

0 4 0 0 6 2 0 1 5 6

Commonwealth of Pennsylvania
DEPARTMENT OF STATE
Bureau of Professional and Occupational Affairs
STATE BOARD OF MEDICAL EDUCATION AND LICENSURE
P.O. Box 2649
Harrisburg, Pennsylvania 17120

For Department Use Only
Date: _____

Schwartzman, Daniel Mark

(Please Print) LAST NAME FIRST NAME MIDDLE NAME
Address City State Zip Code
PITTSBURGH, PA 15206

1. APPLICATION TO PRACTICE MEDICINE

I hereby apply for licensure to practice medicine in the Commonwealth of Pennsylvania, for which an affidavit concerning age, citizenship, evidence of medical education, evidence of graduate training, a certificate of moral and ethical character, two recent photographs, and the proper fees are herewith included as required by law.

FEES FLEX Examination \$150.00
Endorsement \$100.00
Limited License Professional \$125.00

All fees must be paid by CERTIFIED CHECK OR MONEY ORDER, made payable to the Commonwealth of Pennsylvania. ME Application fees are not refundable.

Address to which license is to be sent PITTSBURGH, PA 15206

Address for admission to FLEX:

Date of Birth Place of Birth BROOKLYN, N.Y. US Citizen YES

How secured Visa Status Exchange Visitor

Immigrant Immigration Petition

Do you intend to become a United States Citizen?

Social Security Number

Signature of Applicant in Full Date 8/8/82

2. MEDICAL EDUCATION

Institutions	Number of Months	Date of Graduation	Degree	Dates Attended
NEW YORK UNIVERSITY SCHOOL OF MEDICINE	48	6/81	M.D.	9/77-6/81

Training completed beyond medical school

CATEGORICAL INTERNSHIP OB/GYN

UNIVERSITY HEALTH CENTER OF PITTSBURGH 7/81-6/82

3. PREVIOUS EXAMINATIONS AND LICENSES

Have you previously taken an examination for medical license in Pennsylvania? No

If so, when? _____

Have you previously taken an examination for medical license in another state of the United States? No Yes

If so, when? 6/79, 9/80, 3/82 Natl. Board of Medical Examiners

Results SEE ENDORSEMENT License(s) obtained None

List all state(s) where you hold medical licensure NONE

Has your license in another state been suspended or revoked at any time? No

If so, give particulars _____

Have you ever been convicted of a felony in the courts of this Commonwealth or any other state, territory, or country?

No

Where and in what capacity are you now employed? Second Year Resident in Obstetrics,
UNIV. HEALTH CENTER, PITTSBURGH, PA (MAGEE-WOMEN'S HOSPITAL)

4. FOR CANDIDATES WHO WISH TO BE ADMITTED TO THE EXAMINATION BEFORE COMPLETION OF ONE YEAR OF GRADUATE TRAINING

I hereby certify that _____ M.D. has completed six months of graduate training in _____

from _____ to _____

at _____
(Name of Hospital) (Street Address) (City) (State)

Affidavit of Superintendent required if hospital has no seal

(Signature of Superintendent of Hospital)

NOTE: When you submit this application, detach the mimeograph blank **GRADUATE TRAINING CERTIFICATE**. After completion of your one year of graduate training, have it certified by the Hospital Superintendent and forward directly to the State Board Office in Harrisburg.

040062 0156
B. ENDORSEMENT

Applicants for licensure by endorsement must submit this section to the Licensing Board in the state where licensure was obtained by written examination. Verbatim copy of State License Certificate over Seal of State Licensing Board follows. (National Board diplomates must obtain an "Endorsement Certification" from the National Board of Medical Examiners and attach it to this section.)

Seal of Licensing Board

AFFIDAVIT OF SECRETARY

_____ of _____ being duly sworn,

says he is secretary of _____

and that the original of the preceding copy of state license or certificate No. _____

was issued to Dr. _____ of _____

on _____ after a written examination by this Board in the following

branches and upon obtaining a general rating of _____ percent on each subject as follows _____

I also certify that the enclosed photograph is a likeness of _____

and that the license or certificate above referred to has never been suspended or revoked.

