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THOMP

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THE FOLLOWING QUESTIONS MUST BE ANSWERED:

1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER STATE, TERRITORY OR COUNTRY? YES NO ☒ ☐
2. 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? (YOU MAY ANSWER "NO" IF YOU ARE CURRENTLY A PARTICIPANT IN THE IMPAIRED PROFESSIONAL PROGRAM) YES NO ☐ ☒
3. HAVE YOU EVER BEEN CONVICTED OF A CRIME (EXCLUSIVE OF PARKING AND TRAFFIC VIOLATIONS) OR RECEIVED PROBATION WITHOUT VERDICT, DISPOSITION IN LIEU OF TRIAL, OR AN ACCELERATED REHABILITATIVE DISPOSITION IN THE UNITED STATES OR ANY OTHER COUNTRY? YES NO ☐ ☒
4. HAVE YOU EVER HAD AN APPLICATION FOR A LICENSE DENIED IN ANOTHER STATE, TERRITORY OR JURISDICTION OF THE UNITED STATES OR IN ANY OTHER COUNTRY? YES NO ☐ ☒
5. HAVE YOU EVER POSSESSED A LICENSE TO PRACTICE MEDICINE AND SURGERY, OR OTHER PROFESSIONAL LICENSE, OR OTHER AUTHORIZATION TO PRACTICE A PROFESSION, THAT HAS SUSPENDED OR REVOKED OR SUBJECTED TO OTHER DISCIPLINARY CONDITIONS? YES NO ☐ ☒
6. HAVE YOU EVER HAD PROVIDER PRIVILEGES DENIED OR RESTRICTED BY THE DRUG ENFORCEMENT ADMINISTRATION, A MEDICAL ASSISTANCE AGENCY, OR OTHER AUTHORITY? YES NO ☐ ☒
7. HAVE YOU EVER HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY? YES NO ☐ ☒

**NAME INACTIVE ☐ **

** **

**STREET **

**CITY STATE ZIP **

SIGNATURE DATE

JMD

11/25/88

MD-D15402-E/THOMP/025400

ROBERT LEON THOMPSON

PITTSBURGH PA 15213

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

Official Use Only

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M D 0 1 5 4 0 2 - E

T H O M P S O N R N E W

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

ROBERT LEON THOMPSON

PITTSBURGH, PA 15213

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

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1998. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2000, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00 MADE PAYABLE TO THE "COMMONWEALTH OF PA." WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1998. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

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

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

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, YOU MUST PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY. FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO

- () ☒ 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW.
- () ☒ 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- () ☒ 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- () ☒ 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- () ☒ 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- () ☒ 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.

NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA.C.S. 4904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

DATE

9/30/97

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

Official Use Only

009331

MD - 015402 - E
THOMPSON

THIS IS YOUR RENEWAL NOTICE

ROBERT LEON THOMPSON

PITTSBURGH, PA 15213

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

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

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

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

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

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

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.
IF A FEE IS REQUIRED, YOU ARE STILL REQUIRED TO ANSWER THE QUESTIONS ABOVE.

SIGN AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION.

SOCIAL SECURITY NUMBER

DATE OF BIRTH:

NAME OF MEDICAL SCHOOL

YEAR OF GRADUATION

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

SIGNATURE

DATE

myLicense Renewal Question Responses

License Number: MD015402E

Name : ROBERT LEON THOMPSON

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)?	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)?	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
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.	O
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: MD015402E

Name : ROBERT LEON THOMPSON

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? N

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. 15238

Online Submission Date : 11/8/2004 7:02:53AM

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

Online Submission Date : 11/21/2006 7:58:13AM

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	N
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	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

myLicense Renewal Question Responses

License Number: MD015402E

Name : ROBERT LEON THOMPSON

Do you maintain current medical professional liability insurance in the Commonwealth? Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit? Y

Online Submission Date : 12/12/2014 6:18:20AM

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
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
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?	Y
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 you answered "Yes", are you currently participating in the Pennsylvania Professional Health Monitoring Program?	
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?	N

Person Info

Name:ROBERT LEON THOMPSON

Address Info

Magee

Email:**Street Address:**Womens

comcast.net

Hosp.

