

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

Supplier Delivery Address
State Board of Medicine
121 Pine Street, 1st Floor
Harrisburg, PA 17101

000227 0141

OFFICIAL USE ONLY

MT 047590 T
JERON APPL

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE LICENSE - DO NOT USE TO RENEW

FEE - \$15.00
MAX FEE PAYABLE TO COMMONWEALTH OF PENNSYLVANIA
FEE NOT REFUNDABLE
NOTE: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO START OF TRAINING

Amount 15.00
Date 3-1-00
3/5/3100

TO BE COMPLETED BY APPLICANT:

Please Print or Type

NAME: JERONIS STACEY LYNNE

ADDRESS: Langhorne PA 19047

SOCIAL SECURITY: [REDACTED] DATE OF BIRTH: [REDACTED] TELEPHONE NUMBER: (215) 212-1111 (WORK) (HOME)

NAME & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
Albany Medical College Albany, NY	9/1996 - 5/2000	5/2000
NAME & ADDRESS OF HOSPITAL(S)	DATES OF PREVIOUS TRAINING	SPECIALTY

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: Hospital of the University of Pennsylvania
ADDRESS OF HOSPITAL: 3400 Spruce Street, Philadelphia, PA 19104

YEAR IN TRAINING: 1 SPECIALTY: OB/GYN LEVEL IN TRAINING (PGY): 1

DATES OF TRAINING REQUESTED: 6/20/2000 TO 6/19/2001

NAME OF PROGRAM DIRECTOR: William W. Beck, Jr., M.D.

SIGNATURE OF PROGRAM DIRECTOR: William W Beck, Jr

If "YES" is answered to any of these items, you should be prepared as well as certified copies of records.

Has your license (in medicine and surgery or podiatry) expired in any state, territory, or country? List all states below. YES NO
_____ X

Have you ever applied for a license, had an application denied or refused, or agreed to a suspension in another state, territory or country? YES NO
_____ X

Has any action been taken against your license in any state, territory or country? YES NO
_____ X

Have you ever been found guilty, or pleaded guilty or entered a guilty plea, or conviction without verdict as to any criminal offense, including any drug law violation, in any state, territory or country? YES NO
_____ X

Has your license ever been denied, revoked or annulled in any state, territory or other health care facility? YES NO
_____ X

Has your registration ever been denied, revoked or annulled in any state, territory or other health care facility? YES NO
_____ X

Have you ever been addicted to the immoderate or habitual use of narcotics or other controlled substances? (You may answer "NO" if you are currently enrolled in and have successfully completed a Substance Abuse Treatment and Health Monitoring Program.) YES NO
_____ X

SWORN STATEMENT

I declare that all statements in this application are true and correct to the best of my knowledge and belief. I understand that false statements made under oath are a crime under 18 Pa. C.S. Section 4904 relating to perjury and may result in the suspension or revocation of a license. I am aware that this Board of Medicine may receive information from my employers (past and present), and all governmental agencies (local, state, federal or foreign) and may forward this information to the Board of Medicine any information, if any, that may be received by the Board of Medicine.



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MAY - 1 2010

Health Licensing Board

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

RECEIVED
MAR 27 2000

31513/00

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

						E	D	U	C

SECTION 1: To be completed by applicant:

Name: JERONIS STACEY LYNNE
Last First Middle

Name of medical school: Albany Medical College

Location: Albany, NY

SUBMIT THIS VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL SCHOOL ENVELOPE.

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Stacey Lynne Jeronis

Date student began to attend this medical school: August 28 1996
Month Day Year

Date of graduation: May 25 2000 (anticipated)
Month Day Year

[Seal of School]

I certify that all of the above information is correct.

Signature of Dean or Registrar: [Signature]

Date: 3/27/00

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in official school envelope. DO NOT RETURN TO APPLICANT.

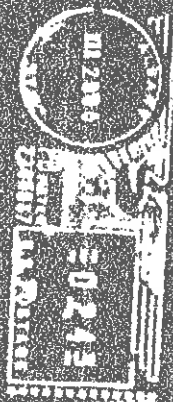
Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17102-2649 U.S.A.

Carrier Delivery Address
State Board of Medicine
124 Pine Street, 1st Floor
Harrisburg, PA 17101

U.S.A.

