

TARGET SHEET

Board: Medicine

Date Created:

12/17/2003

Licensee Full Name:

MATTHEW FONTAINE REEVES

License No:

MD423665

APPL

2150279

46 (01/01/03)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
sl-medicine@state.pa.us
Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

MD 423665
REEVEAPPL

OFFICIAL USE ONLY

Amount 35.00

Date 12/11/03

18019

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

Application Fee: \$35.00 *not 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.

Please print or type.

NAME: Reeves Matthew Fontaine
Last First Middle

Permanent Address: Magee-Womens Hospital, 300 Halket Street
Street

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

Pittsburgh PA 15213-3180
City State Zip Code

Email address: [redacted]@massmed.org

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:
Harvard Medical School

DATES OF ATTENDANCE
From: 9/95 to 6/99
Mo. & Yr. Mo. & Yr.
From: _____ to _____
Mo. & Yr. Mo. & Yr.

Date of Graduation: June 1999

Check licensure 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:

PGY1 Hospital: UCSF (Univ of Calif, San Francisco) From: 6/18/99 to: 6/30/00

PGY2 Hospital: UCSF From: 7/1/00 to: 6/30/03

 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 licensure or certification (active or inactive, current or expired) to practice in any other jurisdiction? If yes, list each one.	Yes (Calif/Hawaii)	
2) Have you ever withdrawn an application for a license, had an application denied or refused, or agreed not to reapply for a license in another state, territory or country? A license includes a registration or certification.		No
3) Has any disciplinary action been taken against your license or certificate in another state, territory or country?		No
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?		No
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?		No
6) 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?		No
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?		No
8) Are you, or have you ever been, addicted to the imtemperate 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 Professional 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 entire <u>Civil Complaint</u> which must include the <u>filing date</u> and the <u>date you were served</u> .		No

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory 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 at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information presented by HPW about the licensee including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the Federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HPIDB must include 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 unsworn fabrication 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.

[Redacted Signature]

11/14/03

SIGNATURE OF APPLICANT

DATE

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

incomplete


Certification of Moral Character

To be completed by two physicians with a license without restriction in good standing in the United States or Canada.

Name of Applicant: Matthew F. Reeves

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 17 year(s) month(s).

SIGNATURE:  Date:


Print or type name as signed above: Wei-chau Chang

State in which licensed: CA License Number: A70077

Name of Applicant: Matthew F. Reeves

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:

Print or type name as signed above: Rebecca Smith-Bindman

State in which licensed: California License Number: 676462

Return Completed Form to Applicant

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649


Certification of Moral Character

To be completed by two physicians with a license without restriction in good standing in the United States or Canada.

Name of Applicant: Matthew F. Reeves

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 1 year(s) 5 month(s).

SIGNATURE:  Date: 2/1/04


Print or type name as signed above: BRYNA HAWOODS

State in which licensed: PA License Number: MD416

Name of Applicant: Matthew F. Reeves

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 10 year(s) 0 month(s).

SIGNATURE:  Date: _____

Print or type name as signed above: Courtney Schreiber

State in which licensed: PA License Number: MD722192

Return Completed Form to Applicant

MP

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

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

RECEIVED DIRECT

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates

TO BE COMPLETED BY APPLICANT

NAME: Reeves Matthew Fontaine
 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: University of California, San Francisco

NAME OF SPONSORING INSTITUTION: Same

LOCATED IN: San Francisco CA
 City State

1st Year from 07 / 01 / 99 To 06 / 30 / 00 Specialty OB/GYN Level(PGY) 1

2nd Year from 07 / 01 / 00 To 06 / 30 / 01 Specialty OB/GYN Level(PGY) 2

→ I certify that Matthew F. Reeves, M.D. successfully completed/will successfully complete this
 (Name of Applicant)

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 Matthew F. Reeves, M.D.
 completed the training." (Name of Applicant)

Signature of Program Director: [Signature] Lee Leinhardt, MD, PhD

[Seal of Hospital] Date: March 10, 2004

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.

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

Courier Delivery Address
State Board of Medicine
2611 North Third Street
Harrisburg, PA 17110

REC DIRECT

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

NAME: Reeves Matthew Fontaine
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: Univ of California San Francisco Medical Center

NAME OF SPONSORING INSTITUTION: UCSF School of Medicine, Dept of Ob/Gyn

LOCATED IN: San Francisco CA
City State

1st Year from 6/18/99 To 6/30/00 Specialty Ob/Gyn Level (PGY) 1

2nd Year from 7/1/00 To 6/30/03 Specialty Ob/Gyn Level (PGY) 2-4

I certify that Matthew F. Reeves successfully completed/will successfully complete this
(Name of Applicant)

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 Matthew F. Reeves
completed the training."
(Name of Applicant)

Signature of Program Director: [Signature]
Date: 12/2/03

[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: _____
(not by seal)

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

18013

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

RECEIVED

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools.

SECTION 1: To be completed by applicant:

Name: Reeves Matthew Fontaine
Last First Middle

Name of medical school: Harvard Medical School

Location: Boston, MA

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: Matthew Fontaine Reeves

Date student began to attend this medical school: September 5, 1995
Month/Day/Year

Date of graduation: June 10, 1999
Month/Day/Year

[Seal of School]

I certify that all of the above information is correct.

Signature of

Dean or Registrar:

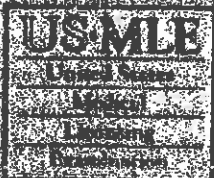
Terese Galuska, Registrar

Date: December 3, 2003

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 17105-2649

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



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

M.D. S.M.S.

