylvania
license. The number is MD 427418.

Thank you,

Karen Fessellum MD
FEISULLIN

[REDACTED]
[REDACTED]@yahoo.com



**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

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

Re: Board Action Query Dated: August 13, 2009
Your Reference Number: TSH
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
1	FEISULLIN, KAREN TANYA		039020	2002	21267609
<p style="text-align: center;">LICENSE HISTORY State Board CONNECTICUT PENNSYLVANIA</p>					

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



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
July 24, 2009

KAREN TANYA FEISLILIN 9849
[REDACTED]
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 **ALL** 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
[REDACTED]
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 **ALL** 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.**



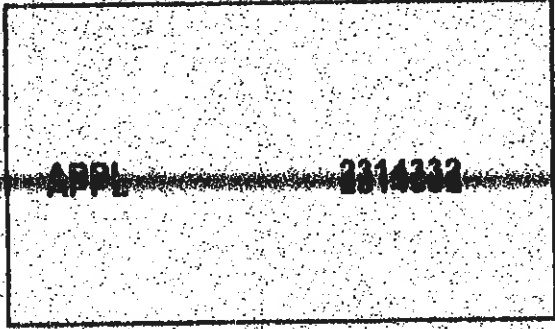
TARGET SHEET

Board: Medicine

Date Created:
08/24/2005

Licensee Full Name:
KAREN TANYA FEISULLIN

License No:
MD427418



APPL **0314332**

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17103-2649
717-763-1400/717-787-2381
st-medicine@state.pa.us
Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

MD 429418
APPL

OFFICIAL USE ONLY
Amount 55.00
Date 7/25/05

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION
For Graduates of ACCREDITED Medical Schools

6/13/30

Application Fee: \$35.00 *non-refundable*. Make check payable to the Commonwealth of Pennsylvania.
Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

MT 181203

Please print or type.

NAME: FELSULLIN KAREN J TANYA
Last First Middle

Permanent Address: [REDACTED]
Street

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

Philadelphia PA 19106
City State Zip Code

Email address: kfelsullin@yahoo.com

Date of Birth: [REDACTED] Social Security Number: [REDACTED]

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

LIST MEDICAL SCHOOL(S) ATTENDED: Jefferson Medical College
DATES OF ATTENDANCE
From: 8/98 to 6/02
Mo. & Yr. Mo. & Yr.

Date of Graduation: 6/2002

Check licensing examination(s) passed:
() FLEX - indicate state where taken: _____ Date taken: Component 1 _____ Component 2 _____
() NATIONAL BOARD - PART I _____ PART II _____ PART III _____
(x) USMLE - STEP 1 STEP 2 STEP 3
() LMCC - Canadian
() STATE BOARD - indicate state where taken: _____

ACGME Post Graduate Training:

POY1 Hospital:

Albert Einstein College of Medicine

From:

POY2 Hospital:

Jefferson Medical College / University of Pennsylvania

Answer the following questions. If "YES" is answered to #1 through #8, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	YES	NO
1) Do you hold an unrestricted license to practice medicine and/or surgery, active or inactive, current or expired, in any state, territory or country? If yes, list the jurisdiction(s) below.		
2) Have you ever withdrawn an application for a license, had an application denied or refused, or agreed not to reapply for a license in any state, territory or country? A license includes a registration or certification.		
3) Has any disciplinary action been taken against your license or certification in another state, territory or country?		
4) Have you been convicted, found guilty, or pleaded guilty to any crime or received probation without verdict in any state, territory or country, including any drug law violation, in the state or federal court?		
5) Since May 19, 2002, have you been arrested for criminal offenses, assault, sexual offenses or drug offenses in any state, territory or country?		
6) Have you had practice privileges denied, suspended or restricted as a result of other health care facility, or have you been charged for activities including research, or engaging in other research activities?		
7) Have you had your DEA registration denied, or used or lost your DEA registration, or had your provider privileges restricted by any state or federal law?		
8) Are you, or have you ever been, admitted to the Board's Professional Health Monitoring Program? You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.		
9) Since May 19, 2002, have any suspension or restriction been filed against you? If yes, the Board requires that you submit a copy of the official suspension or restriction complaint which must include the filing date and the date of resolution.		

SIGNED STATEMENT

Note that disclosing your social security number on this application is required in order for the State Board of Medicine to comply with the requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania 21 Pa. C.S. 1304. In order to verify the accuracy of child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information you listed on this application, including the social security number. Additionally, disclosing the number is required in order for this board to comply with the reporting requirements of the National Health Care Provider Data Bank and the Healthcare Integrity and Protection Data Bank. Return of the 1099-MISC will be provided to the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to answers falsification in testimony and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal phone and telegrams (paid and prepaid), and all governmental agencies and intermediaries (state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information used in records retained by the board.

