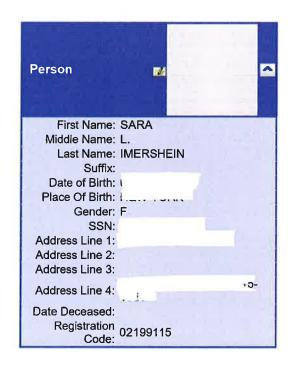
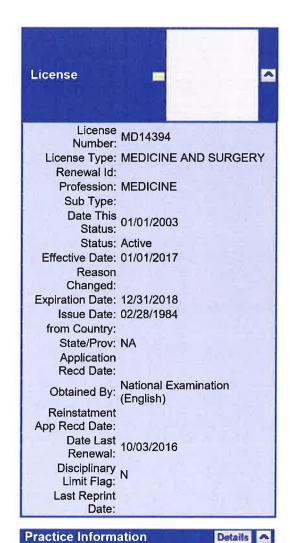
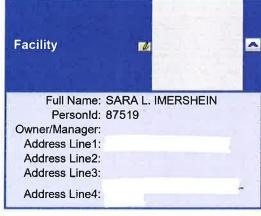


Search Results			Ma His		Page 1	of 1	abla	000
Name / License Type	Address	Subtype	License Number	Hold/Ale	Issue Date	Expiration Date	License	
IMERSHEIN, SARA L.								
MEDICINE AND SURGERY	Unknown NA 00000		MD14394		02/28/1984	12/31/201	8 Activ	

All Licenses held by - IMERSHEIN, SARA L.									
<u>License Type</u>	Address		<u>License</u> <u>Number</u>	Hold/Alert	<u>Status</u>				
MEDICINE AND SURGERY	Unknown NA 00000		MD14394		Active				
CONTROLLED SUBSTANCE	3	Practitioner - Physician	CS8905250		Active				
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Archive Reapply C	Complaints /								









Yes

Yes

In Active Practice Now?:

week?:

Practice In DC:

Active Practice in DC: Hours per



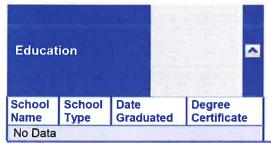
Last Name	Date Changed	Alias Type Label
IMERSHEIN		Merged





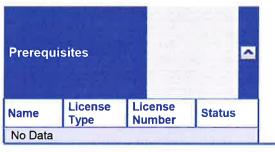
Specialties			Δ
Authority Code Label	ls Primary	Issue Date	Expiration Date
Obstetrics & Gynecology - Board Cert			





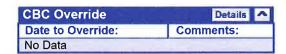
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No Data			

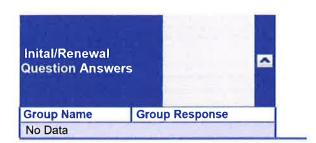
CE Credits By Cyc	^	
Current cycle	0.00	Not checked
Last cycle	0.00	Not checked
Other old cycles	0.00	Not checked











Exam Date	Exam State	Exam Type Label	Exam Score
No Data			
Persor	Photo ID		^

Exam

Criminal	Details ^		
	FBI Result		State
			Result Date
Negative	10/05/2012	Positive	10/11/2012



License

Profession: MEDICINE

License Number: MD14394

Status : Active

from Country :

State/Prov: NA

Obtained By : National Examination (English)

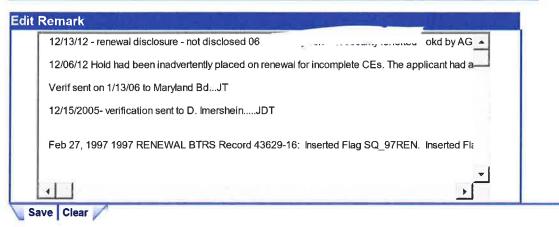
Issue Date: 02/28/1984

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ity* Unknown	Unknown
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Address Line1	
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Inlisted [']	142
Cell	State* NA
Phone	1
Country* United States United States	

