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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BEFORE THE STATE BOARD OF MEDICINE

PROTHONOTARY
2006 NOV 2 10:14:03
Dept. of State

Commonwealth of Pennsylvania,	:	
Bureau of Professional and	:	
Occupational Affairs	:	
	:	File No. 04-49-05901
v.	:	Docket No. 1376-49-06
	:	
Joni Lahr Magee, M.D.	:	
Respondent	:	

MEMORANDUM FINAL ORDER

AND NOW, this 2nd day of November 2006, upon consideration of Respondent's return of her license to the State Board of Medicine (Board) stating that she wished to give her license up, subsequent to the issuance of an Order to Show Cause sent to her by the Commonwealth, and recognizing that Respondent surrendered her license in lieu of discipline, it is hereby ORDERED that the license of Joni Lahr Magee, License No. MD-011227-E, hereby is REVOKED.

This order shall take effect immediately.

BY ORDER:
STATE BOARD OF MEDICINE
Charles D. Hummer, Jr.
Charles D. Hummer, Jr. M.D.,
Chairperson

Respondent's Address: [Redacted]
Merion Station, PA 19066

Prosecuting Attorney: Anita P. Shekletski, Esquire
P.O. Box 2649
Harrisburg, PA 17105-2649

Board Counsel:

Sabina J. Howell, Counsel
P.O. Box 2649
Harrisburg, PA 17105-2649

Date of Mailing: **November 2, 2006**

Notice

The attached Final Adjudication and Order represents the final agency decisions in this matter. It may be appealed to the Commonwealth Court of Pennsylvania by the filing of a Petition for Review with that Court in accordance with the Pennsylvania Rules of Appellate Procedure. If you take an appeal to the Commonwealth Court, you must serve the Board with a copy of your Petition for Review. The agency contact for receiving service of such appeals is:

**Board Counsel
P.O. Box 2649
Harrisburg, PA 17105-2649**

The name of the individual Board Counsel is identified on the Order page of the Final Order.

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

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

DCN: 5500000044155439
Process Date: 11/21/2006
Page: 1 of 3
For authorized use by:
PA STATE BOARD OF MEDICINE

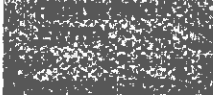
ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 5500000044155439

This report is maintained in: The National Practitioner Data Bank
 The Healthcare Integrity and Protection Data Bank

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended; and 45 CFR Part 60. This report also is maintained by the Healthcare Integrity and Protection Data Bank for restricted use under the provisions of Section 1128E of the Social Security Act and 45 CFR Part 61. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of Federal law. For additional information or clarification, contact the reporting entity identified in Section A.



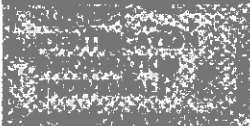
Entity Name: PA STATE BOARD OF MEDICINE
Address: 2601 NORTH THIRD STREET

City, State, ZIP: HARRISBURG, PA 17110

Entity Internal Report Reference
(e.g., claim number):

Name or Office: TAMMY RADEL
Title or Department: ADMINISTRATIVE OFFICER
Telephone: (717)787-7768

Type of Report: INITIAL REPORT



Subject Name: MAGEE, JONI LAHR

Other Name(s) Used:

Gender: FEMALE

Date of Birth: [REDACTED]

Organization Name:

Work Address: 418 MEADOW LANE

City, State, ZIP: MERION, PA 19066

Country:

Organization Type:

Other, as Specified:

Home Address:

City, State, ZIP:

Country:

Deceased: NO

Date of Death:

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): [REDACTED]

Individual Taxpayer Identification Numbers (ITIN):

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DCN: 550000044155439
Process Date: 11/21/2006
Page: 2 of 3
For authorized use by:
PA STATE BOARD OF MEDICINE

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: WOMENS MEDICAL COLLEGE 1968

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)

State License Number, State of Licensure: MD011227E, PA

Other, as Specified:

Specialty: GENERAL PRACTICE/FAMILY PRACTICE (33)