Kouros T. ... MD

DATE OF APPLICANT

RECEIVED JUN 23 2005

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.

Name of Applicant: Karen Tanya Feisullin MD

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

I have been personally acquainted with the applicant for 2 year(s) - month(s).

SIGNATURE:  Date: 7/11/05


Print or type name as signed above: CARMEN SUTANA MD

State in which licensed: PA License Number: MD039196

Name of Applicant: Karen Tanya Feisullin MD

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

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

SIGNATURE:  Date: 7/15/05

Print or type name as signed above: Abigail Wolf MD

State in which licensed: PA License Number: MD066976

Return Completed Form to Applicant

1-81 (REV. 03-03)

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

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

RECEIVED DIRECT

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates
TO BE COMPLETED BY APPLICANT

NAME: FEISULLIN KAREN TANYA
Last First Middle

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

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

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Albert Einstein College of Medicine

NAME OF SPONSORING INSTITUTION: Albert Einstein College of Medicine

LOCATED IN: Bronx New York
City State

ACGME # 1
1st Year from 07/01/2002 To 06/30/2003 Specialty Obstetrics/Gynecology Level (PGY) 1

2nd Year from 1/1/ To 1/1/ Specialty Level (PGY)

"I certify that Karen Tanya Feisullin successfully completed/will successfully complete (1st) graduate medical training and that there ~~was~~ no disciplinary action outstanding against this applicant. If this applicant has not completed this training, the Board will be notified."

"I further certify that the above program was ACGME accredited at the time Karen Tanya Feisullin completed the training."

Signature of Program Director: [Signature]
Date: 7/13/03

[Seal of Hospital]

If the hospital has no seal complete the following section and have this form notarized.

I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature: [Signature]
Date: 7/13/03 (notary seal)

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE TO: STATE BOARD OF MEDICINE
111 N. MARKET STREET, SUITE 1000, HARRISBURG, PA 17102
Tel: 717-737-6000 Fax: 717-737-6001

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

RECEIVED DIR.

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

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates
TO BE COMPLETED BY APPLICANT

NAME: FEISLICK KARAN LINDA
Last First Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
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3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

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

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Jefferson University Hospital

NAME OF SPONSORING INSTITUTION: Jefferson University Hospital

LOCATED IN: Philadelphia Pennsylvania
City State

1st Year from 7/1/85 To 7/1/86 Specialty Internal Medicine Level (PGY) 1

2nd Year from 07/01/1985 To 06/30/1986 Specialty Internal Medicine Level (PGY) 2

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

"I further certify that the above program was ACGME accredited at the time 1985-1986 completed the training."
(Name of Applicant)

Signature of Program Director: [Signature]

[Seal of Hospital] Date: 7/2/86

If the hospital has no seal complete the following section and have this form notarized:

I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital

Program Director's Signature: _____

Date: _____ (notary seal)

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

Home Back Forward Stop Refresh Print Home Back Forward Stop Refresh Print

General | License | Education | Employment | Publications | Sample

License # **Type** **Status** **Professional License #**
 123456789 Medical Professional and Surgeon Pending 123456789

Address
 1234 Main St
 Suite 100
 Anytown, CA 90210

License	Expiration Date	Renewal Date	History
Level 1	07/01/2004	06/30/2004	<input type="checkbox"/>
Level 2	07/01/2005	06/30/2005	<input checked="" type="checkbox"/>

Home | Back | Forward | Stop | Refresh | Print | 09:45 AM

Transaction Date Time	Transaction Type	Entered by	Entry Date	Complete Date	Completed By
03/10/2003	Application	Accredited School Graduate	03/10/2003	03/10/2003	phamer
	Checklist Item		Complete Date	User ID	Accounting (Last E)
	Application Fee \$50		03/10/2003	phamer	Complete
	Exam Results		03/10/2003	phamer	Complete
	Item Remarks: USMLE 1, 2, 3				
	Current License		03/10/2003	phamer	Not Applicable
	Record of Graduation		03/10/2003	phamer	Complete
	Item Remarks: DIRECT				



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

61830

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 • Telephone (817) 669-6441

Date: 07/28/2005

Recipient:

Pennsylvania State Board of Medicine
ATTN: Cindy L. Warner, Administrator
PO Box 2649
Harrisburg, PA 17103-2649

RECEIVED DIRECT

Examinee: Feisullin, Karen Tanya
Alt Name(s):

Examinee ID#: 51568-028-9
Date of Birth: [REDACTED]

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

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/21/2000	Pass	195	179	80	75	

USMLE STEP 2

Clinical Knowledge (CK)