Summary				166	7,000	-6.11	DE.	100	73
Name		Add	ress		License Ty	pe		License Number	License Status
SARA L. IMERSHEIN						MD14394	Active		
License Su	ımmary	Ι.		No.			H.		, , 3 G
Profession	License Type		License Number	Status	from Country	State/Prov	Obta	ined By	issue Date
MEDICINE	MEDIC AND SURGE		MD14394	Active		NA		tional mination plish)	02/28/1984

Save Back

Remarks List		634
Date Last updated	Remarks	Updated By
12/13/2012 12:15:00 PM	12/13/12 - renewal disclosure - not disclosed 06 (



District of Columbia — Department of Health NOV 2 7 2000 HEALTH OCCUPATION LICENSE RENEWAL FORM

GENERAL INSTRUCTIONS: The information printed in Section 1 of this form shows the current information on record for your license. Complete all sections of this form, where applicable, including the fee calculation. If more space is needed to fully answer questions, attach additional sheets. False or misleading statements will be cause for disciplinary action and may be cause for criminal prosecution. Mail the form, the required fee, and all supporting documents to: ASI/DC DOH-MD, Metro-Plex II, Sulte 400, 8201 Corporate Drive, Landover, MD 20785. This form is due back to ASI by December 31, 2000. Forms postmarked after the 31st of December must contain an additional penalty fee of \$25.00. If you have any questions call ASI at 888-204-6193.

	EMOGRAPHIC INFORMATION make name and address changes on the reverse side	of this form		
l,	ARA L IMERSHEIN		License Nur Social Secur Date of I Other Ado	Birth: .
	2440 BH-			
	NEW TEANT OF THE PARTY THAN	Name and Address of the Owner, where the Owner, which the Owner, where the Owner, which the		
2. At	DDITIONAL INFORMATION	THE REAL PROPERTY.		
applic	st complete the enclosed Clean is ation will be processed. Pleas our completed renewal applications	e complete the	Clean Hands form an	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES (D) NO [ASLONEY
3. FE	E CALCULATION			
column	theck the appropriate boxes to indicate other request. This form will be returned unprocessed if the fee is essment Systems, Inc." CASH PAYMENTS WILL	not included or if the fee	processed with your license ren is less than required. Make the	ewal and then total the fee ck or money order payable
A.	Renewal OR Daid Inactive Status Re	quest	\$120 = \$ 120	2441052
В.	Cancel License (No fee)			CK#1050
C.	Chiropractic Ancillary Procedures		\$90 = \$	- P
D.	Late Fee (if postmarked after December 31, 2		\$25 = \$	AS COME
E,	Name and/or Address Changed (see reverse s		\$20 = \$	ASIONLY
F.	Duplicate License Request NUMBE	K OF LICENSES	x \$20 = \$	
		TOTAL FE		·
Ma	ke fee payable to: Assessment Systems, Inc. A ch	arge of \$50,00 will be in	nposed for dishonored checks (Public Law 89-208).
	JESTIONS ABOUT YOUR PRACTICE	Section of		
Otherwi	ave an "MD" or "DO" license prefix, please comp se, complete A and B only,	Personali		
В,	Are you in active practice now? If so, do you practice in the District of Columbia	YES NO	TOWARD CONTRACTOR OF THE CONTR	ALTIES
C.	at all? MD's and DO's Only — If your practice is	AB2 MO []	AD Administrative Medicine AL Affergy & Immunology AN Anesthesiology CO Colon & Reccal Surgery	OR Onthopsedic Surgery OT Ololaryngology PA Pathology PE Pediatrics
D.	from the specialty list at the right.	CODE 0 13	DF Dermatology IM Emergency Medicane FA Family Practice	PH Physical Medicine & Rehabilitation PL Plantic Surgery
υ.	MD's and DO's Only — If you are certified by the American Board of any specialty, please indicate the code from the specialty list at the right.	CODE 0 0	MC Medical Genetics NE Neurological Surgery	PR Preventive Medicine/ Public Health PS Psychiatry & Neurology RA Radiology
E.	Chiropractors Only — Are you authorized to perform non-invasive ancillary procedures? (Requires additional fee of \$90)	YES □ NO □	OB Obstatrics & Gynecology OP Ophthalmology	SU Surgery TH Thoracic Surgery UR Urology
5 SCI	REENING QUESTIONS	None in the		
ALL que	estions must be completed by all licensees. If you are arate sheet of paper.	nswer "Yes" to any of th	e questions below, please provi	de a complete explanation
A.	Have you withdrawn an application (in DC or any of medicine, or has any authority taken adverse action or informed you of any pending charges not previous.)	against your license or p	privileges, YES [] NO [ASLONLY [
В.	Have you been convicted of a crime (other the previously reported to the Board?			Notes the second section 1
	Do you have a physical or medical condition that practice your profession?		YES 🗆 NO 🔽	
D.	Since the last renewal, have you been diagnosed or			The superior of the superior o
E.	Have you been involved in a malpractice suit since date of incident, allegation and disposition of case.		s, provide YES 🗌 NO 🎗	ASI ONLY
510	NATURE			All III Control of the last of
All licen	sees are required to sign and dute this form on the processe. Make a photocopy of this form for		This form will be returned unpi	ocessed if the form is not
	SACI Ar		10-1300	ASTONEY 14
preferred	EXEMPLES SIGNATURE EXEMPLE AND ADDRESS OF THE SECTION ADDRESS OF	ne change. Use your lice	ck of this form to update your lease prelix and number when co	