OFFICE OF BRUDENT RECORDS
MAIL CODE 3 POSTAGE 3100
The Albany Medical College
47 New Scotland Ave
Albany, New York 12208-3979

HE JOHN
REQUIRE 450



State Board of Medicine
P.O. Box 2049
Albany, NY 12205-2049

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND
 OCCUPATIONAL AFFAIRS
 STATE BOARD OF MEDICINE
 P.O. BOX 2649
 HARRISBURG, PENNSYLVANIA 17105-2649
 717-783-1400

Official Use Only
 License #
 MY-047530-4
 JAMES R. R. R.

STACY LYNN JERONIS
 UNIVERSITY OF PENNSYLVANIA HOSPITAL
 OBG/GYN OFFICE
 ATTN: JODIE SATO
 3641 MARKET ST. 560 W
 PHILADELPHIA, PA 19104

Present Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
06/20/2000	06/19/2001	1	OBG	HS-000110-L	UNIVERSITY OF PENNSYLVANIA HOSPITAL

THIS IS YOUR RENEWAL NOTICE

Renewal Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
06/30/2001	06/19/2002	2	OBG	HS-000110-L	University of Pennsylvania Hospital

- 1. If you are not training in PA past ending date, check here. _____
- 2. Required Attachment - See #3A on instruction page.

Physician must answer all questions, sign and date form.

- | | 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"/> |

[Redacted Signature Area]

Signature

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4/9/01

United States Medical Licensing Examination Certified Transcript of Scores

This document was prepared by
National Board of Medical Examiners (NBME)
3750 Market Street Philadelphia, PA 19104-3190 Telephone (215) 390-9592

Date: 10/08/1999

Examinee: Jeronis, Stacy Lynne

Examinee ID: 5-036-735-8
Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which scores have been reported to date) are shown below. Scores are reported on two scales. The recommended passing score ("Min. Pass") on each scale is shown in parentheses.

USMLE STEP 1		Three-Digit Scale		Two-Digit Scale		Comments
Test Date	Pass/Fail	Total Score	(Min. Pass)	Total Score	(Min. Pass)	
06/1998	Pass	212	(179)	85	(75)	

*** END OF DOCUMENT ***

Note: A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

INTERPRETATION OF SCORES USMLE Transcripts include a complete score history and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three-digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 82 on the two-digit scale is equivalent to a score of 200 on the three-digit scale. A score of 75 on the two-digit scale is always the minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 7 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

ANNOTATIONS APPEARING AS "NOTE" Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document. The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on

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MAY 02 2001

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UNITED STATES MEDICAL LICENSING EXAMINATION™

Students and graduates of U.S. and Canadian medical schools are registered for Step 2 by the NATIONAL BOARD OF MEDICAL EXAMINERS, INC. 3750 Market Street, Philadelphia, Pennsylvania 19104-2899. Tel: 215-261-2700

STEP 2 SCORE REPORT

This Date: April 12, 1998

Jeronis, Nancy L.

The USMLE is a single examination program for all applicants for medical licensure in the United States. The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of the effective practice of medicine. Step 2 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the provision of patient care under supervision, including diagnosis, health promotion and disease prevention. The inclusion of Step 2 in the USMLE program is intended to ensure that attention is devoted to principles of clinical science that undergird the safe and competent practice of medicine. Results of the examination are reported to medical licensing authorities in the United States and in other states or territories who may use either score in making licensing decisions. These scores represent your results for the administration of Step 2 on the test date shown above.

This result is based on the minimum pass score established by USMLE. Some states or territories may accept the USMLE score as a minimum passing score for their own licensure. Different passing scores for their own licensure.

This score is determined by your overall performance on Step 2. For example, based on the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 210 and 23, respectively, with most schools having between 190 and 260. A score of 170 is set by USMLE to pass Step 2. The standard error of measurement (SEM) for this scale is eight points.

This score is also determined by your overall performance on the examination. A score of 82 on this scale is equivalent to a score of 200 on the scale described above. A score of 75 on this scale, which is equivalent to a score of 170 on the scale described above, is set by USMLE to pass Step 2. The SEM for this scale is two points.

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MAY 02 2001

Your score is influenced both by your general understanding of clinical science and the specific set of items selected for this Step 2 examination. The standard error of measurement (SEM) provides an estimate of the range within which your scores might be expected to vary by chance if you were tested repeatedly using similar items.

