APPLICATION FOR A LICENSE TO PRACTICE MEDICINE / OSTEOPATHIC MEDICINE IN INDIANA

State Form 29495 (R17 / 6-13)
Approved by State Board of Accounts, 2013

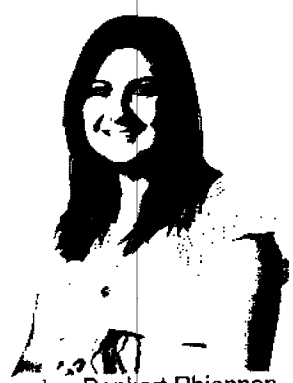
MEDICAL LICENSING BOARD OF INDIANA
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2060
E-mail: pla3@pla.IN.gov
www.pla.IN.gov

* Your Social Security number is being requested by this state agency in accordance with Indiana Code. Disclosure is mandatory and this record cannot be processed without it.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

Application fee: 250.00	Date fee paid (*month, day, year*): 3/16/16
Receipt number: 5603094	Application number:
License number: 01076760A	License issuance date (*month, day, year*): 4/22/16
Permit fee:	Date fee paid (*month, day, year*):
Receipt number:	Permit number:
Permit issuance date (*month, day, year*):	



Amodeo-Bankert Rhiannon...

DO NOT WRITE IN THIS LINE

APPLICANT INFORMATION

Name of applicant (*last, first, middle*): Amodeo-Bankert, Rhiannon Rae

Check one: ☐ MD ☐ DO

Social Security number *: [redacted]

Address of practice (*number and street or rural route*): 7120 Clearvista Way # 3500

City, state, and ZIP code: Indianapolis, IN 46256

Telephone number (*daytime*): [redacted]

Date of birth (*month, day, year*): 03/06/1982

Ethnicity **: caucasian

Race **: white

Gender **: ☐ Male ☑ Female

Mailing address (*number and street, city, state, and ZIP code*) *[if different from above]*: 7120 Clearvista Way # 350[illegible], Indianapolis, IN 46256

E-mail address: [redacted]

National Provider Identifier number: [illegible]51

ECFMG certificate number:

TEMPORARY AUTHORIZATION

Do you desire a temporary [illegible]? ☐ Yes ☑ No

DOCTOR OF MEDICINE DEGREE GRANTED BY

A foreign medical school must meet Indiana standards at the time of graduation.

Name of school: Indiana University School of Medicine

Location: Indianapolis

Date of graduation (*month, day, year*): 06/2012

Specialties: OBGYN

Board certification (*list ABMS certification*):

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Indiana Professional Licensing Agency

EXAMINATIONS

List each licensure examination, domestic or international, you have taken (USMLE, COMLEX, NBOME, LMCC, etc.). If additional space is necessary, please enclose a separate sheet with your application and include all the information listed.

State where Board Exam was taken: _____

Examination	Most Recent Date Taken (month/day/year)	Results: Passed	Results: Failed	Number of Attempts	Examination	Most Recent Date Taken (month/year)	Results: Passed	Results: Failed	Number of Attempts
FLEX Pre-1985		☐	☐		USMLE Part II		☐	☐	
FLEX Component 1		☐	☐		USMLE Part III		☐	☐	
FLEX Component 2		☐	☐		COMLEX-USA Level 1		☐	☐	
LMCC - Single		☐	☐		COMLEX-USA Level 2, CE		☐	☐	
LMCC - Part I		☐	☐		COMLEX-USA Level 2, PE		☐	☐	
LMCC - Part II		☐	☐		COMLEX Level 3		☐	☐	
NBME Part I		☐	☐		CK		☐	☐	
NBME Part II		☐	☐		USMLE Step I	5/24/2010	☑	☐	1
NBME Part III		☐	☐		USMLE Step II, CS	12/8/2011	☑	☐	1
SPEX		☐	☐		USMLE Step II, CK	9/20/2011	☑	☐	1
NBOME Part I		☐	☐		USMLE Step III	9/4/2013	☑	☐	1

PRE-MEDICAL EDUCATION

NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Butler University	Indianapolis, IN	08/2000-05/2004

MEDICAL EDUCATION

A medical school must meet LCME or AOA standards at the time of graduation.

NAME OF SCHOOL	LOCATION	DATES ATTENDED (month, day, year)
Indiana University School of M.	Indianapolis, IN	08/2008-06/2012

POST-GRADUATE TRAINING IN THE UNITED STATES OR CANADA (Residencies, Internships, Fellowships)

All programs must have been approved at the time of enrollment.