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Country:

Nature of Relationship(s):

Other, as Specified:

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program

that Took the Adverse Action

Specified in This Report: PA STATE BOARD OF MEDICINE

Adverse Action Classification Code(s): REVOCATION OF LICENSE (1110)

Other, as Specified:

Date Action Was Taken: 11/02/2006

Date Action Became Effective: 11/02/2006

Length of Action: PERMANENT

Years:

Months:

Days:

Total Amount of Monetary Penalty, Assessment
and/or Restitution:

Is Subject Automatically Reinstated After Adverse
Action Period Is Completed?: NO

Description of Act(s) or Omission(s) or Other

Reasons for Action Taken: REVOCATION OF LICENSE.

Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which
Adversely Affected, or Could Have Adversely Affected, the
Health or Welfare of the Patient?: YES

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DCN: 5500000044155439
Process Date: 11/21/2006
Page: 3 of 3
For authorized use by:
PA STATE BOARD OF MEDICINE

Basis for Action: UNABLE TO PRACTICE SAFELY BY REASON OF PHYSICAL ILLNESS
OR IMPAIRMENT (F4)

Other, as Specified:

Subject identified in Section B has appealed the reported adverse action.

Date of Appeal:

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 12/27/2006

1. Subject is not a Family Practitioner, but a Board Certified Obstetrician-Gynecologist
2. License was revoked after it was voluntarily withdrawn

Unless one or more boxes below are checked, the subject of this report identified in Section B has not contested this report.

If box is checked, this report has been disputed by the subject identified in Section B.

If box is checked, at the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

If box is checked, at the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 11/21/2006

Date of Most Recent Change: 11/21/2006

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



END OF DOCUMENT

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

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

DCN: 5500000044504145
Process Date: 12/27/2006
Page: 1 of 1
For authorized use by:
PA STATE BOARD OF MEDICINE

To:

PA STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET

HARRISBURG, PA 17110

From: The National Practitioner Data Bank and The Healthcare Integrity and Protection Data Bank
Re: Report Revised, Voided, or Status Changed

SENSITIVE INFORMATION ENCLOSED

You previously received a copy of report #5500000044155439 (on JONI LAHR MAGEE) from the Data Bank(s). The content or status of this report has changed as indicated below. Please disregard and destroy the previous report and any copies of it, and replace it with the enclosed, current version. You are receiving this updated copy of the report for the following reason:

The subject of the referenced report has filed a dispute with the Data Bank(s) concerning information contained in the report, and has added a statement to the report to explain or comment on the action reported (see Section D of the report). The reporting entity identified in Section A of the enclosed report and the subject identified in Section B are responsible for settling the dispute. You will be notified of future changes, if any, to the content or status of the referenced report.

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

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

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To: PA STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET

HARRISBURG, PA 17110

From: The National Practitioner Data Bank and The Healthcare Integrity and Protection Data Bank
Re: Report Verification

Enclosed is a copy of a report that you recently submitted to the National Practitioner Data Bank (NPDB) and the Healthcare Integrity and Protection Data Bank (HIPDB). Based on the information in your submission, this report will be maintained under the provisions of Title IV of Public Law 99-660, as amended, and Section 1128E of the Social Security Act. Entities and Individuals who submit information to the NPDB-HIPDB are legally responsible for the accuracy of such information. To ensure that the information you submitted is accurate and complete, you should review the content of the enclosed report. Submit any correction to the NPDB-HIPDB and, if required, to the appropriate State licensing board as quickly as possible to preclude the possible legal consequences resulting from the disclosure of inaccurate information. If, on review of the enclosed report, you conclude that the report was submitted erroneously (e.g., identifies the wrong subject, reported an incident which is not reportable to the NPDB-HIPDB), you must "VOID" the report immediately.

If the information contained in the enclosed report is accurate and complete to the best of your knowledge, no further action is necessary. You may either destroy the attached report or file it in a secure place as a record of your submission. You are responsible for maintaining the confidentiality of information from the NPDB-HIPDB, which may only be used for the purposes for which it was disclosed.