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 01/27/2004

RECEIVED DIRECT

Pennsylvania State Board of Medicine
ATTN: Candy L. Warner, Administrator
PO Box 2649
Harrisburg, PA 17105-2649

Examinee: Reeves, Matthew Fontaine
USMLE ID#: 3-025-758-3
DOB: [REDACTED]
ABR Name(s):

Results for all 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 minimum passing score ("Passing") on each scale is shown in parentheses.

STEP1	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
	6/16/1997	PASS	237 (176)	92 (75)	
STEP2	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
	8/25/1998	PASS	225 (170)	87 (75)	
STEP3	Test Date	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
State Board					
CALIFORNIA	12/20/1999	PASS	230 (177)	91 (75)	

A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on the above-named examinee.



MATTHEW F. REEVES

CURRICULUM VITAE

WORK ADDRESS: Department of Radiology, University of California School of Medicine
Box 1667, Mt Zion Campus, C-250, 1600 Divisadero St.
San Francisco, CA 94143

HOME ADDRESS: [REDACTED] San Francisco, CA 94107-2405

WORK TELEPHONE: [REDACTED]

HOME TELEPHONE: [REDACTED]

MOBILE: [REDACTED]

FACSIMILE: 415-885-7876

E-MAIL: [REDACTED]@itsa.ucsf.edu

POSITIONS

UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE, San Francisco
Clinical Fellow, Gynecologic & Obstetric Sonography, Department of Radiology, July 2003-
June 2004

UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE, San Francisco
Department of Obstetrics, Gynecology, & Reproductive Sciences
Administrative Chief Resident, June 2002-June 2003
Resident, June 2000-June 2003
Intern, June 1999-June 2000

EDUCATION

UNIVERSITY OF CALIFORNIA SCHOOL OF MEDICINE, San Francisco
Advanced Training in Clinical Research Certificate, July 2003-June 2004

HARVARD MEDICAL SCHOOL, Boston
M.D., September 1995-June 1999

UNIVERSITY OF PENNSYLVANIA, Philadelphia
Post-Baccalaureate Pre-Medical Program, September 1993-May 1995

UNIVERSITY OF PENNSYLVANIA, Philadelphia
Bachelors of Arts, Physical Anthropology, September 1989-May 1993

UNIVERSITY OF IBADAN, Ibadan, Nigeria
Visiting Student, October 1991-April 1992

EXPERIENCE

CENTER FOR REPRODUCTIVE HEALTH RESEARCH & POLICY, UCSF, San Francisco
Ultrasound Educator, June 2003-present

HOLY FAMILY HOSPITAL, Phalombe, Malawi
International Women's Health in Rural Africa, February-March 1998

NIH/MONBUSHO FELLOWSHIP FOR YOUNG FOREIGN RESEARCHERS, Nagoya, Japan
Visiting Researcher, June-August 1996

PROFESSIONAL CERTIFICATION

California Medical License A75550, issued June 30, 2001, expires September 30, 2004
Hawaii Medical License MD-11957, issued April 17, 2002, expires January 31, 2004
DEA License BR7585271, issued December 28, 2001, expires April 30, 2004

Matthew F. Reeves

HONORS

Assoc. of Reproductive Health Professionals/Wyeth Pharmaceuticals New Leaders Award, 2003
Warren-Whitman-Richardson Fellowship, 2003
Paul Dudley White International Research Fellowship, Harvard Medical School, 1998
Monbusho Fellowship for Young Foreign Researchers, Univ. of Nagoya, 1996
Graduation *cum laude*, University of Pennsylvania, 1993
Distinction in Major, Physical Anthropology, University of Pennsylvania, 1993
Dean's List, University of Pennsylvania, 1990-1991

MEMBERSHIPS

1995-present Massachusetts Medical Society
1999-present American College of Obstetrics & Gynecology, junior fellow
1999-present American Society of Tropical Medicine and Hygiene
2002-present Association of Reproductive Health Professionals
2002-present American Institute of Ultrasound in Medicine
2002-2003 Graduate Medical Education Committee, UCSF School of Medicine
2002-2003 Residency Council, UCSF Dept of Obstetrics, Gynecology & Reproductive Sci.
2000-2003 Residency Admissions Committee, UCSF Dept of Obstetrics, Gyn. & Repto. Sci.
1995-1999 Financial Aid Committee, Harvard Medical School
1995-1997 EARTH (Environmental Awareness and Recycling To improve Harvard)
Harvard Medical School, Director/Organizer

PUBLICATIONS

Tanaka F, Reeves M, Ito Y, Matsumoto M, Lei M, Miwa S, Inukai A, Yamamoto M, Doyu M, Yoshida M, Hashizume Y, Teao S, Mitsuma T, and Sobue G. Tissue-Specific Somatic Mosaicism in Spinal and Bulbar Muscular Atrophy Is Dependent on CAG-Repeat Length and Androgen Receptor-Gene Expression Level. *American Journal of Human Genetics*. 65: 966-973, 1999 Oct.

Grinspan J, Marchionni M, Reeves M, Coulaloglou M, and Scherer S. Axonal Interactions Regulate Schwann Cell Apoptosis in Developing Peripheral Nerve: Neuregulin Receptors and the Role of Neuregulins. *Journal of Neuroscience*. 16(19):6107-6118, 1996 Oct 1.