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

MT047590T
 JERONIS

RENEWAL APPLICATION

Stephanie Vitale

MAY 21 2002

STACEY LYNN JERONIS
 UNIVERSITY OF PENNSYLVANIA HOSPITAL
 OMAJME OFFICE
 ATTN: STEPHANIE VITALE
 3024 MARKET ST. 560 W
 PHILADELPHIA PA 19104-2082

State Board of Medicine
 PO Box 2849
 Harrisburg, PA 17105-2849

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. **QUESTIONS MUST STILL BE ANSWERED.**

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	IF YES - provide details AND attach certified copies of legal documents.
	<input checked="" type="checkbox"/>	1. Do you hold a license to practice this profession in any other state or jurisdiction? List:
	<input checked="" type="checkbox"/>	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
	<input checked="" type="checkbox"/>	3. Since your initial application or your last renewal, 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 any state or jurisdiction?
	<input checked="" type="checkbox"/>	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded not guilty, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
	<input checked="" type="checkbox"/>	5. Since your initial application or your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	<input checked="" type="checkbox"/>	6. Since your initial application or 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?

Please review and update, as necessary, the following information regarding your license:

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	09/20/2001	09/19/2002	2	Obstetrics and Gynecology	HS000110L	UNIVERSITY OF PENNSYLVANIA HOSPITAL
Renewal	6/20/2002	6/29/2003	3	Obstetrics and Gynecology	HS000110L	University of Pennsylvania Hospital

Signature of Licensee (mandatory)

Date

4/26/02

ATTACHMENTS FOR REISSUING:

- FEE - \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number, MT047590T, on your payment. A \$20.00 fee will be assessed for a returned payment.
- LATE FEE - \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmarked after 6/19/2002.
- PBT 2 LEVEL - Copy of your USMLE Step 1 and 2 scores OR FLEX I scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- PBT3 LEVEL or above - Copy of your USMLE Step 3 scores OR FLEX I and II scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.

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UNITED STATES MEDICAL LICENSING EXAMINATION™

Federation of State Medical Boards of the U.S., Inc.
400 Parker Plaza East, Suite 300, Dallas, TX 75239-3855
Telephone: (817) 571-7349

STEP 3 SCORE REPORT

Jaronski, Stacey Lynn

Test Date: July 30, 2001

USMLE ID: S-004-724-8

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

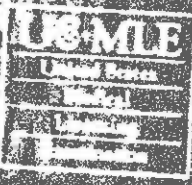
PASS This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdiction.

This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 210 and 19, respectively, with most scores falling between 140 and 260. A score of 182 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM)¹ for this scale is approximately seven points.

This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 182 on the scale described above, is recommended by USMLE to pass Step 3. The SEM¹ for this scale is approximately two points.

¹Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The standard error of measurement (SEM) provides an estimate of the range within which your scores might be expected to vary should you were tested repeatedly using similar items.

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UNITED STATES MEDICAL LICENSING EXAMINATION™

Federation of State Medical Boards of the U.S., Inc.
400 Parker White Road, Suite 300, Dallas, TX 75239-3803
Telephone: (817) 571-2949

STEP 3 SCORE REPORT

Test Date: July 30, 2001

Address: Shady Lynne

USMLE ID: 5-636-735-8

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting or failing licenses to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.

This score is distributed by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 210 and 19, respectively, with most scores falling between 140 and 260. A score of 182 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) for this scale is approximately seven points.

This score is also determined by your overall performance on the examination. A score of 73 on this scale, which is equivalent to a score of 182 on the scale described above, is recommended by USMLE to pass Step 3. The SEM for this scale is approximately two points.

This score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 administration. The standard error of measurement (SEM) provides an estimate of the range within which your score might be expected to vary by chance if you retaken the examination using similar items.

10-34 (REV. 12/01)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-763-1689/717-767-1311
www.pennstate.edu/sbom
Credit Delivery Address
STATE BOARD OF MEDICINE
120 FORD STREET, 14th FLOOR
HARRISBURG, PA 17101

MD 423048
Jerona APPL

Amount 35.00
Date 8/20/03

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

MT 0475901

8639

Application Fee: 35.00 non-refundable
Make check payable to the "Commonwealth of Pennsylvania."

Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid to your bank, regardless of the reason for non-payment.
Please print or type

NAME: Jeanis Saucy Wright
Last First Middle

Residence Address: [Redacted]
All correspondence and the license will be mailed to this address unless the board is notified of a change.
Phila PA 19103
City State Zip Code

Email address: [Redacted] Phloroad1.com

Date of Birth: [Redacted] Social Security Number: [Redacted]

If your medical/licensure records are listed under another name or names list below:

LIST MEDICAL SCHOOL(S) ATTENDED: Albany Medical College
Date of Graduation: 5/2000
DATES OF ATTENDANCE
From: 9/1996 to: 5/2000
MM & Yr MM & Yr

Check licensing examination(s) passed:

- () FLEX - indicate state where taken: _____ Date taken: _____
- () FLEX COMPONENT 1 - indicate state where taken: _____ Date taken: _____
- () FLEX COMPONENT 2 - indicate state where taken: _____ Date taken: _____
- () NATIONAL BOARD - PART I _____ PART II _____ PART III _____
- (x) USMLE - STEP 1 STEP 2 STEP 3
- () LMCC - Canadian
- () STATE BOARD - indicate state where taken: _____

Post Graduate Education:

PGY1 Hospital: Hosp Univ of Penn From 6/10/00 to 6/30/01

PGY2 Hospital: Hosp Univ of Penn From 10/20/01 to 6/30/02

Answer the following questions. If "YES" is answered to any of these, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	YES	NO
1) Do you hold licensure or certification (active or inactive, current or expired) to practice in any other jurisdiction? If yes, list each one.		<input checked="" type="checkbox"/>
2) Have you ever withdrawn an application for a license, had an application denied or refused, or agreed not to reapply for a license in another state, territory or country? A license includes a registration or certification.		<input checked="" type="checkbox"/>
3) Has any disciplinary action been taken against your license or certificate in another state, territory or country?		<input checked="" type="checkbox"/>
4) Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or Federal court?		<input checked="" type="checkbox"/>
5) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?		<input checked="" type="checkbox"/>
6) 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"/>
7) Are you, or have you ever been, addicted to the intensive use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.		<input checked="" type="checkbox"/>

SIGNED STATEMENT

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, former physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, Federal or foreign) to release to the Pennsylvania State Board of Podiatry any information that is herein requested by the Board.

[Redacted Signature]

8/15/03

FORM 2007 (03)

State Board of Medicine
P.O. Box 2699
Harrisburg, PA 17105-2699

Certification of Moral Character

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

Name of Applicant: Stacey Jeronis

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the inappropriate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 2 year(s) 6 month(s)

SIGNATURE: [Redacted] Date: 4/5/03

Print or type name as signed above: Kimberly Maminario

State in which licensed: Pennsylvania License Number: MD 420136

Name of Applicant: Stacey Jeronis

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the inappropriate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 1 year(s) 6 month(s)

SIGNATURE: [Redacted] Date: 4/5/03

Print or type name as signed above: Lisa Baute, MD

State in which licensed: PA License Number: MD 070036

Return Completed Form to Applicant

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8639

Regular Mailing Address
State Board of Medicine
P.O. Box 2849
Harrisburg, PA 17102-2849

Courier Delivery Address
State Board of Medicine
124 Park Street, 1st Floor
Harrisburg, PA 17101

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

976-0475 90-T

NAME: Jeronis Stacey Lynne
Last First Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.

2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. See listing on back.

3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

To be completed by the program director at the hospital where the graduate training occurred. If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Hospital of the University of Pennsylvania

NAME OF SPONSORING INSTITUTION: Hospital of the University of Pennsylvania

LOCATED IN: Philadelphia, Pennsylvania
City State

1st Year from 06 / 20 / 00 To 06 / 19 / 01 Specialty OB/GYN Level(PGY) 1

2nd Year from 06 20 / 01 To 06 / 19 / 02 Specialty OB/GYN Level(PGY) 2

I certify that Stacey L. Jeronis successfully completed/will successfully complete this graduate medical training and that there exists no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified.

"I further certify that the above program was ACGME accredited at the time Stacey L. Jeronis, M.D. completed the training."
(Name of Applicant)

Signature of Program Director: [Signature]
Date: 1/13/02
[Seal of Hospital]

If the hospital has no seal complete the following section and have this form notarized:
I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature: _____
Date: _____ [notary seal]

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

United States Medical Licensing Examination™ (USMLE™)
 NATIONAL BOARD OF MEDICAL EXAMINERS

9039

The Federation of State Medical Boards

Date of Completion: 05/28/2005

RESIDENCY REPORT

Residency Program Director
 Department of Internal Medicine
 University of Virginia
 Charlottesville, VA 22904-0001

Resident: [REDACTED]
 License No: [REDACTED]
 DOB: [REDACTED]
 All Passed: [REDACTED] Medical Study Limit: [REDACTED]

This report is generated from the data provided to the Federation of State Medical Boards (FSMB) by the National Board of Medical Examiners (NBME). The information is provided for your information only and is not intended to be used for any other purpose. The information is provided as a service to the medical community.