To submit a correction to this report, or to void this report (i.e., purge it in its entirety from the Data Bank(s) listed above), you must:

- (1) Log onto the NPDB-HIPDB web site (address provided above).
- (2) Select the Report option, and select "Correction" or "Void" for the type of report.
- (3) Provide the Report Number that appears in the upper center of the report.
- (4) Enter the corrected report information, if applicable.
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ADVERSE ACTION REPORT

STATE LICENSURE ACTION

Report Number 5500000044155439

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Entity Name: PA STATE BOARD OF MEDICINE
Address: 2601 NORTH THIRD STREET

City, State, ZIP: HARRISBURG, PA 17110

Entity Internal Report Reference
(e.g., claim number):

Name or Office: TAMMY RADEL
Title or Department: ADMINISTRATIVE OFFICER
Telephone: (717) 787-7768
Type of Report: INITIAL REPORT



Subject Name: MAGEE, JONI LAHR

Other Name(s) Used:

Gender: FEMALE

Date of Birth: [REDACTED]

Organization Name:

Work Address: 418 MEADOW LANE

City, State, ZIP: MERION, PA 19066

Country:

Organization Type:

Other, as Specified:

Home Address:

City, State, ZIP:

Country:

Deceased: NO

Date of Death:

Federal Employer Identification Numbers (FEIN):

Social Security Numbers (SSN): [REDACTED]

Individual Taxpayer Identification Numbers (ITIN):

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DCN: 550000044155439
Process Date: 11/21/2006
Page: 2 of 3
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PA STATE BOARD OF MEDICINE

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: WOMENS MEDICAL COLLEGE 1968

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)

State License Number, State of Licensure: MD011227E, PA

Other, as Specified:

Specialty: GENERAL PRACTICE/FAMILY PRACTICE (33)

Drug Enforcement Administration (DEA) Numbers:

Unique Physician Identification Numbers (UPIN):

Name(s) of Health Care Entity (Entities) With Which Subject Is
Affiliated or Associated (Inclusion Does Not Imply Complicity in
the Reported Action.):

Business Address of Affiliate:

City, State, ZIP:

Country:

Nature of Relationship(s):

Other, as Specified:

Type of Adverse Action: STATE LICENSURE

Name of Agency or Program
that Took the Adverse Action
Specified in This Report: PA STATE BOARD OF MEDICINE

Adverse Action Classification Code(s): REVOCATION OF LICENSE (1110)

Other, as Specified:

Date Action Was Taken: 11/02/2006

Date Action Became Effective: 11/02/2006

Length of Action: PERMANENT

Years:

Months:

Days:

Total Amount of Monetary Penalty, Assessment
and/or Restitution:

Is Subject Automatically Reinstated After Adverse
Action Period Is Completed?: NO

Description of Act(s) or Omission(s) or Other
Reasons for Action Taken: REVOCATION OF LICENSE.

Is the Adverse Action Specified in This Report Based on the
Subject's Professional Competence or Conduct, Which
Adversely Affected, or Could Have Adversely Affected, the
Health or Welfare of the Patient?: YES

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Basis for Action: UNABLE TO PRACTICE SAFELY BY REASON OF PHYSICAL ILLNESS
OR IMPAIRMENT (F4)

Other, as Specified:

- Subject identified in Section B has appealed the reported adverse action.

Date of Appeal:

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SENSITIVE INFORMATION ENCLOSED

To:

PA STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET

HARRISBURG, PA 17110

From: The National Practitioner Data Bank and The Healthcare Integrity and Protection Data Bank
Re: Report Verification

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This report was filed in accordance with the timeframes outlined in the NPDB and/or HIPDB statute and regulations. All reporting entities have a duty under NPDB statute and regulations (42 USC 11134; 45 CFR 60.5) and HIPDB statute and regulations (42 USC 1128E(b)(4); 45CFR 61.5) to timely file reports with the Data Banks.