Grinspan JB, Reeves MF, Coulaloglou MJ, Nathanson D, and Pleasure D. Re-entry into the Cell Cycle Is Required for bFGF-induced Oligodendroglial Dedifferentiation and Survival. *Journal of Neuroscience Research*. 46(4):456-64, 1996 Nov 15.

Grinspan J, Reeves M, and Scherer S. Apoptosis in the rat sciatic nerve during development and following axotomy. *Frontiers of Myelinating Cell Biology*. August 19, 1995. [Abstract]

Reeves, M. Metric and Non-metric Analyses of a Chugach Eskimo Skeletal Collection. Senior Thesis, 1993. (Unpub. shed.)

18019

STATE OF OHIO
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
PROFESSIONAL AND VOCATIONAL LICENSING DIVISION
1618 KIRKMAN SQUARE
200 WEST 34th ST
COLUMBUS, OHIO 43261
12/03/03

STATE BOARD OF NURSES
P.O. BOX 3663
COLUMBUS, OHIO 43261

RE: VERIFICATION OF LICENSE/EXAM SCORES DATED 11/26/03 FOR
NURSE # 11957

BOARD/COMMISSION: BOARD OF MEDICAL EXAMINERS

LICENSE TYPE: PHYSICIAN

LICENSE IDENTIFICATION: NO. 11957

RECORD OF LICENSES: PASSED USMLE

DATE LICENSED: 06/17/02

LICENSE STATUS: VALID ZERO EXPIRATION DATE. REPEAL NOTICE SENT

LICENSE EXPIRATION DATE: 01/31/04

DISCIPLINARY ACTION: NONE

ACCORDING TO OUR OPERATIVE RECORDS, YOUR DATE BACK TO 1985:

NO REPEALING INFORMATION IS ON FILE.

SEE ATTACHED INFORMATION IS ON FILE CONCERNING THIS
LICENSE.

RECEIVED DIRECT

RECEIVED BY:
Constance
CONSTANCE CANAL
EXECUTIVE OFFICER



MEDICAL BOARD OF CALIFORNIA

LICENSING PROGRAM
1426 HOWE AVE. SUITE 58
SACRAMENTO CA 95825-3236
TELEPHONE: (916) 263-2252
FAX: (916) 263-2844



www.medbd.ca.gov

December 1, 2003

PENNSYLVANIA STATE BOARD OF MEDICINE
124 PINE ST
HARRISBURG PA 17101-1208

RECEIVED DIRECT

To Whom It May Concern:

In response to your inquiry a standard search of available records in this office has been performed. The following indicates the results of that search:

Physician: MATTHEW FONTAINE REEVES
License No.: A 75550
Issued: June 29, 2001
Exam Type: A written examination
Expiration Date: September 30, 2004
Status: Renewed/current

If a discipline status is listed, you may obtain information concerning this action by contacting the Board's Enforcement Program, Central File Room, 1426 Howe Avenue, Sacramento, CA 95825-3236 or by faxing your request to the Central File Room at (916) 263-2420.



Lucinda James
Chief, Division of Licensing

SEAL

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

DCN: 5500000031632393
Process Date: 01/20/2004
Page: 1 of 1

<http://www.npdb-hipdb.com>

To: REEVES, MATTHEW FONTAINE

UCSF DEPT OF RADIOLOGY, ULTRASOUND SECT.
505 PARNASSUS, BOX 0628
SAN FRANCISCO, CA 94143-0628

From: The National Practitioner Data Bank

Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners. Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges, or in making employment affiliation or licensure decisions. The NPDB response may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., a suspension of clinical privileges and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB 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 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.com>) 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.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

RESPONSE TO SELF-QUERY

Requestor Name: REEVES, MATTHEW FONTAINE

Telephone: (415) 353-1628

Address: UCSF

UCSF DEPT OF RADIOLOGY, ULTRASOUND SECT.
505 PARNASSUS, BOX 0628

City, State, ZIP: SAN FRANCISCO, CA 94143-0628

Country:

Payment Type: CREDIT CARD

Account Number: [REDACTED]

Expiration Date: 06/2004

Transaction Date: 01/20/2004

Transaction Number: 5500000031632393

Total Charge: \$10.00

Subject Name: REEVES, MATTHEW FONTAINE

Gender: MALE

Date of Birth: [REDACTED]

Other Name(s) Used:

Organization Name: UCSF

Organization Type: OTHER TYPE NOT CLASSIFIED - SPECIFY (999)

Other, as Specified: SCHOOL OF MEDICINE

Home or Work Address: UCSF DEPT OF RADIOLOGY, ULTRASOUND SECT.
505 PARNASSUS, BOX 0628

City, State, ZIP: SAN FRANCISCO, CA 94143-0628

Country:

Social Security Numbers (SSN): [REDACTED]

Professional School(s) & Year(s) of Graduation: HARVARD MEDICAL SCHOOL 1999

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

State License Numbers, State of Licensure: MD-11957, HI

Other, as Specified:

Specialty:

OBSTETRICS & GYNECOLOGY (50)

PHYSICIAN (MD) (010)

A75550, CA

**National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank**

P.O. Box 10832
Charlottesville, VA 20153-0832

<http://www.npdb-hipdb.com>

DCN: 5500000031632393

Process Date: 01/20/2004

Page: 2 of 2

OBSTETRICS & GYNECOLOGY (50)

Drug Enforcement Administration (DEA) Numbers: BR7585271

National Provider Identifiers (NPI):

Federal Employer Identification Numbers (FEIN):

Unique Physician Identification Numbers (UPIN):

Based on the subject identification information provided by you in Section C above, a search of the NPDB has located the following D report(s).