NAME OF PROGRAM	LOCATION	FROM (month, year)	TO (month, year)	ACGME / AOA / RC ACCREDITED?
OBGYN Indiana University School of Medicine	Indianapolis, IN	07/2012	06/2016	☑ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

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LIST ... MEDICAL OR OSTEOPATHIC SCHOOL

...ERAL LOCATION	DATE *(month, day, year)*
5877 Crestview Avenue, Indianapolis, IN 46220	07/2013-current
961 Conner Creek Drive, Fishers, IN 46038	2007-06/2013

LIST ... MEDICAL OR OSTEOPATHIC SCHOOL

NAME AND A...	DATE *(month, day, year)*
n/a	

... LICENSED TO PRACTICE ... OF STATUS

...TATE	TYPE OF ...	...	DATE ISSUED	CURRENT STATUS
IN	temporary	3...23a	07/01/2012	active

If your answer is "Yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. If malpractice, provide name(s) of plaintiff(s), case information, detailed description of case / events and settlement amount, including court documents, if applicable. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1.	Has disciplinary action ever been taken regarding any health license, certificate, registration or permit you hold or have held?	☐ Yes ☑ No
2.	Have you ever been denied a license, certificate, registraton or permit to practice medicine, osteopathic medicine or any regulated health occupation in any state *(including Indiana)* or country, or surrendered your license?	☐ Yes ☑ No
3.	Do you have any condition or impairment *(including a history of alcohol or substance abuse)* that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner?	☐ Yes ☑ No
4.	Have you ever been the subject of an investigation by a regulatory agency concerning your license?	☐ Yes ☑ No
5.	*Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,* (1) have you ever been arrested; (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or (5) have you ever pled *nolo contendre* to any offense, misdemeanor, or felony in any state?	☐ Yes ☑ No
6.	Have you ever been denied staff membership or privileges in any hospital or health care facility or had such membership or privileges revoked, suspended or subjected to any restrictions, probation or other type of discipline or limitations?	☐ Yes ☑ No
7.	Have you ever been admonished, censured, reprimanded or requested to withdraw, resign or retire from any hospital or health care facility in which you have trained, held staff membership or privileges or acted as a consultant?	☐ Yes ☑ No
8.	Have you ever had a malpractice judgment against you or settled any malpractice action?	☐ Yes ☑ No
9.	Have you ever surrendered your DEA registration at any time or had any limitations placed on your DEA registration?	☐ Yes ☑ No
10.	Have you ever been terminated or disciplined by your employer while practicing as a physician or resigned in lieu of discipline?	☐ Yes ☑ No
11.	Have you ever been excluded from being a Medicare / Medicaid provider?	☐ Yes ☑ No
12.	Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or any other reason during your medical education or post graduate training / residency program?	☐ Yes ☑ No
13.	Have you practiced as a MD/DO either clinically or administratively in the last three (3) years? RESIDENT	☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (*month, day, year*)
	2/25/2016

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorized, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency any files, documents, records or other information pertaining to the undersigned requested by the Agency, or any of its authorized representatives in connection with processing my application for medical licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned organizations, persons, and institutions any information which is material to my application, and I hereby specifically release the Agency and Board from any and all liability in connection with such disclosure.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date signed (*month, day, year*)
	2/25/2016

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Hamilton County
Clerk of Courts
Peggy Beaver

One Hamilton County Square, Suite 106 Noblesville, Indiana 46060
(317) 776-9629

CERTIFIED COPY OF MARRIAGE LICENSE

I, Peggy Beaver, Clerk of Hamilton County Circuit Court, do hereby certify that under the authority of a license issued from this office, (groom) J MICHAEL BANKERT was united in the bonds of matrimony to (bride) RHIANNON RAE AMODEO by (officiant) JOHN C SAMPLES in LAKE County, State of Indiana, on the 13 day of June 2009

The groom was born in PENNSYLVANIA on December 30, 1975

to JOHN D BANKERT and LEESA J YOST

The bride was born in INDIANA on March 06, 1982

to JOSEPH M AMODEO and LORRAINE A COWAN

IN TESTIMONY WHEREOF, I have hereunto affixed my signature and official Seal, this

JUN 23 2016

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VITAL STATISTICS AGENCY
LICENSING AGENCY

VENUS A. DAVIS-WALLACE
Seal
Notary Public - State of Indiana
Marion County
My Commission Expires Jan 1, 2024

True Copy & Original
notarized 3/8/2016
Comm# 675359

Peggy Beaver
Clerk
Hamilton County, Indiana

Marriage Record # 2009-0558

Record of Marriage filed in Hamilton County on JUN 23 2009

Indiana University

School of Medicine

To all to whom these Presents may come, Greeting:

By vote of the Faculty and with the consent of the Board of Trustees Indiana University hereby confers upon

Rhiannon Rae Amodeo-Bankert

who has complied with all of the requirements of the University and has successfully completed the studies prescribed for graduation in the School of Medicine the degree of

Doctor of Medicine

with all the rights and privileges thereunto appertaining.