Phone:Suite 0610**Fax**

4126837751

City:PITTSBURGH**State:**PA**Zipcode:**15213**Country:**82**County:**Allegheny

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	N

the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
No education records	
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	

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

RENEWAL APPLICATION - PHYSICIAN AND SURGEON (MD)

Robert L. Thompson
Full Name

RETURN TO:

Street Address

State Board of Medicine

Pittsburgh, PA 15273
City State Zip Code

PO Box 8414

Harrisburg, PA 17105-8414

MD 015402 E
License Number

Check if appropriate

- ☐ ADDRESS CHANGE - The address above is a new address and not on file with the Board.
- ☐ NAME CHANGE - The name above is not the current name on the licensure records. (You must submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree or legal document indicating retaking of a maiden name, etc.)

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

SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED

YES	NO	If you answered yes to questions 2 through 8, provide details AND attach certified copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN
	<input checked="" type="checkbox"/>	1. Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction? LIST: _____
	<input checked="" type="checkbox"/>	2. Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?
	<input checked="" type="checkbox"/>	3. Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?
	<input checked="" type="checkbox"/>	4. Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court?
	<input checked="" type="checkbox"/>	5. Since your initial application or your last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?
	<input checked="" type="checkbox"/>	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?
	<input checked="" type="checkbox"/>	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	<input checked="" type="checkbox"/>	8. Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . **If you previously reported the complaint to the Board provide the docket number _____
<input checked="" type="checkbox"/>		9. Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.

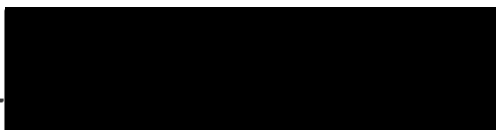
SECTION B – CONTINUING EDUCATION – SELECT ONE BELOW. *You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2014.*

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

SECTION C – VERIFICATION OF INFORMATION

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

Signature of Licensee (Mandatory):



Date:

11/15/2011

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

Person Info Name: ROBERT LEON THOMPSON Address Info Street Address: MAGEE WOMENS HOSPITAL Phone: 300 HALKET STREET Fax: SUITE 2541 City: Pittsburgh State: PA Zipcode: 15213 Country: 82 County: Allegheny		Email: [REDACTED]@comcast.net Phone: 4126837751
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? N		
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. PA		
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? Y		
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 11, 2014		
Education Info No education records		
Employment Information		

No employment records



UPMC | University of Pittsburgh
Medical Center

University of Pittsburgh Physicians

Department of Obstetrics, Gynecology and Women's Health

Robert L. Thompson, MD FACOG

Morris E. Turner, MD, FACOG

Hubert G. Foka, MD

Charlynn Rittenour-Bailey, CRNP

211 N. Whitfield Street
Suite 410
Pittsburgh, PA 15206
412-361-3132
Fax: 412-361-1927

300 Halket Street
Suite 2541
Pittsburgh, PA 15213
412-683-5200
Fax: 412-683-7751

UPMC McKeesport
1500 5th Avenue
7th Floor Crawford Building
McKeesport, PA 15132
412-664-2797
Fax: 412-664-2798

Board of medicine

PA. Department of state

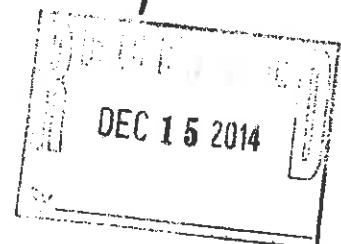
300 North office Building
Harrisburg, PA 17120

Dear sir:

I do not currently have any disciplinary
action pending against my professional or occupational
license in any state or jurisdiction.

I only hold a license in PA and have never
been licensed or practice in any place except
PA.

Robert L. Thompson



XFINITY Connect

rblnthom@comcast.net

± Font Size ±

PENDING BOARD ACTION **IMPORTANT**** LICENSE RENEWAL DISCREPANCY NOTICE****From :** MEDICINE ST <ra-medicine@pa.gov>

Fri, Dec 12, 2014 04:48 PM

Subject : PENDING BOARD ACTION ****IMPORTANT**** LICENSE RENEWAL DISCREPANCY NOTICE

Dear Licensee:

Thank you for processing your license renewal via our online renewal system.

Based on the answer(s) you provided to one or more of the questions on the renewal application, you are required to submit documentation before the license record can be renewed. You are required to send the Board the appropriate documentation regarding that answer as indicated below.

*If you have more than one discrepancy, you will receive more than one automated email message.
Each discrepancy will be addressed in a separate email message.*

Please be advised that your license WILL NOT be renewed until such time as the information and/or documents outlined below are received.