Recipients should verify that the subject identified in Section C is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 89-600, as amended. Recipients should verify that the subject identified in Section B of the report(s) is, in fact, the subject of interest. Information from the NPDB is 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 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 are permitted to share that information with anyone they choose.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank
P.O. Box 10632
Charlottesville, VA 20153-0632

<http://www.npdb-hipdb.com>

MD-55
DCN: 5500000031632393
Process Date: 01/20/2004
Page 1 of 1

To: REEVES, MATTHEW PONTAINE

UCSF DEPT OF RADIOLOGY, ULTRASOUND SECT
505 PARNASSUS, BOX 0628
SAN FRANCISCO, CA 94143-0628

From: The Healthcare Integrity and Protection Data Bank

Re: Response to Your Self-Query

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers; collecting and releasing information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks. Regulations governing the HIPDB are codified at 45 CFR Part 61.

Reports from the HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The HIPDB response may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., a suspension of clinical privileges and an adverse licensure action). The HIPDB is a flagging system and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Subjects of reports who obtain information about themselves from the 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.com>) 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.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

RESPONSE TO SELF-QUERY

REQUESTOR INFORMATION

Requestor Name: REEVES, MATTHEW FONTAINE

Telephone: (415)353-1628

Address: UCSF

UCSF DEPT OF RADIOLOGY, ULTRASOUND SECT.
505 PARNASSUS, BOX 0628

City, State, ZIP: SAN FRANCISCO, CA 94143-0628

Country:

ACCOUNT INFO

Payment Type: CREDIT CARD

Account Number: [REDACTED]

Expiration Date: 06/2004

Transaction Date: 01/20/2004

Transaction Number: 5500000031632393

Total Charge: \$10.00

PERSONAL INFO

Subject Name: REEVES, MATTHEW FONTAINE

Gender: MALE

Date of Birth: [REDACTED]

Other Name(s) Used:

Organization Name: UCSF

Organization Type: OTHER TYPE NOT CLASSIFIED - SPECIFY (999)

Other, as Specified: SCHOOL OF MEDICINE

Home or Work Address: UCSF DEPT OF RADIOLOGY, ULTRASOUND SECT.
505 PARNASSUS, BOX 0628

City, State, ZIP: SAN FRANCISCO, CA 94143-0628

Country:

Social Security Numbers (SSN): [REDACTED]

Professional School(s) & Year(s) of Graduation: HARVARD MEDICAL SCHOOL 1999

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

State License Numbers, State of Licensure: ND-11957, HI

Other, as Specified:

Specialty:

OBSTETRICS & GYNECOLOGY (50)

PHYSICIAN (MD) (010)

A75550, CA

**National Practitioner Data Bank
Healthcare Integrity and Protection Data Bank**

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb-hipdb.com>

DCN: 5500000031632393

Process Date: 01/20/2004

Page 2 of 2

OBSTETRICS & GYNECOLOGY (50)

Drug Enforcement Administration (DEA) Numbers: BR7585271

National Provider Identifiers (NPI):

Federal Employer Identification Numbers (FEIN):

Unique Physician Identification Numbers (UPIN):

Based on the subject identification information provided by you in Section C above, a search of the HIPDB has located the following 0 report(s).

Recipients should verify that the subject identified in Section C is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Section 1128E of the Social Security Act. Recipients should verify that the subject identified in Section B of the report(s) is, in fact, the subject of interest. Information from the HIPDB is confidential and must be used solely for the purpose for which it was disclosed. Subjects of reports who obtain information about themselves from the HIPDB are permitted to share that information with anyone they choose.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Librandi, Kathy

From: Matthew F Robyos [REDACTED]@lisa.ucsf.edu
Sent: Friday, January 09, 2004 2:35 PM
To: [REDACTED]@state.pa.us
Cc: [REDACTED]@lisa.ucsf.edu
Subject: Re: Correct Address

I will be on their staff starting July 1, 2004. Until then, I will be here in San Francisco. My address here is: 718 Missouri Street, San Francisco, CA 94103. Magee is aware that I put their address on my application and should correct mail. I will notify the hospital.

Thanks,
Matt

on Fri, 9 Jan 2004 09:34:05 -0500, "Librandi, Kathy" wrote:

I am evaluating your application for an interventional medical physicist in Pennsylvania. A letter was mailed to you and located at Magee-Women's Hospital in Pittsburgh which is the location you listed on your application. The letter was received by the Board office on January 6 from the hospital and they are not on their staff. The Board requires an address where correspondence can reach you, please provide.

Librandi, Kathy

To: [REDACTED]@massmed.org
Subject: Correct Address

I am evaluating your application for an unrestricted medical license in Pennsylvania. A letter was mailed to you on December 23 c/o Magee-Womens Hospital in Pittsburgh, which is the address you listed on your application. The letter was returned to the Board office on January 6 from the Hospital stating you are not on their staff. The Board requires an address where correspondence can reach you, please provide.

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-1400 or 717-787-2381

February 9, 2004

MATTHEW REEVES

[REDACTED]
SAN FRANCISCO CA 94107

Dear Doctor:

The items checked below are required to complete your application. Additional information is listed below the item, if necessary. You may not practice in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Medicine has issued a license.