Secretary or President

Sworn to before me this _____ day of _____, 19____

(Seal) _____ Notary Public

An applicant for a license by endorsement is required to have an interview with a member of the Pennsylvania State Board of Medical Education and Licensure or representative of the Board.

Signature of Board Member or Representative

Date of Interview

6. AFFIDAVIT OF THE PRESIDENT OR SECRETARY OF A COUNTY MEDICAL SO

State of SS
County of _____

_____, M.D. being duly sworn that he is _____
of the Medical Society _____ that he knows the applicant to be a person of good moral
character and in good standing and that the applicant is not addicted to the intemperate use of alcohol or narcotic
drugs.

Sworn before me this _____ day of _____, 19____

Notary Public _____ Signature of President or Secretary _____
My Commission expires _____

7. CERTIFICATE OF MORAL CHARACTER

To be signed by two physicians with unrestricted licensure in good standing in United States. This certifies that we
have been personally acquainted with DANIEL M. SCHWARTZMAN, MD of PITTSBURGH, PA
for 1 and 4 years, respectively; that He is not addicted to the
intemperate use of alcohol or narcotic drugs; that we know Him to be of good moral character and
hereby recommend HIM to be worthy of licensure to practice medicine in the Commonwealth of
Pennsylvania, pursuant to law.

- | | | | |
|-----|---|---------------------------------------|--------------------------------|
| (1) | <u>Richard Kirk Schubert</u>
Signature | <u>Pennsylvania</u>
State Licensed | <u>8-9-1982</u>
Date |
| | <u>Edward Mueller-Hembach</u>
Name (printed or typed as above) | <u>Pennsylvania</u>
State Licensed | <u>030936</u>
License # |
| (2) | <u>Steve N Carter</u>
Signature | <u>Penn</u>
State Licensed | <u>8/4/82</u>
Date |
| | <u>Steve N Carter</u>
Name (printed or typed as above) | <u>Penn</u>
State Licensed | <u>M-D-011768</u>
License # |