Entities and individuals who submit information to the NPDB-HIPDB are legally responsible for the accuracy of such information. To ensure that the information you submitted is accurate and complete, you should review the content of the enclosed report. Submit any corrections to the NPDB-HIPDB and, if required, to the appropriate State licensing board as quickly as possible to preclude the possible legal consequences resulting from the disclosure of inaccurate information. If, on review of the enclosed report, you conclude that the report was submitted erroneously (e.g., identifies the wrong subject, reported an incident which is not reportable to the NPDB-HIPDB), you must "VOID" the report immediately.

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- (4) Enter the corrected report information, if applicable.
- (5) Submit the report electronically.

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myLicense Renewal Question Responses

License Number: MD011227E

Name : JONI LAHR MAGEE

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
Is your malpractice insurance coverage current?	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 May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state territory or country?	N
Since May 19, 2002, have any malpractice complaints been filed against you?	N

PA 17100
PA 17100
PA 17100

Your current license is expiring on December 31, 1999. Please complete the application and return it in the envelope by December 31, 1999. If you have a new address, please indicate the new address.

REMEMBER - IF YOU ARE NOT A REGISTERED LICENSEE

If you are not a registered Professional Engineer, please call PA 17100 to obtain an insurance rating.

NAME AND/OR ADDRESS CHANGE

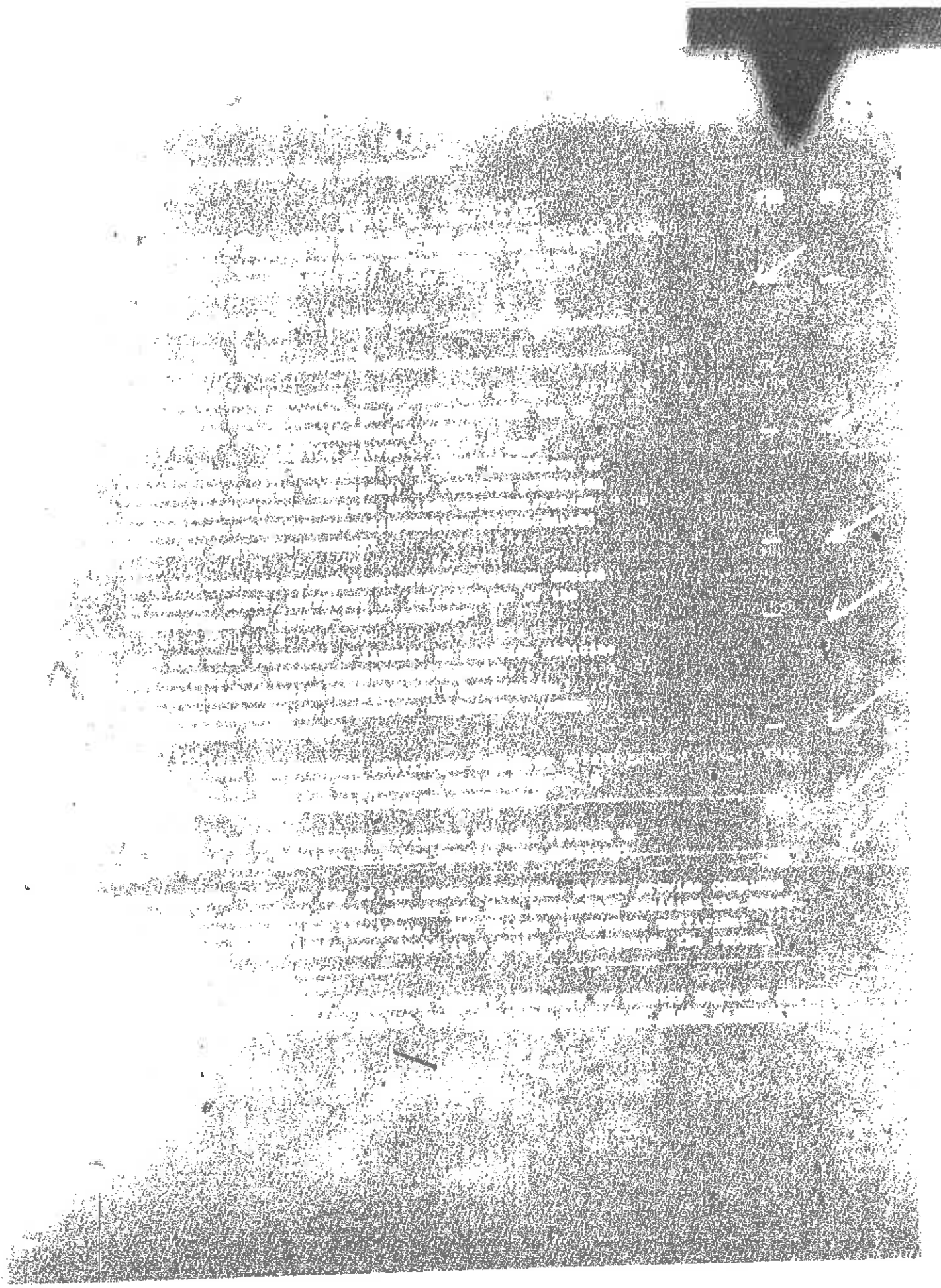
NAME

ADDRESS

CITY

STATE

ZIP



UNITED STATES
ARMY

1. ARE YOU A MEMBER OF THE
IMPERIAL
OF WAKO...
ANDER...
THE IMPERIAL...

2. HAVE YOU EVER BEEN
RECEIVED PRO...
LIEU OF TE...
DISPOSITION...
COUNTRY?

3. HAVE YOU EVER BEEN
SERVICED IN...
OF THE UNITED STATES?

4. HAVE YOU EVER BEEN
EXERCISING ALL...
SPECIAL...
PROFESSION...
SUBJECT TO...

5. HAVE YOU EVER...
REGISTERED...
MEDICAL ATTENDANCE...

6. HAVE YOU EVER...
RECORDED IN THE...
HEALTH CARE...

7. HAVE YOU EVER...
COURSE

8. HAVE YOU EVER...
COUNTRY

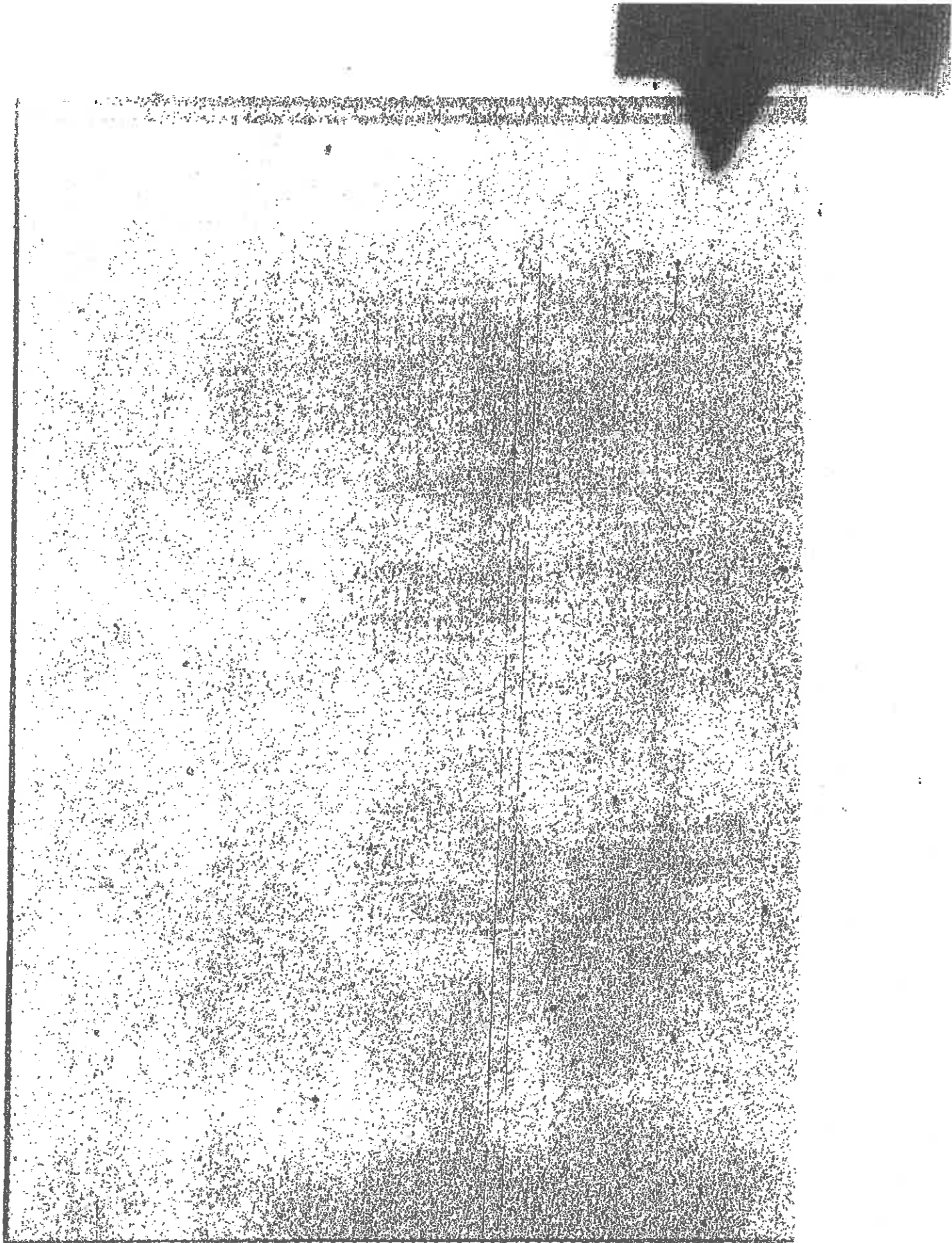
9. HAVE YOU EVER...
COUNTRY

SIGNATURE

DATE

REGISTRATION NUMBER

DD FORM 1237-E/WASHINGTON, D.C.



J. M. ...

STATE BOARD OF MEDICINE
DEPARTMENT OF HEALTH