- 4/15 dx
- 4/15 dx
1. Application - page 1
 2. Application - page 2:
 3. Application page 3 - Certification of Moral Character: THE REFERENCES ARE INCOMPLETE. COMPLETE THE ENCLOSED FORM AS INDICATED.
 4. Application - page 4 - Verification of ACGME Approved Graduate Medical Training - must be received DIRECTLY from the Hospital(s) in official hospital envelope(s).

THE FORM IS INCOMPLETE. THE HOSPITAL MUST COMPLETE THE ENCLOSED FORM AS INDICATED.

5. Application - page 6 - Verification of Medical Education - must be received DIRECTLY from the Medical School in an official Medical School envelope.
6. National Board scores - Endorsement of Certification - must be received DIRECTLY from the National Board in an official agency envelope
7. LMCC score certification must be received DIRECTLY from the Medical Council of Canada in an official agency envelope
8. USMLE scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope.
9. FLEX scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope

PAGE #2

- 10. **State Board certification must be received DIRECTLY from the State Medical Board in an official State Board envelope**
- 11. Curriculum vitae:
- 12. Fee in the amount of \$35.00 made payable to the "Commonwealth of Pennsylvania." Check or money order must be drawn on a US bank. **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.**
- 13. Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board envelope** from the following states:
- 14. National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank Disclosure Information - **NPD & HIPDB**
4/15
- 15. Other:

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN SECTIONS.**

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-1400 or 717-787-2381

December 23, 2003

MATTHEW FONTAINE REEVES
C/O MAGEE-WOMENS HOSPITAL
300 HALKET STREET
PITTSBURGH PA 15213-3180

Dear Doctor:

The items checked below are required to complete your application. Additional information is listed below the item, if necessary. You may not practice in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Medicine has issued a license.

- 1. Application - page 1
- 2. Application - page 2
- 3. Application page 3 - Certification of Moral Character

THE FORM SUBMITTED IS INCOMPLETE, ALL HIGHLIGHTED AREAS MUST BE COMPLETED

- 4. Application - page 4 - Verification of ACGME Approved Graduate Medical Training must be received DIRECTLY from the Hospital(s) in official hospital envelope(s).

THE FORM SUBMITTED IS INCOMPLETE, THE HOSPITAL SEAL IS NEEDED OR THE FORM MUST BE NOTORIZED IF THE HOSPITAL DOES NOT HAVE AN OFFICIAL SEAL

- 5. Application - page 6 - Verification of Medical Education - must be received DIRECTLY from the Medical School in an official Medical School envelope.
- 6. National Board scores - Endorsement of Certification - must be received DIRECTLY from the National Board in an official agency envelope
- 7. LMCC score certification must be received DIRECTLY from the Medical Council of Canada in an official agency envelope

PAGE #2

2/9
DL

- 8. USMLE scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope.
- 9. FLEX scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope
- 10. State Board certification must be received DIRECTLY from the State Medical Board in an official State Board envelope
- 11. Curriculum vitae
- 12. Fee in the amount of \$35.00 made payable to the "Commonwealth of Pennsylvania." Check or money order must be drawn on a US bank. **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.**
- 13. Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board envelope from the following states:
- 14. National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank Disclosure Information - NPDB & HIPDB
- 15. OTHER:

Ⓢ

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN SECTIONS.**



TARGET SHEET

Board: Medicine

Date Created:
06/21/2004

Licensee Full Name:
MATTHEW FONTAINE REEVES

License No:
MD423665

MISC

2150279



University of California
San Francisco

Department of
Radiology
Ultrasound Section

Matthew F. Reeves, M.D.
Clinical Fellow
Gynecologic Ultrasound

505 Parnassus Avenue
Box 0628
San Francisco, CA 94143

Tel (415) 353-1628
Fax (415) 476-0616
mreeves@itsa.ucsf.edu

April 28, 2004

State Board of Medicine
P. O. Box 2649
Harrisburg, PA 17105-2649

To the Board of Medicine:

I am currently applying for licensure in the state of Pennsylvania. I have enclosed the last missing item: the HIPDB form.

Starting June 20, 2004, my address will change to:

Division of Gyn Specialties
Magee-Womens Hospital
300 Halket Street
Pittsburgh, PA 15213-3180

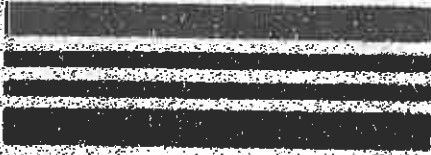
If you have any questions, feel free to contact me on my mobile phone at 415-205-9096 or via email at [REDACTED]@massmed.edu.

Thank you for your assistance.

Sincerely,

[REDACTED]

Matthew F. Reeves, M.D.



TARGET SHEET

Board: Medicine

Date Created:
07/23/2007

Licensee Full Name:
MATTHEW FONTAINE REEVES

License No:
MID-423665

AUDT	2150279
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COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2648
HARRISBURG, PENNSYLVANIA 17105
e-mail: medboard@state.pa.us
www.sos.state.pa.us/med
July 5, 2007

Telephone: 717-783-1400/767-2381
Fax: 717-787-7760

MATTHEW FONTAINE REEVES
DEPT OF OB/GYN/RS
300 HALKET STREET
300 HALKET STREET
PITTSBURGH PA 15213-3180

9848

RE: MD323688

RE: Continuing Medical Education Audit

Dear Doctor,

The State Board of Medicine received your response to the continuing medical education audit being conducted. The information provided has been reviewed and this hereby certifies your compliance with the continuing medical education requirement for the January 1, 2005 - December 31, 2006 biennial renewal period.