8. AFFIDAVIT

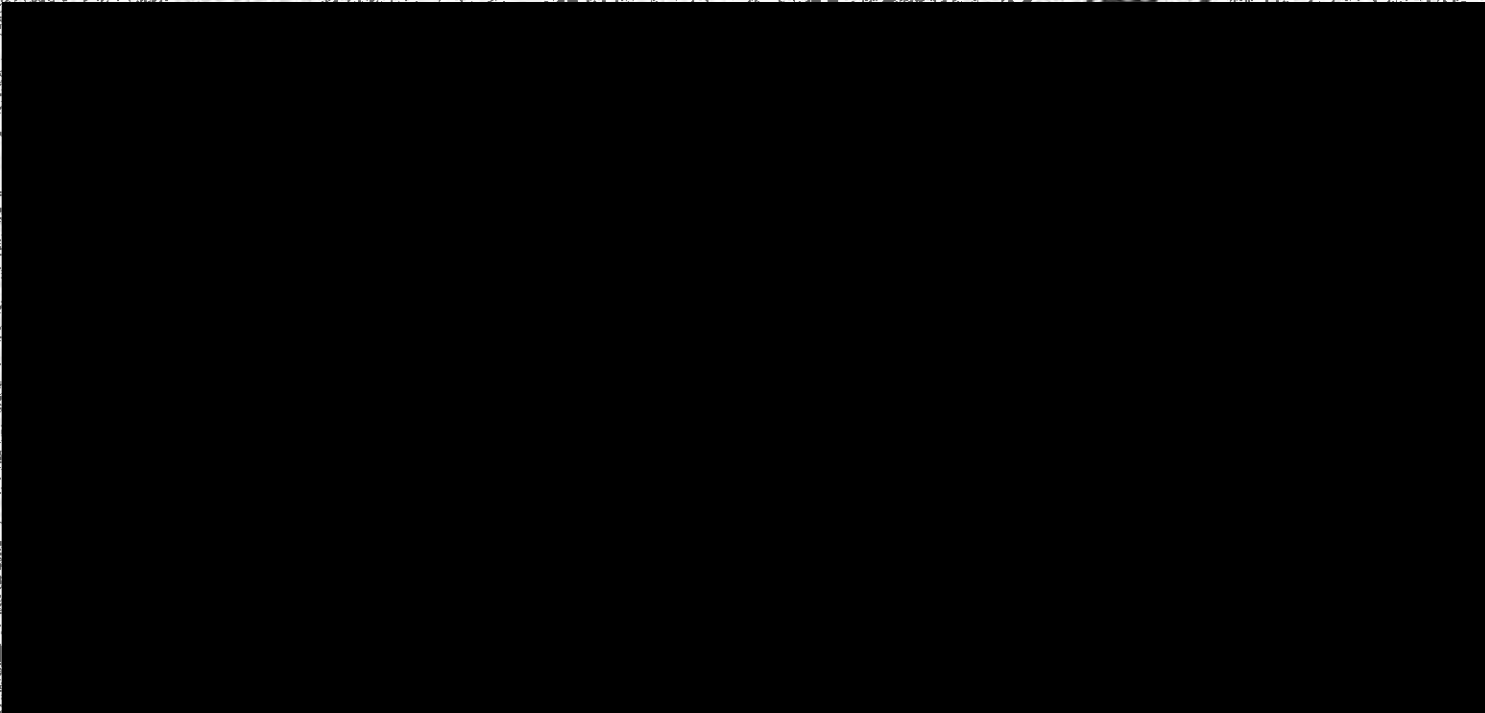
State of SS
County of _____

Personally appeared before me Jane A. Bruschi (notary) in and for said County and State
DANIEL M. SCHWARTZMAN (applicant) who being duly sworn says, that _____
is the person referred to in the above application for license to practice medicine in the Commonwealth of
Pennsylvania; that the statements on page one are in _____ own-writing, and are strictly
true in every respect; that _____ has complied with all requirements of law, and of the
laws of any state referred to therein.

Jane A. Bruschi
Justice of the Peace or Notary Public
My Commission Expires June 12, 1986

Daniel M. Schwartzman MD
Signature of Applicant
Date 10/12/82

8 6 2 1 1 5 7



NO _____

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
HARRISBURG, PA.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P.O. BOX 2649
HARRISBURG, PA. 17129

NO _____

Candidate for

Licent

As a means of identifying applicants for pro-
fessional and occupational examinations, the following

I hereby certify that the photograph on the reverse
side to which this slip is attached is a genuine li-
cense of

The photograph shall be taken at the institution and
shall be identified by the name of the
institution which he attends and the name shall
marked with the number assigned to the candi-
date and shall be returned to him with his exami-
nation.

Robert M. ...
June 6, 1981

Each applicant must bring the returned photo-
graph to the time of examination on the morning
which he takes the examination. The candi-
date will not be admitted to the examination
if properly identified.

That he graduated June 6, 1981
and that his signature as appearing above is genuine
is expected to graduate June 6, 1981

Photograph to be identified and returned ad-
aptly and examination of the photograph shall be
in whose writing

Signed: *[Signature]*
Carol E. Foster, Recorder
New York University School of Medicine

The photograph shall be pasted on back
this blank in place of signature which shall be
made by the candidate with the name of the
institution

The blank with photograph pasted on back to
be presented to the Board of Registrar of
Institution of graduate

840062 0157

Commonwealth of Pennsylvania
DEPARTMENT OF STATE
Commissioner of Professional
and Occupational Affairs

CERTIFICATE OF MEDICAL
EDUCATION

State Board of Medical Education
and Licensure
Harrisburg

I hereby certify that Daniel M. Schwartzman has attended four
graded courses of not less than thirty-two weeks of not less than thirty-five hours each in the study of
medicine as follows:

Name of Institution	Number of Months	From	To
New York University School of Medicine	8+	September 6, 1977	May 26, 1978
" " "	8+	September 7, 1978	May 25, 1979
" " "	10+	September 6, 1979	July 18, 1980
" " "	8	October 1, 1980	May 29, 1981*

and was graduated June 4, 1981

I further certify that this applicant attended at least six obstetrical cases, assisted in at least six surgical operations in the operating room, administered an anaesthetic at least six times, and attended at least six autopsies prior to graduation and independent of his internship.