HARRISBURG, PENNSYLVANIA 17105
PROFESSIONAL AFFAIRS

OFFICIAL USE ONLY
MD 811737-8
MAJOR 2222

THIS IS YOUR ANNUAL NOTICE - REQUIRED FEE - \$135.00

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

JOHN LANE HONDE
[REDACTED]
HARRISBURG, PA 17046

YOUR LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1994. TO RENEW YOUR LICENSE
ON DECEMBER 31, 1994, COMPLETE THE ATTACHED APPLICATION AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$135.00 TO THE
STATE BOARD OF MEDICINE, P.O. BOX 8414, HARRISBURG, PA. 17105-8414. A LATE FEE OF \$5.00 PER DAY WILL BE
CHARGED FOR DELAYED PAYMENT. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECKS IN YOUR CHECK
BOOK AS YOUR BANK'S RESPONSIBILITY. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE
APPLICANT'S NAME AND ADDRESS ABOVE. A STATE CHECK NUMBERED SUBMISSION OF A COPY OF A COURT ORDER, MARITAL CERTIFICATE, DIVORCE
OR OTHER OFFICIAL DOCUMENT.

IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE
REQUIRED FEE AND CARRY FURTHERANCE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

PROFESSIONAL NOTICE CONCERNING OTHER STATES, TERRITORIES OR COUNTRIES SHALL BE REFERRED TO THE BOARD OF THE RESIDENT. GENERAL NOTICE
CONCERNING STATE OF VITAL CERTIFICATION, WITHIN 30 DAYS.