Should you have any questions, please contact the Board.

Sincerely,

Tammy Rudel

Tammy Rudel
Board Administrator
State Board of Medicine

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
E: info@psb.state.pa.us
www.dos.state.pa.us/med
February 28, 2007

Telephone: 717-783-1400/287-3381
Fax: 717-783-1769

MATTHEW FONTAINE REEVES 9849
DEPT OF OB/GYN/RS
300 HALKET STREET
300 HALKET STREET
PITTSBURGH PA 15213-3180

RE: M0429845

Dear Doctor:

You have been randomly selected for audit of the continuing medical education hours obtained for the renewal of your medical license through December 31, 2008. The State Board of Medicine requires completion of 100 hours of approved courses, 20 of the 100 hours must be AMA PFA Category 1 and 12 in the area of patient safety and risk management.

You must now submit **copies** of your continuing medical education certificates totaling a minimum of 100 hours for the renewal period 1/1/05 through 12/31/06. Copies should be 5 1/2" x 11" and must include your name, name of sponsor, course title, date of completion, number and category of CME credits awarded. **Do not submit** registration receipts, course agendas, or activity sheets. These do not provide all the information necessary to determine eligibility as outlined above. If you no longer have your certificates, you must contact the course provider for duplicates. **THE DOCUMENTATION SUBMITTED WILL NOT BE RETURNED.**

Please complete the verification statement below and return this entire page with copies of your continuing medical education certificates **no later than 30 days from the date of this audit notice.** If you were exempt from the CME requirement during the required time period, please complete and return this audit notice with documentation of your exemption.

Failure to satisfactorily comply with this audit request will result in a referral to the Professional Conductance Office which may result in disciplinary proceedings under **Section 41 (6) of the Medical Practice Act of 1985 (53 P.S. 422.41 (6)).** Thank you for your cooperation.

Sincerely,

Tammy Radel

Tammy Radel
Board Administrator
State Board of Medicine

VERIFICATION STATEMENT

I have attached copies of approved continuing medical education for programs I completed during the licensure period 1/1/05 through 12/31/06.

[Redacted Signature]

Signature (Required)

[Handwritten Signature]
Date



University of Pittsburgh

SCHOOL OF MEDICINE
Department of Obstetrics, Gynecology and Reproductive Sciences

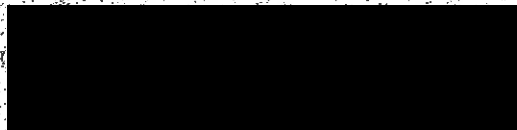
March 6, 2007

To Whom It May Concern:

Matthew Reeves graduated in June 2006 from our Family Planning Fellowship.

Consequently, Dr. Reeves is not required to acquire CME credits as proof of medical education beyond the learning inherent to the fellowship.

Sincerely,



Mitchell D. Creinin, M.D.
Professor
Director, Division of Gynecologic Specialties
Director of Family Planning



UPMC Training Certificate

MATTHEW REEVES

Regulations on competing

Investigational Device Exemptions

— III —

January 16, 2017

This certificate is issued to Mr. Reeves for completing the training on the following topics: Regulations on competing and Investigational Device Exemptions. The training was completed on January 16, 2017.



University of Pittsburgh

Center for Continuing Education in the Health Sciences

This is to certify that

Matthew Reeves

Participated in the Enduring Material Continuing Medical Education
activity

FY 06 UPMC Physician Services Division Safety Training

For Physicians Only *

Date of Completion: 09/30/2005

The University of Pittsburgh School of Medicine is accredited by the American Board of Medical Certifications (ABMC) as a sponsor of continuing medical education for physicians.

The University of Pittsburgh School of Medicine recognizes this educational activity for a maximum of 1 Category 1 credit toward the ABMC Maintenance of Certification Award. Each physician should claim only those credits that relate directly to the educational activity. Only those physicians who have registered their names with the society or other relevant program are eligible to claim these credits.

Other health care professionals and physicians who have not registered for a social security number with this program are awarded 0.75 continuing education units (CEU's) which are equal to 0.75 contact hours.

It takes approximately 5-7 days to process a request for certification. Please visit our website at <http://www.upmc.edu/ce/ceinfo/credit>. Transcripts and transcripts are prepared by AAMC Physician's Information System (CME) and UPMC (Continuing Medical Education) and available at www.upmc.edu.

Date Certified: 09/30/2005 // Provisional Certificate Expires: 12/31/2005

Certificate ID: 017728

**Please note that this is only a provisional certificate valid till the expiration date mentioned above. Please access our website at <http://www.upmc.edu/ce/ceinfo/credit>. Transcripts for issues, comments or feedback.*



Heart and Stroke

CLS Provider

Matthew Reeves MD

We have verified that the above individual has successfully completed the national certification and that the individual is currently active in the profession of the American Heart Association. The individual's certification expires on 02/28/2010.

For more information, please contact:

PA Region

PA REGION

Continuity Training Center

UPMC PUGH ShadySide

Training Site

Magee-Women's Hospital

Education

Nursing Education

Provider Signature

Dr Marc Saldison

© 2010 American Heart Association. All rights reserved. For more information, please contact: 202-862-5500



Center for Continuing Education in the Health Sciences

Accreditation Statement for Credits Earned Prior to 1/1/85

The University of Pittsburgh is a member of the American Association of Colleges of Health Sciences and is accredited by the Accreditation Council for Continuing Medical Education (ACCME) for the purpose of providing continuing medical education for physicians.