In Testimony Whereof, this Diploma is issued under the Seal of the University, signed by the President of the University, the Chancellor, and by the Dean of the School of Medicine, and attested by the Secretary of the Trustees.

Done at Indiana University - Purdue University at Indianapolis, Indiana, this Thirtieth Day of May, 2015

Dean of the School of Medicine

President

Secretary of the Trustees

Chancellor

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TRUE Copy of Original
Venus A. Davis-Wallace

VENUS A. DAVIS-WALLACE
Seal
Notary Public - State of Indiana
Marion County
My Commission Expires Jan 1, 2024

Comm # 675339
notarized 02/24/2016

INDIANA UNIVERSITY
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
School of Medicine

April 12, 2016

Health Professionals Bureau
ATTN: Medical License Board
402 W. Washington St
Room W072
Indianapolis, IN 46204

RE: Rhiannon Amodeo-Bankert, MD

Dear Sir/Madame:

This letter is to verify that Dr. Rhiannon Amodeo-Bankert has completed 45 months of residency in an ACGME accredited Obstetrics and Gynecology Program at Indiana University School of Medicine as of April 12, 2016 for period beginning on July 1, 2012 with anticipated ending date of June 30, 2016.

Thank you, if you have any questions or concerns please do not hesitate to contact me.

Sincerely yours,

Abigail Litwiller, MD
Residency Program Director
Indiana University School of Medicine
Department of Obstetrics and Gynecology

Residency Program 550 N. University Boulevard Suite 2440 Indianapolis, IN 46202
(317) 948-5923 fax (317) 948-7454 obrespgm@iupui.edu
Indiana University—Purdue University Indianapolis

APPLICATION FOR INDIANA CONTROLLED SUBSTANCES REGISTRATION (CSR) FOR PRACTITIONERS

State Form 34617 (R17 / 6-15)
Approved by State Board of Accounts, 2015

PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
www.pla.IN.gov

Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

INSTRUCTIONS: Please type or print all information.

FOR OFFICE USE ONLY

CSR number	Date of issuance (*month, day, year*)
0107676 60B	4/22/16

Receipt number	Application fee	Date fee paid (*month, day, year*)
5603139	60.00	3/16/16

DO NOT WRITE ABOVE THIS LINE

PRACTITIONERS

(Please check one box)

☐ Dentist ☑ Physician ☐ Osteopathic Physician ☐ Podiatrist ☐ Veterinarian ☐ Advanced Practice Nurse ☐ Physician Assistant ☐ Optometrist

Name of practitioner	Specialty
Rhiannon Rae Amodeo-Bankert	OBGYN

Telephone number	Professional license number	Date of birth (*month, day year*)	Social Security number *
[redacted]	11016623a	03/06/1982	[redacted]

Name of Facility (*if applicable*)	E-mail address
Community Health Network	[redacted]

Indiana practice address (*number and street [may not be a PO Box], city, state, and ZIP code*)
7120 Clearvista Way # 3500, Indianapolis, IN 46256

Drug schedules: (Check all applicable)

☐ 1 ☑ 2 ☑ 2 Narcotic ☑ 3 ☑ 3 Narcotic ☑ 4 ☐ 4 Limited Practice - Tramadol Only (Optometrist Only) ☑ 5

If your answer is Yes to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date and disposition. Letters from attorneys or insurance companies are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a registration issued pursuant to this application.

1. Has there been an occasion where you have not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels?	☐ Yes ☑ No
2. Has there been an occasion where you have not been in complete compliance with all state and local laws pertaining to controlled substances?	☐ Yes ☑ No
3. Have you been convicted, pled guilty, or pled *nolo contendere,* under any federal or state laws relating to any controlled substances that has *not* been expunged under IC 35-38-9?	☐ Yes ☑ No
4. Have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding (MOU) with respect to said registration?	☐ Yes ☑ No
5. Have you had any action, discipline or revocation or surrender of any professional license in any jurisdiction related to controlled substances?	☐ Yes ☑ No

APPLICATION AFFIRMATION

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of practitioner	Date (*month, day, year*)
[signature]	02/20/2016

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MAR 16 2016
Indiana Professional Licensing Agency

4-19-16

2017

Person Info

Name: Rhiannon Rae Amodeo-Bankert

Address Info

Street Address: 7120 Clearvista Way # 4000
Email: [redacted]
Phone: [redacted]
Fax: 3179974339
City: Indianapolis
State: IN
Zipcode: 46256
Country: United States
County: Marion