*Is expected to graduate June 4, 1981



Carol T. Foster
Dean or Secretary
Recorder
April 7, 1981
Date

THIS CERTIFICATE, PROPERLY COMPLETED AND SIGNED BY THE PRESIDENT, DEAN OR SECRETARY OF THE MEDICAL SCHOOL OF WHICH THE APPLICANT IS A GRADUATE, MUST ACCOMPANY THIS APPLICATION. SEAL OF THE INSTITUTION MUST BE IMPRESSED OVER THE SIGNATURE OF THE CERTIFYING OFFICER.

3 4 0 0 6 2 0 0 5 8

NATIONAL BOARD OF MEDICAL EXAMINERS 3930 CHESTNUT STREET, PHILADELPHIA, PENNA. 19104

ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA
Daniel Mark Schwartzman, M.D.
having satisfied all the requirements and having successfully passed the examinations is hereby
declared a Diplomate of the National Board of Medical Examiners.

Attest: WILLIAM B. HOLOEN
Chairman of the Board

SEAL EDITH E. J. LEVIT
President of the Board

Philadelphia, Pa.
07/01/52 Certificate # 242433

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be awarded to the physician named above, who graduated from NEW YORK UNIV SCH OF MED in 1951 and whose birth date is 06/22/1955. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed 06/79		
Anatomy, incl. histology and embryology	475	79
Physiology	525	87
Biochemistry	615	88
Pathology	650	90
Microbiology, incl. immunology	590	86
Pharmacology and Materia Medica	650	90
Behavioral Sciences	650	90
TOTAL TEST (Minimum Passing Score 380/75)	530	83
Part II passed 09/80		
Internal medicine and the medical specialties	575	86
Surgery and the surgical specialties	575	86
Obstetrics and Gynecology	475	81
Public Health and Preventive Medicine	580	86
Pediatrics	595	84
Psychiatry	715	93
TOTAL TEST (Minimum Passing Score 290/75)	595	86
PART III passed 03/82		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 200/75)	370	84.5
GENERAL AVERAGE (Parts I, II, and III Scale Score)		86.5

For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program Director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

Doris K. Heverling
Secretary for Certification
07/01/52

SEAL

Date

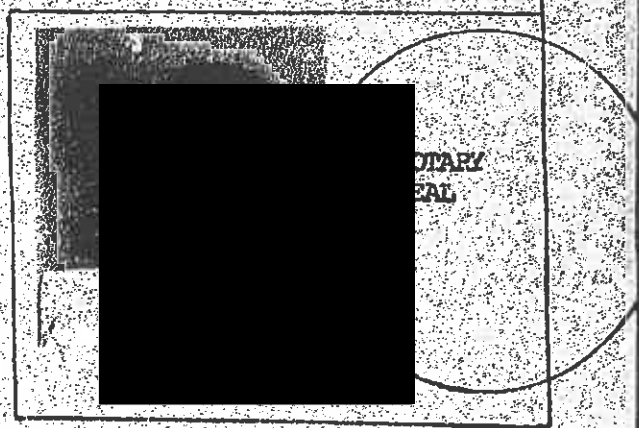
IDENTIFICATION CERTIFICATE

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and
Occupational Affairs

State Board of Medical Education
and Licensure
P.O. Box 2649
Harrisburg, PA 17105-2649

Name of Applicant DANIEL M. SCHWARTZMAN
(Please Print)

This photograph is a true likeness of
the applicant.



- List all states, territories, and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive) None
- Are you, or have you ever been, addicted to the intemperate use of alcohol or habitual use of narcotics or other habit-forming drugs? [Redacted]
- Have you ever been convicted of a crime (exclusive of parking and traffic violations) in the courts of this Commonwealth or any other state, territory, or country? No
- Have you ever possessed a license to practice medicine and surgery or other professional license that was suspended, revoked or subjected to other disciplinary conditions? No
- Have your provider privileges ever been restricted by Drug Enforcement Administration Medicare or any others? No

If you have answered yes to 1, 2, 3, 4, or 5 please provide details on an attached sheet.

- Please explain your relationship with the two physicians who completed Section 7, Certificate of Moral Character, of your licensure application. Use an additional sheet.

Affidavit

State of Pennsylvania

ss:

County of Allegheny

Daniel M. Schwartzman (applicant) being duly sworn according to law, deposes and says that he/she is the person completing this form and that the statements therein are true and complete to the best of his/her knowledge and belief.