Accreditation Statement for Credits Earned After 1/1/85

The University of Pittsburgh is a member of the American Association of Colleges of Health Sciences and is accredited by the Accreditation Council for Continuing Medical Education (ACCME) for the purpose of providing continuing medical education for physicians.

Credits Request

The information stated herein refers to the information which is available in the Center for Continuing Education in the Health Sciences database. It is requested that you verify the accuracy of the information provided to you. If you have any questions, please contact the Center for Continuing Education in the Health Sciences at (412) 624-1111.

All other information pertaining to the Center for Continuing Education in the Health Sciences is available in the Center for Continuing Education in the Health Sciences database. It is requested that you verify the accuracy of the information provided to you. If you have any questions, please contact the Center for Continuing Education in the Health Sciences at (412) 624-1111.

The information provided herein is for informational purposes only and does not constitute a guarantee of any kind.

Center for Continuing Education
in the Health Sciences
University of Pittsburgh
Pittsburgh, PA 15260
(412) 624-1111

From 01/01/2005 to 01/01/2007

Credits Earned via CME WEB

Course	Title	ISSN	Last	First	Credits	Date	Location
No Records found for REEVER							

Number of Records: 0
Number of Credits: 0

Credits Earned via CME ONLINE

Course	Title	ISSN	Last	First	Credits	Date	Location
No CME ONLINE Records found for REEVER							

Number of Records: 0
Number of Credits: 0

Credits Earned via CMB ONLINE TESTING

Course	Title	SSN	Last	First	Credits	Date	Location
No CMB ONLINE TESTING Records found for: REEVES							

Number of Records: 0
 Number of Credits: 0

Credits Earned during August 2004 (via Meeting Plans)

Course	Title	SSN	Last	First	Credits	Earned Date	Location	Spec Reg
430	Rapid Employment 1 vs UPAC Physician Services through Safety Training	01243	REEVES	MARSHALL	1.00	08/11/04		
147 (G056)	Obstetric Gynecology Grand Rounds - GA - Jan 2004	01243	REEVES	MARSHALL	1.00	08/11/04		
147 (G056)	Obstetric Gynecology Grand Rounds - GA - Apr 2004	01243	REEVES	MARSHALL	1.00	08/11/04		
147 (G056)	Obstetric Gynecology Grand Rounds - FPM - Oct 2004	01243	REEVES	MARSHALL	1.00	08/11/04		
147 (G056)	Obstetric Gynecology Grand Rounds - FPM - Nov 2004	01243	REEVES	MARSHALL	1.00	08/11/04		
412	Continued Care of the Child - Voluntary Training	01243	REEVES	MARSHALL	1.00	08/11/04		
147 (G056)	Obstetric Gynecology Grand Rounds - FPM - Dec 2004	01243	REEVES	MARSHALL	1.00	08/11/04		
147 (G056)	Obstetric Gynecology Grand Rounds - FPM - Jan 2005	01243	REEVES	MARSHALL	1.00	08/11/04		
041	Rapid Employment March 2007 (1 Year) Annual Safety Training - Phys 04124	01243	REEVES	MARSHALL	1.00	08/11/04		
074	Mag. & Admin. Lab. 2004	01243	REEVES	MARSHALL	1.00	08/11/04		
147 (G056)	Obstetric Gynecology Grand Rounds - FPM - Feb 2005	01243	REEVES	MARSHALL	1.00	08/11/04		

Number of Records: 11
 Number of Credits: 11

Hours via Other Institutions

Title	SSN	Last	First	Credits	Approved Date	Institution
No Records found for: REEVES						

ACOG Form No. 40-1

The American College of Obstetricians and Gynecologists
PROGRAM FOR CONTINUING PROFESSIONAL DEVELOPMENT
ACOG COGNATE PROGRAM

TRANSCRIPT



Name: _____
Address: _____
City: _____
State: _____
Zip: _____

Registration Number: _____

ACOGATE
Credits

Category: _____

Activity
Code

Cumulative
Total by Code

Secondary or Tertiary Provider
or Physician Delegate

Secondary or Tertiary Provider
or Physician Delegate

ACOGATE Number: _____

ACOGATE Number: _____



University of Pittsburgh

Center for Continuing Education in the Health Sciences

This is to certify that

Matthew Reeves

Participated in the Enduring Material Continuing Medical Education activity

FY 05 UPMC Physician Services Division Safety Training

For Physicians Only*

Date of Completion: 01/19/2005

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education, Inc. (ACCME) for continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this activity for a maximum of 1.0 CME credit. Credit is granted for AMA PRA Category 1 Credit™. Award of this physician service credit is not intended to reflect a judgment of the educational activity. Only those physicians who attended the activity and actively participated in the activity are eligible for credit.

Physicians who do not receive a certificate of completion for this activity should contact the Center for Continuing Education in the Health Sciences at (412) 624-1234 for more information.

Offices responsible for CME activities are designated as follows: Educational Services, 3535 La Roche Avenue, Pittsburgh, PA 15261-1500. For more information, please visit our website at <http://www.upmc.edu/ceehs>. For more information, please contact the Center for Continuing Education in the Health Sciences at (412) 624-1234.

Date Certified 01/19/2005 or Physician Certificate Expiration Date 04/18/2005



University of Pittsburgh

Center for Continuing Education in the Health Sciences

This is to certify that
Matthew Reeves

Participated in the Enduring Material Continuing Medical Education
activity

**FY 06 UPMC Physician Services Division Safety
Training**

*** For Physicians Only ***

Date of Completion: 09/30/2005

The University of Pittsburgh is proud to have been selected by the American Medical Association (AMA) to provide continuing medical education (CME) activities for physicians.