ADDITIONAL CONDITIONS MUST BE FURNISHED: IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST FURNISH COMPLETE RECORDS
AND ALL COPIES OF COURT AND PROSECUTOR RECORDS OR LEGAL DOCUMENTS. IF ANY FAILURE TO FURNISH DOCUMENTS WILL DELAY THE PROCESS.

DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW.

- 1. SINCE YOUR LAST RENEWAL, HAS ANY OTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDING VOLUNTARY
SURRENDER OF A LICENSE), MADE YOU OR FILED COMPLAINTS AGAINST YOU THAT HAVE NOT BEEN RESOLVED BY YOUR BOARD?
- 2. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED GUILTY OR OTHERWISE, RECEIVED PROBATION, FINES,
RETRIBUTION, OR RECEIVED ANY OTHER DISPOSITION (INCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE,
INCLUDING ALL STATE LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL
COURT? (A FEDERAL FEDERAL VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- 3. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION
FOR A LICENSE DENIED OR REVOKED, OR AGREED NOT TO APPLY FOR A LICENSE IN ANY OTHER STATE, TERRITORY OR COUNTRY,
A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- 4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, OR WITHDRAWN IN ANY
OF HOSPITALS OR FACILITIES TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR
PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CARE?

IF YOU HAVE BEEN LICENSED IN ANOTHER STATE, TERRITORY OR COUNTRY, PLEASE PLACE AN "X" IN THE BLANK TO THE RIGHT.
IF YOU ARE REVOKED, YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

New Jersey

I HEREBY CERTIFY AND WARRANT IN THIS DOCUMENT AND THEREAFTER TO THE BEST OF MY KNOWLEDGE, UNDERSTANDING THAT THIS IS
THE ONLY TRUE AND CORRECT INFORMATION CONCERNING MY QUALIFICATIONS TO PRACTICE.

[REDACTED]

DATE 7/25/94

THE UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR
SUBJECT: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

STATE BOARD OF MEDICINE

RENEWAL APPLICATION - MD

LOUI MAGRE M.D. FACOG

[Redacted Address]

RETURN TO:

State Board of Medicine
PO Box 9414
Harrisburg, PA 17106-9414

PA State: PA, DOB: 1906, License Number: A.DON2274

Check if appropriate

- 1. ADDRESS CHANGE - The address above is a new address and not on file with the Board
2. NAME CHANGE - The name above is not the current name on the license record.

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

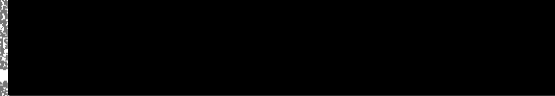
Table with 2 columns: Question and Answer. Contains 10 questions regarding license renewal requirements, including questions about other states, DEA registration, and criminal convictions.

SECTION B - CONTINUING EDUCATION - SELECT ONE BELOW - You are required to receive your official continuing education certificate of completion dated for this license renewal period until December 31, 2000 and provide them to the Board if requested.

- 1. During this renewal cycle (1/1/00 to 12/31/00) I have completed the required 20 hours of continuing education in courses granted ABA Category 1 or 2 approval with at least 3 hours in patient safety/risk management.
2. I am currently participating in an accredited learning program during this renewal cycle (1/1/00 to 12/31/00) and I am exempt from the continuing education requirement.

SECTION D - VERIFICATION OF INFORMATION

I hereby declare that I am the person named on this license as issued 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 a CMC license or document (Section 1101 PA C.S. 401) and that my license or document is subject to the penalties of 18 PA C.S. 4101 relating to tampering with records in violation of subsection (a) and may result in my license being suspended.

Signature of Licensee:  Date: 11/01/05

I am not practicing the profession in Pennsylvania after the expiration date indicated below and request inactive status for fee is required.

I am retired from practice and desire to have my license active to treat immediate family members. I am exempt from the medical malpractice liability insurance and CMC requirements. Renewal must be completed and fee required.

TO ENSURE YOU RECEIVE THE MOST UP-TO-DATE INFORMATION, PLEASE VISIT OUR WEBSITE AT www.pas.gov