Subscribed and sworn to before me this

11 day of Oct, 19 82.

[Signature]
Notary


[Redacted Signature]

Signature of Applicant

B 4 0 0 6 2 0 10/12/82

DRS Steve Caruth

and Eberhard Muller - Keubach
are attending physicians on the full time
faculty at Magee - Women's Hospital and
act as teachers for me. I have been
acquainted with them for 15 months.



Date 8/9/82

This is to certify that DANIEL M. SCHWARTZMAN, M.D., a graduate of the
NEW YORK UNIVERSITY Medical School has rendered satisfactory service as a trainee at

MAGEE WOMEN'S / PRESBYTERIAN UNIVERSITY Hospital at PITTSBURGH, PA
 in an approved clinical program from 7/1/81 to 6/30/82

We also certify that DANIEL M. SCHWARTZMAN is a person of good moral character,
 and that he has proven to be worthy of the medical profession.

The Trainee participated in the following type of program:

FLEXIBLE _____ CATEGORICAL* CATEGORICAL _____ OTHER _____

DEPARTMENT	SPECIALTY	MONTHS	SIGNATURE OF CHIEF
Allergy-Immunology			
Anesthesiology			
Dermatology			
Family Practice			
Internal Medicine		2.5	
Neurology			
Nuclear Medicine			
Obstetrics-Gynecology		0.5	
Ophthalmology			
Otolaryngology			
Pathology			
Pediatrics		1.5	
Physical Medicine			
Preventive Medicine			
Psychiatry			
Public Health			
Radiology			
Surgery		1.5	
Urology			
Other			

Remarks _____

(Notarized affidavit required if
 hospital has no seal)
 5-72-427 (1-78)

[Handwritten Signature]

(SIGNATURE OF SUPERINTENDENT) (COVERED BY SEAL)
 Geoffrey J. Suszkowski, Executive Director

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

Official Use Only 019784
M D - 0 2 7 9 8 9 - E
S C H W A R N E W

THIS IS YOUR RENEWAL NOTICE

DANIEL MARK SCHWARTZMAN

BETHLEHEM, PA 18015

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, 1994. TO RENEW THROUGH DECEMBER 31, 1996 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, 1994. 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.

YOU ARE HEREBY NOTIFIED THAT IF YOU ARE PRACTICING IN THIS COMMONWEALTH, YOU ARE REQUIRED TO FURNISH SATISFACTORY PROOF TO THE OFFICE OF THE MEDICAL PROFESSIONAL LIABILITY CATASTROPHE LOSS FUND THAT YOU ARE IN COMPLIANCE WITH THE HEALTH CARE SERVICES MALPRACTICE ACT.

IF, SINCE YOUR LAST RENEWAL, YOU HAVE EXPERIENCED DIFFICULTIES AS A RESULT OF ALCOHOL OR OTHER DRUGS SUCH AS DIAGNOSIS OF/ TREATMENT FOR CHEMICAL DEPENDENCY OR ABUSE OR ARRESTS FOR CHEMICAL-USE-RELATED OFFENSES, YOU MAY CONTACT THE BUREAU'S IMPAIRED PROFESSIONAL PROGRAM FOR CONFIDENTIAL INFORMATION AND ASSISTANCE AT 1-800-554-3428.

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.

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.

THE FOLLOWING QUESTIONS MUST BE ANSWERED AND YOU MUST SIGN BELOW.

- | | YES | NO |
|---|-----|-------------------------------------|
| 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE | | <input checked="" type="checkbox"/> |
| 2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? | | <input checked="" type="checkbox"/> |
| 3. SINCE YOUR LAST RENEWAL, 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? | | <input checked="" type="checkbox"/> |
| 4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |

IF YOU WANT TO HAVE YOUR LICENSE PLACED ON "INACTIVE" STATUS, CHECK HERE

NO FEE IS REQUIRED FOR INACTIVE STATUS. YOU ARE STILL REQUIRED TO ANSWER THE ABOVE QUESTIONS AND SIGN BELOW

SIGNATURE

DATE

9/27/94

00001260

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

Official Use Only 023278

M D - 0 2 7 9 8 9 - E
S W A R N E W

THIS IS YOUR RENEWAL NOTICE

DANIEL MARK SCHWARTZMAN

BETHLEHEM, PA 18015

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, 1996 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
- DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE ON THE BACK.
 - SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
 - 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?
 - SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY?
 - 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 QUESTIONS ABOVE.