The University of Pittsburgh Center for Continuing Education in the Health Sciences is pleased to announce that it has been awarded the American Medical Association (AMA) Physician's Recognition Award. Each physician should claim any credit earned for this activity toward his or her maintenance of certification. Only those physicians who have completed this activity should maintain credit for this activity for three years (2005-2008).

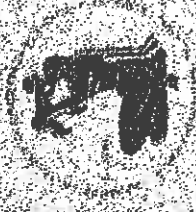
Other healthcare professionals and physicians who are not eligible for AMA credit may find this activity helpful in their practice and are invited to participate in the activity (CEU's) which are awarded for contact hours.

It takes approximately 30 days to process your request for credit. Please allow time to receive credit at <http://www.upmc.edu/ce/cme/credit>. Please contact the AMA Physician's Recognition Award Department at <http://www.ama-assn.org> for more information regarding the awarding of credit for this activity.

Completed on 09/30/2005 | For more information, contact us at 412-624-1211, Ext. 211

Certificate ID: 017723

***Please note that this is only a provisional certificate until the expiration date mentioned above. Please access our website at <http://www.upmc.edu/ce/cme/credit> for updates, comments or feedback.**

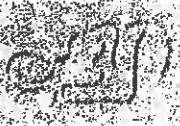


CERTIFICATE OF ATTENDANCE
2006 ACOG Annual Meeting Meeting
May 6-10, 2006
Washington, DC

ATTEND

MATTHEW REEVES MD

GENERAL SESSION - 18 AMA PRA CATEGORY 1 CREDITS™ / 18 COGNATE CREDITS
GENERAL SESSION CREDITS INCLUDE 1 HOUR OF ULTRASOUND EDUCATION



Maternal-Fetal Medicine
Foundation

Nuchal Translucency (NT) Education and Quality Review Program

Washington, DC

May 9, 2006

Matthew Reeres, MD

ACCME Accredited

The American Society of Human Genetics (ASHG) is proud to announce the Accredited Learning Objectives (ALOs) for the Nuchal Translucency (NT) Education and Quality Review Program. This program is designed to provide a comprehensive overview of the current state of the art in the field of Nuchal Translucency (NT) and to provide a platform for the exchange of ideas and information among professionals in the field.

AMA CME Category 1 Credits and ANCC Certificate

The Nuchal Translucency (NT) Education and Quality Review Program is an Accredited Learning Objectives (ALOs) program. This program is designed to provide a comprehensive overview of the current state of the art in the field of Nuchal Translucency (NT) and to provide a platform for the exchange of ideas and information among professionals in the field. This program is designed to provide a comprehensive overview of the current state of the art in the field of Nuchal Translucency (NT) and to provide a platform for the exchange of ideas and information among professionals in the field.

For more information, please contact the American Society of Human Genetics (ASHG) at 11 Dupont Circle, NW, Washington, DC 20036. Phone: 202-293-1300. Fax: 202-293-1301. Email: info@ashg.org.



University of Pittsburgh

Center for Continuing Education in the Health Sciences

This is to certify that

Matthew F Reeves

Participated in the Enduring Material Continuing Medical
Education activity

**2006-2007 (FY07) Annual Safety
Training - Physician**

Date of Completion: 2006-08-31

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this educational activity for a maximum of 1.75 Category 1 credits toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he or she actually spent in the educational activity. Only those physicians who have registered their social security number with the program are eligible to claim these credits.

Other health care professionals in appropriate specialty areas who are not AMA society members with the program are eligible for 1.75 continuing education units (CEUs) which are equal to 1.75 contact hours.

It takes approximately 90 days to process original certification. Please access our website at <http://cecehs.upmc.edu/credit-transfer.html> for the processing period for AMA Physician's Recognition Award Category 1 credit or for Continuing Education Units related to this activity.

Date Certified: 2006-08-31 or Provisional Certificate Expiration Date: 90 days after:
2006-08-31

Certificate of Continuing Education

Association of
Reproductive
Health
Professionals

This certifies the attendance of
Matthew Reeves MD, MPH
at
Reproductive Health 2006
September 7 - 9, 2006

The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ARHP designates this continuing medical education activity for 16.5 hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

Lee Lee Doyle, PhD

Lee Lee Doyle, PhD
Chair, ARHP



University of Pittsburgh

Center for Continuing Education
in the Health Sciences

For a transcript visit

Attended the Continuing Medical Education Activity

31st Annual Magee Alumni Day

October 6-7, 2006

Magee-Women's Hospital
Pittsburgh, Pennsylvania

To access a formal transcript, go to <http://ceehs.pitt.edu>, and go to credit transcript. You will need to enter the last 5 digits of your social security number and you will receive your transcript. Please allow 4 weeks for posting your credits.

The University of Pittsburgh School of Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The University of Pittsburgh School of Medicine designates this educational activity for a maximum of 1.25 AMA PRA Category 1 Credits™. Each participant should receive a certificate of completion with the amount of the participation in the activity.

*Other health care professionals are awarded 1.25 continuing education credits (CEU) which are equal to 1.25 CME credits.

myLicense Renewal Question Responses

License Number: MD423665

Name : MATTHEW FONTAINE REEVES

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

Online Submission Date : 11/17/2006 8:23:11AM

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
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Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N