

Person | **Facility**

First Name: Last Name: Profession:

License Number: SSN: License Type:

Address Line1: Address Line2: Address Line3:

City: State: Zip Code:

Phone Number: License Status:

[Clear](#)

Search Results Page 1 of 1

Name / License Type	Address	Subtype	License Number	Hold/Alert	Issue Date	Expiration Date	License
IMERSHEIN, SARA L.							
MEDICINE AND SURGERY	Unknown NA 00000		MD14394		02/28/1984	12/31/2018	Active

All Licenses held by - IMERSHEIN, SARA L.

License Type	Address	Sub Type	License Number	Hold/Alert	Status
MEDICINE AND SURGERY	Unknown NA 00000		MD14394		Active
CONTROLLED SUBSTANCE		Practitioner - Physician	CS8905250		Active

[Archive](#) | [Reapply](#) | [Complaints](#)

Person

First Name: SARA
 Middle Name: L.
 Last Name: IMERSHEIN
 Suffix:
 Date of Birth:
 Place Of Birth:
 Gender: F
 SSN:
 Address Line 1:
 Address Line 2:
 Address Line 3:
 Address Line 4:
 Date Deceased:
 Registration Code: 02199115

License

License Number: MD14394
 License Type: MEDICINE AND SURGERY
 Renewal Id:
 Profession: MEDICINE
 Sub Type:
 Date This Status: 01/01/2003
 Status: Active
 Effective Date: 01/01/2017
 Reason Changed:
 Expiration Date: 12/31/2018
 Issue Date: 02/28/1984
 from Country:
 State/Prov: NA
 Application Recd Date:
 Obtained By: National Examination (English)
 Reinstatement App Recd Date:
 Date Last Renewal: 10/03/2016
 Disciplinary Limit Flag: N
 Last Reprint Date:

Facility

Full Name: SARA L. IMERSHEIN
 PersonId: 87519
 Owner/Manager:
 Address Line1:
 Address Line2:
 Address Line3:
 Address Line4:

Practice Information [Details](#)

In Active
 Practice Now?: Yes
 Practice In DC: Yes
 Active Practice in DC: Hours per week?:

Alias

Employers for License

Last Name	Date Changed	Alias Type Label
IMERSHEIN		Merged
IMERSHEIN		Merged
IMERSHEIN		Merged
IMERSHEIN		Merged

No Data

License Bond
No Data

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

Employment
No Data

Education			
School Name	School Type	Date Graduated	Degree Certificate
No Data			

Requirements		
Name	Status	Date
No Data		

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

Prerequisites			
Name	License Type	License Number	Status
No Data			

Schedules
No Data

Inspection
No Data

CBC Override		Details	▲
Date to Override:	Comments:		
No Data			

Exam				▲
Exam Date	Exam State	Exam Type Label	Exam Score	
No Data				

Initial/Renewal Question Answers		▲
Group Name	Group Response	
No Data		

Person Photo ID	▲
[Image placeholder]	

Criminal Background Check				Details	▲
FBI Result	FBI Result Date	State Result	State Result Date		
Negative	10/05/2012	Positive	10/11/2012		

Person Or Facility Document				▲
Date Uploaded	Description	Category	Amendments	
01/30/2015		Person	N	

License



Profession : MEDICINE

License Type : MEDICINE AND SURGERY

License Number : MD14394

Status : Active

from Country :

State/Prov : NA

Obtained By : National Examination (English)

Issue Date : 02/28/1984

Zipcode*

City*

County

Unlisted

Address Line1 [Map It](#)

Address Line2 Address Line3

Email Phone

Phone Unlisted Fax

Cell Phone State*

Country*

Copy Person Address Fields

Save

Back

Summary				
Name	Address	License Type	License Number	License Status
SARA L. IMERSHEIN	Unknown NA 00000	MEDICINE AND SURGERY	MD14394	Active

License Summary							
Profession	License Type	License Number	Status	from Country	State/Prov	Obtained By	Issue Date
MEDICINE	MEDICINE AND SURGERY	MD14394	Active		NA	National Examination (English)	02/28/1984

Remarks List		
Date Last updated	Remarks	Updated By
12/13/2012 12:15:00 PM	<p>12/13/12 - renewal disclosure - not disclosed 06 c - okd by AG category 7 - HM 12/06/12 Hold had been inadvertently placed on renewal for incomplete CEs. The applicant had actually answered in the affirmative. Hold released...DS Verif sent on 1/13/06 to Maryland Bd...JT 12/15/2005- verification sent to D. Imershein.....JDT Feb 27, 1997 1997 RENEWAL BTRS Record 43629-16: Inserted Flag SQ_97REN. Inserted Flag DCPRACTICE. Added Authority OBA. Changed Home Address. Changed Business Address. Changed Preferred Mailing Address Flag. Renewed License, Batched MDLICPRT. Oct 22, 1998 1999 RENEWAL BTRS Record 121577-3: Renewed License, Batched MDLICPRT. Dec 04, 2000 RENEWAL BTRS Record 258122-23: Renewed Authority OBA.. License Renewed , Batched MDLICPRT. Dec 12, 2000 LICENSE PRINT placed her on the license print log sheet because she also hasnt received her license yet....dm Oct 30, 2002 RENEWAL BTRS Record 383536-5: Renewed Authority OBA.. License Renewed , Batched MDLICPRT.</p>	

Edit Remark

12/13/12 - renewal disclosure - not disclosed 06 c
 - okd by AG category 7 - HM 12/06/12
 Hold had been inadvertently placed on renewal for incomplete CEs. The applicant had a
 Verif sent on 1/13/06 to Maryland Bd...JT
 12/15/2005- verification sent to D. Imershein.....JDT
 Feb 27, 1997 1997 RENEWAL BTRS Record 43629-16: Inserted Flag SQ_97REN. Inserted Fl:

Save Clear

Back

258122-23

District of Columbia — Department of Health NOV 27 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, Suite 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.