NAME AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: 6-22-55

NAME OF MEDICAL SCHOOL: NYU School of Medicine

YEAR OF GRADUATION: 1981

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

SIGNATURE: [REDACTED]

DATE: 10/8/86

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

M D - 0 2 7 9 8 9 E
S C H W A R N E W

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

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

DANIEL MARK SCHWARTZMAN

BETHLEHEM, PA 18015

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. 1904, RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE: [Redacted] DATE: 6/1/98

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

Official Use Only

02543

M D 0 2 7 9 8 9 - E

S C H W A R N E W

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

DANIEL MARK SCHWARTZMAN

BETHLEHEM, PA 18015

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, 2000. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2002, 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, 2000. 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 (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE.

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


9/26/00

myLicense Renewal Question Responses

License Number: MD027989E

Name : DANIEL MARK SCHWARTZMAN

Online Submission Date :

Renewal Question	Response
Are you submitting a name change with this renewal?	N
Are you licensed in another licensing jurisdiction in this profession (any status)?	Y
Since your last renewal, has a licensing jurisdiction taken any disciplinary action against you?	N
Since your last renewal, have you been convicted of a crime?	N
Since your last renewal, have you withdrawn an application for licensure in another licensing jurisdiction?	N
Have you met your current CE requirements?	Y
Since your last renewal, have your provider privileges been terminated by any medical assistance agency for cause?	N
Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your last renewal, have you had your DEA registration denied, revoked or restricted?	N
Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Do you maintain current medical professional liability insurance in the Commonwealth?	Y
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law suit?	N
Are you submitting a name change with this renewal?	N
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.	PHYSICIAN-
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
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	O
If you answer "No", please provide an explanation or reason for an exemption request.	O
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	Y
Have you completed your current CE requirements?	Y
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	18106

Online Submission Date : 11/4/2004 6:36:26AM

myLicense Renewal Question Responses

License Number: MD027989E

Name: DANIEL MARK SCHWARTZMAN

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 : 10/26/2006 8:01:03AM

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

Online Submission Date : 11/4/2008 4:02:35PM

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

myLicense Renewal Question Responses

License Number: MD027989E

Name : DANIEL MARK SCHWARTZMAN

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? Y

Online Submission Date : 12/18/2012 12:16:12AM

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

Online Submission Date : 10/22/2014 6:18:49AM

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?	N
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.	M
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
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

myLicense Renewal Question Responses

License Number: MD027989E

Name : DANIEL MARK SCHWARTZMAN

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:

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

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



O

O

N

Person Info Name: DANIEL MARK SCHWARTZMAN Address Info Street Address: [REDACTED] Email: [REDACTED]@RCN.COM Phone: [REDACTED] Fax: [REDACTED] City: Easton State: PA Zipcode: 18040 Country: 82 County: Northampton	
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?	Y
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	N

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?	N
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	

Person Info Name: DANIEL MARK SCHWARTZMAN Address Info Street Address [REDACTED] Email: [REDACTED]@RCN.COM Phone [REDACTED] 6109230803 Fax City Easton State PA Zipcode 18040 Country 82 County Northampton Survey Response Summary Question Response Summary	
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.	Medical Physician, NJ
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	N

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.	
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?	
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
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?	N
If you answer "No", please provide an explanation or reason for an exemption request.	Only practice part time for Planned Parenthood in PA

Date Tuesday,
Submitted: October 21,
 2014

Education Info

No education records

Employment Information

No employment records

Person Info

Name: DANIEL MARK SCHWARTZMAN

Address Info

Street Address: [REDACTED]

Email: [REDACTED]@RCN.COM

Phone [REDACTED]

Fax [REDACTED]

City: Easton

State: PA

Zipcode: 18040

Country: 82

County: Northampton

Are you submitting a name change with this renewal?	N
Have you completed your current CE requirements?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	Physician- New Jersey
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.	18106

Date Submitted: Wednesday, November 09, 2016

Education Info

No education records

Employment Information

No employment records