Survey Response Summary

Question	Answer

Question Response Summary

Question	Answer
1.) Since you last renewed, has any health profession license, certificate, registration or permit you hold or have held been denied, surrendered, disciplined or are formal charges pending in any state?	N
2.) Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?	Y
3.) Since you last renewed, and except for minor violations of traffic laws resulting in fines and arrests or convictions that have been expunged by a court, have you been arrested, entered into a diversion agreement, been convicted of, pled guilty to, or pled nolo contendere to any offense, misdemeanor, or felony in any state?	N
4.) Since you last renewed, have you had a malpractice judgment against you or settled any malpractice action?	N
5.) Since you last renewed, have you been denied staff membership or privileges in any hospital or health care facility or have staff membership or privileges been revoked, suspended, or subject to any restriction, probation, or other type of discipline - or have you resigned in lieu of discipline or termination?	N
6.) Since you last renewed, have you been excluded from being a Medicare or Medicaid provider?	N
7.) Since you last renewed, have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?	N

2017 CSR

Person Info

Name: Rhiannon Rae Amodeo-Bankert

Address Info

Street Address:

Email:

Phone:

Fax:
City:
State:
Zipcode:
Country: United States
County:

Survey Response Summary

Question Response Summary

Question	Answer
1.) Since you last renewed, has there been an occasion where you have not maintained effective controls against diversion of controlled substances into other than legitimate medical, scientific, or industrial channels?	N
2.) Since you last renewed, has there been an occasion where you have not been in complete compliance with all state and local laws pertaining to controlled substances?	N
3.) Since you last renewed, have you been convicted, pled guilty, or pled nolo contendere, under any federal or state laws relating to any controlled substances that has not been expunged under IC 35-38-9?	N
4.) Since you last renewed, have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding with respect to said registration?	Y
5.) Since you last renewed, have you had any action, discipline, revocation, or surrender of any professional license in any jurisdiction related to controlled substances?	N

Covington, Darren

From: Rhiannon Bankert <[redacted]
Sent: Monday, August 07, 2017 5:21 PM
To: Covington, Darren
Subject: Re: Positive Response - License Renewal

This was an error. I have not had any of those things happen. I must have clicked the wrong response response. Sorry about that.

Rhiannon Amodeo-Bankert

On Aug 7, 2017, at 10:35, Covington, Darren <DCovington@pla.IN.gov> wrote:

> Hello,
>
> Please provide an explanation regarding the below question which you answered yes to on your license renewal.
>
> Since you last renewed, have you had any action, discipline, revocation, or surrender of your Drug Enforcement Registration or entered into any settlement or Memorandum of Understanding with respect to said registration?
>
> Thank you,
>
> Darren R. Covington, J.D.
> Board Director
> Indiana Professional Licensing Agency
>
> *Medical Licensing Board of Indiana*
> *Indiana Board of Pharmacy*
> *Physician Assistant Committee*
> *Board of Podiatric Medicine*
> *Speech-Language Pathology and Audiology Board*
> *Indiana Dietitians Certification Board*
> *Indiana Midwifery Committee*
> *Committee of Hearing Aid Dealer Examiners*
>
> Indiana Government Center South
> 402 W. Washington St., Rm. W072
> Indianapolis, IN 46204
> Telephone: (317) 234-2011
> Fax: (317) 233-4236
> www.pla.in.gov
>
> <image001.png>

Covington, Darren

From: Rhiannon Bankert <[redacted]
Sent: Tuesday, August 15, 2017 12:06 PM
To: Covington, Darren
Subject: Re: Positive Response - License Renewal

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

I'm sorry that is a mistake. The correct answer is no.

Rhiannon Amodeo-Bankert

On Aug 15, 2017, at 11:46, Covington, Darren <DCovington@pla.IN.gov> wrote:

> Hi Dr. Amodeo-Bankert,
>
> You answered yes to this question on your physician renewal. Was it also answered yes by mistake?
>
> Since you last renewed, have you been denied a license, certificate, registration, or permit in any state?
>
> Darren

From: Rhiannon Bankert [mailto:[redacted]
Sent: Monday, August 07, 2017 5:21 PM
To: Covington, Darren <DCovington@pla.IN.gov>
Subject: Re: Positive Response - License Renewal

**** This is an EXTERNAL email. Exercise caution. DO NOT open attachments or click links from unknown senders or unexpected email. ****

This was an error. I have not had any of those things happen. I must have clicked the wrong response response. Sorry about that.

Rhiannon Amodeo-Bankert

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> Hello,
>
> Please provide an explanation regarding the below question which you answered yes to on your license renewal.
>
> Since you last renewed, have you had any action, discipline, revocation, or surrender of your Drug Enforcemer Registration or entered into any settlement or Memorandum of Understanding with respect to said registratio

Thank you,

Darren R. Covington, J.D.
Board Director
Indiana Professional Licensing Agency

Medical Licensing Board of Indiana
Indiana Board of Pharmacy
Physician Assistant Committee
Board of Podiatric Medicine
Speech-Language Pathology and Audiology Board
Indiana Dietitians Certification Board
Indiana Midwifery Committee
Committee of Hearing Aid Dealer Examiners

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