ASI/DC DOH-MD • Metro-Plex II, Suite 400, 8201 Corporate Drive • Landover, MD 20785



GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH 825 NORTH CAPITOL STREET, N.E. WASHINGTON, DC 20002

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form

Please read this form carefully and completely before signing. Any false information provided requires that the Department of Health proceed immediately to revoke the license or permit for which you are now applying, and fine you one thousand dollars (\$1,000.00). This Certification Form is required to be completed and submitted with any application for licensure or permit under the Clean Hands Before Receiving a License or Permit Act of 1996, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.).

I,	SARA	L	MERSHEIN	mp	applying for a	medical	,
20.7===1	(nam	e)				(type of health license)	

certify that, as of this date, do not owe more than one hundred dollars (\$100.00) to the District of Columbia government

as a result of

- 1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Act of 1995, effective March 25, 1986 (D.C. Law 6-100; D.C. Code §6-2901 et seq.);
- Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code §6-2911 et seq.);
- Fines, penalties or interest assessed pursuant to the Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code §6-2701 et seq.); or
- 4. Past due taxes.

I understand that if I knowingly provide false information on this *Certification Form*, the Department of Health will move to revoke the license or permit for which I am applying and fine me one thousand dollars (\$1,000.00). I further understand that the Department of Health and the Office of Tax and Revenue may conduct an investigation to ascertain the veracity of the information contained in this *Certification Form*.

I understand that this Certification Form is now required as part of my application for a license or permit, and that by completing it, I am not guaranteed that my license or permit will be approved.

Signature and Title/Responsible Officer

10-53-00

Date

Social Security #

Business/Home Address

DL 2003

202 4664800

Phone Number

Discipline Closed Log

Imershein, Sara Louise - Complaint of Ms. Eve Benton Bund - QOC. – Date 4/7/2006 - Sent closure Itr 6/6/06. BOM voted to close 5/31/06. Additn! Itr from Dr. Immershein for BOM revw a/o 5/22/06. Complainant's refusal to sign record release for BOM revw a/o 5/11/06. Green card signed 5/4/06. Sent release form to Ms. Bund 4/25/06. Dr. Rqst –Date 5/31/2006

Imershein, Sara Louise - Malpr report - delay in diag of cancer. Date 5/25/2005 - BOM closed 7/25/07. Reply to pract protocol ltr for BOM revw a/o 7/3/07. Green card signed 6/15/07. Mailed pract protocol ltr 6/13/07. BOM voted protocol ltr 5/30/07. Record revw by Dr. Lynch to BOM at May mtg. BOM reqsts in-house peer revw. Invest rept f – Date 7/25/2007

Imershein, Sara L. - Malp. – Date 2/5/2008 - rofile updated 10/3/08. Green card signed 4/12/08. Mailed ltr to update profile 4/9/08. BOM voted instruct to update profile. NPDB report for BOM review a/o 2/12/08. – Date 2/27/2008 closed