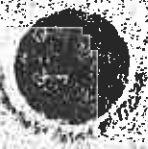
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
07/06/2001	Pass	212	174	85	75	

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
01/20/2004	Pass	196	182	80	75	

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

RECEIVED
JUL 28 2005
Health Licensing Board



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

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).
	X	1. Do you hold a license to practice this profession in any other state or jurisdiction? List:
	X	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
	X	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?
	X	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded nolo 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	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?
	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	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?
	X	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the 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	Specialty	Hospital #	Hospital Name
Current	7/1/2003	6/20/2004	2	Obstetrics and Gynecology	HS000240L	THOMAS JEFFERSON UNIVERSITY
Renewal	7/1/2004	6/20/2005	3	Obstetrics and Gynecology		

Signature of Licensee (Handwritten):

Date: 4-16-04

SSN: [REDACTED]

ATTACHMENTS FOR RENEWING:

- FEE - \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A \$20.00 fee 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 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.

RECEIVED
 MAY 06 2004



UNITED STATES MEDICAL LICENSING EXAMINATION™

Federation of State Medical Boards of the U.S., Inc.
P.O. Box 619850, Dallas, Texas 75261-9850
Telephone: (817) 571-2049

STEP 3 SCORE REPORT

Fejsullin, Karen Tanya

Test Date: January 20, 2004

USMLE ID: 5-068-028-9

The USMLE 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 an examinee'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 ambulatory-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:

PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
188	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) ¹ for this scale is approximately six points.
80	This score is also determined by your overall performance on the examination. A score of 75 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 ¹ for this scale is approximately two points.

¹Your score is influenced both by your general understanding of clinical medicine and by the specific set of items 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 examinee were tested repeatedly using different sets of items covering similar content.

RECEIVED
MAY 06 2004

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

2352
MT181205
FEISULLIN

RENEWAL APPLICATION

KAREN TANYA FEISULLIN
THOMAS JEFFERSON UNIVERSITY
HOUSE STAFF OFFICE
111 SOUTH 11TH STREET
SUITE 2170
PHILADELPHIA PA 19107-5090

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

RECEIVED

MAY 09 2005

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).
	X	1. Do you hold a license to practice this profession in any other state or jurisdiction? List:
	X	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
	X	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?
	X	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded not guilty, 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?
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	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	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?
	X	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the 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	Specialty	Hospital #	Hospital Name
Current	07/01/2004	06/30/2005	3	Obstetrics and Gynecology	HIS0002401	THOMAS JEFFERSON UNIVERSITY
Renewal	7/1/2005	6/30/2006	4	"	"	"

Signature of Licensee (Mandatory):

[Redacted Signature]

Date: 4/2/05

SSN: [Redacted]

ATTACHMENTS FOR RENEWING:

- FEE - \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A \$20.00 fee 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 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.

STATE BOARD OF MEDICINE
RENEWAL APPLICATION

MT181205
FEISULLIN

KAREN TANYA FEISULLIN 9849
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

MAY 26 2006

- 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).
<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Do you hold a license to practice this profession in any other state or jurisdiction? List: <i>Pennsylvania, pending Connecticut license</i>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded not to contend, 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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	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?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> 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:

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	07/01/2005	06/30/2006	Level 4	Obstetrics and Gynecology	H5000240L	THOMAS JEFFERSON UNIVERSITY
Renewal						

Signature of Licensee (Mandatory):

Date: *5/18/06*

Medical School Graduation Date: *6/2002*

SSN: [REDACTED]

ATTACHMENTS FOR RENEWING:

- FEE - \$15.00 check payable to COMMONWEALTH OF PENNSYLVANIA. Write your license number on your payment. A \$20.00 fee 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 I scores OR National Board Part 1 and 7 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.

Regular Mailing Address
State Board of Medicine
100 Pine Street
Harrisburg, PA 17105-5649
717-633-1400

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st Floor
Harrisburg, PA 17101

MT 181 030226 0152
FEISUAPPL

THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE LICENSE - DO NOT USE TO RENEW
THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING

Amount 30.00
Date 3/3/03

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

10744

Application fee is \$30.00 non-refundable. Make check payable to the Commonwealth of Pennsylvania. NOTE: All processing fees are non-refundable. If you are unable to pay, you may request a refund from your bank, regardless of the reason for non-payment.