IF YOU ANSWERED THIS QUESTION IN ERROR, PLEASE PROVIDE A WRITTEN STATEMENT TO THE BOARD INDICATING THAT THIS QUESTION WAS ANSWERED IN ERROR.

Question - "Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?"

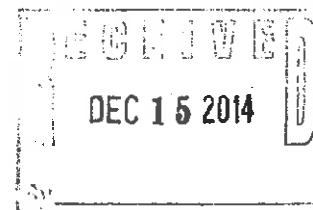
DETAILED EXPLANATION MUST BE SENT TO THE BOARD. PROVIDE CERTIFIED COPIES OF ANY DOCUMENTS THAT YOU MAY HAVE RECEIVED REGARDING THE ACTION.

To assist with expediting the processing your renewal, please include a copy of this email with all documents that you return to the Board. Be sure to PRINT your name and license number below:

Thompson, Robert
Last, First

License No. MD 015402E

State Board of Medicine



XFINITY Connect

rbinthom@comcast.net

- Font Size -

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To assist with expediting the processing your renewal, please include a copy of this email with all documents that you return to the Board. Be sure to PRINT your name and license number below:

Last, Thompson, First Robert

License No. MD 015402E

State Board of Medicine



UPMC | University of Pittsburgh
Medical Center

*University of Pittsburgh Physicians
Department of Obstetrics, Gynecology and Women's Health*

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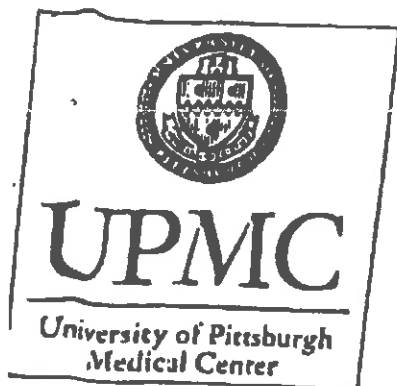
*Board of medicine
Pa. Department of state
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Harrisburg, PA 17120*

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*I only hold a license in PA and have never
been licensed or practice in any place except
PA.*

Robert L. Thompson



Tumer/Thompson/Foka OB/GYN
 Magee-Womens Hospital of UPMC
 300 Halket St Suite 2541
 Pittsburgh, PA 15213
 Phone 412-683-5200
 Fax 412-683-7751

EDX

Ph State Bnd of License Renewal From Dr. Robert L Thompson
 717-787 7769 Pages 4 Including cover sheet

Date 12-17-14
 Robert L Thompson CC:

gent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

DO NOT RECEIVE ALL PAGES AS INDICATED ABOVE, PLEASE CONTACT US IMMEDIATELY.

INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS PROTECTED BY PENNSYLVANIA LAW AND FOR
 INDIVIDUAL ALCOHOL INFORMATION, IS ALSO PROTECTED BY 4 PA. CODE 751.5(b) AND FEDERAL LAW (42 CFR PART
 PENNSYLVANIA AND FEDERAL LAWS PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE OF THIS
 INFORMATION UNLESS FURTHER DISCLOSURE IS EXPRESSLY PERMITTED BY THE WRITTEN CONSENT OF THE PERSON
 TO WHOM IT PERTAINS OR IS AUTHORIZED BY THE CONFIDENTIALITY OF HIV-RELATED INFORMATION ACT OR BY 4 PA.
 751.5(b) AND 42 CFR PART 2. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER
 INFORMATION IS NOT SUFFICIENT FOR THIS PURPOSE. THE FEDERAL RULES RESTRICT ANY USE OF DRUG AND/OR
 ALCOHOL INFORMATION TO CRIMINALLY INVESTIGATE OR PROSECUTE ANY ALCOHOL OR DRUG ABUSE.

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 facsimile in error, please notify the sender immediately by return facsimile.

Person Info Name: ROBERT LEON THOMPSON Address Info Street Address: MAGEE WOMENS HOSPITAL Phone: 302 Fox Chapel Rd Fax: Apt. 616 City: Pittsburgh State: PA Zipcode: 15238 Country: 82 County: Allegheny		Email: [REDACTED]@comcast.net [REDACTED] 4126837751
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? N		
If you answered yes to the above question, please provide the profession and state or jurisdiction.		
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. 15238		
Date Submitted: Sunday, December 11, 2016		
Education Info No education records		
Employment Information		

No employment records