1A. DEMOGRAPHIC INFORMATION
Please make name and address changes on the reverse side of this form.
License Number: MD00000014394
Social Security #:
Date of Birth:
Other Address:
SARA L IMERSHEIN

2. ADDITIONAL INFORMATION
You must complete the enclosed Clean Hands form before your renewal license application will be processed. Please complete the Clean Hands form and mail it with your completed renewal application form and fee.
YES [X] NO [] ASI ONLY [X]

3. FEE CALCULATION
Please check the appropriate boxes to indicate other requests you would like to be processed with your license renewal and then total the fee column. This form will be returned unprocessed if the fee is not included or if the fee is less than required. Make check or money order payable to "Assessment Systems, Inc." CASH PAYMENTS WILL NOT BE ACCEPTED.
A. [X] Renewal QR [] Paid Inactive Status Request \$120 = \$ 120
B. [] Cancel License (No fee)
C. [] Chiropractic Ancillary Procedures \$90 = \$
D. [] Late Fee (if postmarked after December 31, 2000) \$25 = \$
E. [] Name and/or Address Changed (see reverse side) \$20 = \$
F. [] Duplicate License Request NUMBER OF LICENSES [2] x \$20 = \$
TOTAL FEE DUE = \$ 120
Make fee payable to: Assessment Systems, Inc. A charge of \$50.00 will be imposed for dishonored checks (Public Law 89-208).

4. QUESTIONS ABOUT YOUR PRACTICE
If you have an "MD" or "DO" license prefix, please complete A-D. If you are a chiropractor ("CH" license prefix), complete A, B and E. Otherwise, complete A and B only.
A. Are you in active practice now? YES [X] NO []
B. If so, do you practice in the District of Columbia at all? YES [X] NO []
C. MD's and DO's Only — If your practice is limited to a specialty, please indicate the code from the specialty list at the right. CODE [05]
D. 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 [05]
E. Chiropractors Only — Are you authorized to perform non-invasive ancillary procedures? YES [] NO []
SPECIALTIES: AD Administrative Medicine, AL Allergy & Immunology, AN Anesthesiology, CO Colon & Rectal Surgery, DF Dermatology, EM Emergency Medicine, FA Family Practice, IN Internal Medicine, MG Medical Genetics, NE Neurological Surgery, NU Nuclear Medicine, OB Obstetrics & Gynecology, OP Ophthalmology, OR Orthopaedic Surgery, OT Otolaryngology, PA Pathology, PE Pediatrics, PH Physical Medicine & Rehabilitation, PL Plastic Surgery, PR Preventive Medicine/Public Health, PS Psychiatry & Neurology, RA Radiology, SU Surgery, TH Thoracic Surgery, UR Urology.

5. SCREENING QUESTIONS
ALL questions must be completed by all licensees. If you answer "Yes" to any of the questions below, please provide a complete explanation on a separate sheet of paper.
A. Have you withdrawn an application (in DC or any other state/jurisdiction) to practice medicine, or has any authority taken adverse action against your license or privileges, or informed you of any pending charges not previously reported to this Board? YES [] NO [X] ASI ONLY []
B. Have you been convicted of a crime (other than minor traffic violation) not previously reported to the Board? YES [] NO [X] ASI ONLY []
C. Do you have a physical or medical condition that currently impairs your ability to practice your profession? YES [] NO [X] ASI ONLY []
D. Since the last renewal, have you been diagnosed or treated for substance abuse? YES [] NO [X] ASI ONLY []
E. Have you been involved in a malpractice suit since your last renewal? If yes, provide date of incident, allegation and disposition of case. YES [] NO [X] ASI ONLY []

6. SIGNATURE
All licensees are required to sign and date this form on the lines provided below. This form will be returned unprocessed if the form is not signed by the licensee. Make a photocopy of this form for your records.
[Signature] LICENSÉE'S SIGNATURE
10-2300 DATE
ASI ONLY [X]

ALL RENEWING LICENSEES — Please complete sections 8 and/or 9 on the back of this form to update your home or business address, preferred mailing address, SSN/Birthdate, or to report a name change. Use your license prefix and number when calling for assistance at the number listed in General Instructions or when writing to ASI or the Board.
Mail renewal form and fee to:
ASI/DC DOH-MD • Metro-Plex II, Suite 400, 8201 Corporate Drive • Landover, MD 20785

258122-23



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 IMERSHEIN, MD, applying for a Medical,
(name) (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.);
2. 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.);
3. 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]
Signature and Title/Responsible Officer

10-23-00
Date

202 466 4800
Social Security #
Phone Number

2311 M STREET NW
Business/Home Address
DC 20037

white copy - Department of Health
yellow copy - Tax and Revenue, Collections Division
pink copy - applicant
ASI# 6009-03 9/00

For Tax Assistance call:
(202) 442 - 4TAX.
(4829)

Discipline Closed Log

Imershein, Sara Louise - Complaint of Ms. Eve Benton Bund - QOC. – Date 4/7/2006 - Sent closure ltr 6/6/06. BOM voted to close 5/31/06. Additnl ltr 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