RECEIVED DIRECT

TO BE COMPLETED BY APPLICANT:
Please Print or Type

NAME: F O I S U L L I N K A R E N T A N Y A
LAST FIRST MIDDLE MAIDEN

ADDRESS: [Redacted]

B o n y N Y 10461
CITY STATE ZIP CODE

SOCIAL SECURITY #: [Redacted] DATE OF BIRTH: [Redacted] MONTH/DATE/YEAR

NAME & ADDRESS OF MEDICAL SCHOOL: Jefferson Medical College 1025 Locust St Philadelphia, PA 19107
DATES OF ATTENDANCE: 8/98 - 6/02
DATE OF GRADUATION: 6/7/02

NAME & ADDRESS OF HOSPITAL(S): Montefiore Medical Center, Division of General Internal Medicine 1305 Morris Park Ave Bronx, NY 10461
DATES OF PREVIOUS TRAINING: 7/1/02 - 6/30/03
SPECIALTY: Obstetrics & Gynecology

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: Thomas Jefferson University Hospital HS- 000240 --L
ADDRESS OF HOSPITAL: 111 South 11th Street, Philadelphia, PA 19107

YEAR IN TRAINING: 2 SPECIALTY: OBG LEVEL IN TRAINING (PGY): 2

DATES OF TRAINING REQUESTED: 7/1/03 TO 6/20/04
BEGINNING DATE-MONTH-DAY-YEAR ENDING DATE-MONTH-DAY-YEAR

NAME OF PROGRAM DIRECTOR: Debra A. Cifelli, Director, Office of House Staff Affairs

SIGNATURE OF PROGRAM DIRECTOR: [Signature]

Answer the following questions. If "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.

	Yes	No
1. Do you hold a license to practice medicine and surgery (active or inactive, current or expired) in any state, territory or country? If "yes", list all states below.		✓
2. 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 another state, territory or country?		✓
3. Has any disciplinary action been taken against your license in another state, territory or country?		✓
4. Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?		✓
5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		✓
6. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?		✓
7. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		
8. Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (NOTE: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Health Monitoring Program.)		
9. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire civil complaint</u> which must include the <u>filing date</u> and the <u>date you were served</u> .		✓

SIGNED 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.

Signature of Applicant: _____

Date: 2/18/03

DISCREPANCY LETTERS WILL BE EMAILED DIRECTLY TO THE HOSPITAL

FEB 28 2003

RECEIVED

Feisullin, Karen Tanva

Philadelphia, PA 19103

@jefferson.edu

Medical Education

Jefferson Medical College of Thomas Jefferson University, Philadelphia, PA

09/1998 - 06/2002

Doctor of Medicine, 06/2002

Undergraduate Education

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

Pre-med

09/1994 - 05/1997

Employment

04/1988 - 05/1989

Rapid Research Executive Search Firm

investigator

Telephone 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 computer 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
research

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

05/1996 - 07/1998

Columbia Univ College of Physicians + Surgeons
study coordinator

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

05/2001

Jefferson Medical College
research

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, Minfor V, Feisullin K, Divon M, 01/1996, Volume: , Pages:

abstract presmed 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

ISHOPE
member

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

09/1998

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

09/1998

Medical Students for Choice

treasurer, 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

Jeff Mentors

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.

09/2000

Physicians for Social Responsibility

member

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

Licensure

USMLE Step 1 06/1999

USMLE Step 2 07/2001

Hobbies & Interests

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

030224 0152

United States Medical Licensing Examination Certified Transcript of Scores

This document was prepared by
National Board of Medical Examiners (NBME)
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: [REDACTED]

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.

USMLE Step 1		Three-Digit Scale		Two-Digit Scale		Comments
Test Date	Pass/Fail	Total Score	(Min. Pass)	Total Score	(Min. Pass)	
06/21/2000	Pass	195	179	80	75	

USMLE Step 2		Three-Digit Scale		Two-Digit Scale		Comments
Test Date	Pass/Fail	Total Score	(Min. Pass)	Total Score	(Min. Pass)	
07/06/2001	Pass	212	174	85	75	

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

State Board of Medicine
717-783-1400
717-787-2381

03022 / 0192 744

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

RECEIVED DIRECT

SECTION 1: To be completed by applicant:

Name: [REDACTED] KAREN TANYA
Last First Middle

Name of medical school: JEFRESON MEDICAL COLLEGE

Location: 1025 Walnut St Philadelphia, 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 FEISULLIN

Date student began to attend this medical school: 8/31/98
Month/Day/Year

Date of graduation: 6/7/02
Month/Day/Year

[Seal of School]

I certify that all of the above information is correct.

Signature of SHERYL HICHA
Dean or Registrar: Sheryl Hicha - Associate Registrar

Date: 2/25/03

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

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17103-2649
U.S.A.

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

030221152

030221152 1 of 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

March 10, 2003

Attn: Gina Bitner
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

Item	Name	DOB	School	Yr/Grad
1	REISULIN, KAREN TANYA		039020	2002
1	GAMBLIN, THOMAS CLARK		025010	1998
4	HENBIN, MICHAEL NARIM		036050	1993
2	NESS, AMEN		033020	1979