Year	Pass/Fail	Three-Digit Score (Passing)	Two-Digit Score (Passing)	Comments
1999/2000	PASS	212 (179)	85 (75)	
2000/2001	PASS	211 (170)	84 (75)	
2001/2002	PASS	196 (182)	80 (75)	

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



INTERPRETATION OF SCORES

USMLE transcripts include a complete score history and notations of any examinations for which the examinee sat and no scores were reported, such as "Incomplete" or "Indeterminate." Scores are reported on two different scales. For each Step, the mean and standard deviation of scores on the three-digit scale for the original anchor group of first-time examinees from medical schools in the United States was 200 and 20, respectively. Most scores fall between 140 and 280. An equivalent value score on a two-digit scale is also provided. A score of 75 on the two-digit scale is the recommended minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 8 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each "Comment" is provided below.

Indeterminate: Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as assessed by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, unexplained inconsistency of performance within the examination or between administrations of the same Step. No score is reported. Information regarding the nature of the indeterminate score and the determination of the Committee on Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete: The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior: The Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available: The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

Test Accommodations: Following review and approval of a request from the examinee, test accommodations were provided in the administration of the examination.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The "Note" will appear at the end of the document.

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

The Board Action Data Bank of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing institutions, the U.S. Armed Forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the Bank, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Board Action Data Bank are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a "Note."

RECI

AUG 21 2005

Health (Lic)

Stacey L. Jeronis, MD

Philadelphia, PA 19103

@hotmail.com

Education 1990-1994 B.A. University of Pennsylvania
1994-1996 Hahnemann University/Medical College of Pennsylvania
1996-2000 M.D. Albany Medical College

Resident Training
6/00-6/01 Intern in Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Philadelphia, PA
7/01-Present Resident in Obstetrics and Gynecology, Hospital of the University of Pennsylvania, Philadelphia, PA

Licensure Commonwealth of Pennsylvania

Awards, Honors and Memberships in Honorary Societies

1994 Cum Laude
1998 Distinguished Academic Performance, Albany Medical College
1999 Alpha Omega Alpha

Memberships in Professional and Scientific Societies

National Societies: American College of Obstetrics and Gynecology
American Association of Gynecologic Laparoscopists

Volunteer Experience

1997-1998 Interfaith Partnership Homeless Shelter
1997-1999 JOB CORP
1996-1998 AIDS Education Program

Bibliography

Leisung, M.C., Gianoukakis A.G., Lee D.W., Jeronis S.L., Descombre J.
Comparison of diabetes care provided by an endocrinology clinic and a primary care clinic. Endocrine Practice 6(5):361-6, 2000

Person Info Name: STACEY LYNNE JERONIS Address Info Street Address [REDACTED] Email [REDACTED]@hotmail.com Phone [REDACTED] Fax [REDACTED] City Philadelphia State PA Zipcode 19140 Country 82 County Philadelphia	
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?	N
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	
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,	N

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?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
<p style="text-align: center;">Friday, Date Submitted: October 10, 2014</p>	

Education Info
No education records
Employment Information
No employment records

Person Info Name: STACEY LYNNE JERONIS Address Info Street Address [REDACTED] Email: [REDACTED]@hotmail.com Phone: [REDACTED] Fax: 2154871251 City: Philadelphia State: PA Zipcode: 19140 Country: 82 County: Philadelphia	
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?	N
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)	Y

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?	Y
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: STACEY LYNNE JERONIS
 Address Info
 Street Address [REDACTED] Email [REDACTED]@tuhs.temple.edu
 Phone [REDACTED]
 Fax [REDACTED] 2154871251
 City Philadelphia
 State PA
 Zipcode 19140
 Country 82
 County Philadelphia

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, Delaware
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.	19140

Date Submitted: Thursday, October 20, 2016

Education Info
 No education records

Employment Information
 No employment records



TARGET SHEET

Board: Medicine

Licensee Full Name:
STACEY LYNNE JERONIS

License No:
MD423048

2122809_LIC_5_07/30/2015



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dps.pa.gov/med
July 30, 2015

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

STACEY LYNNE JERONIS 8849

PHILADELPHIA PA 19140

RE: MD423048

RE: Continuing Education Audit

Dear Licensee:

The State Board of Medicine received your response to the continuing medical education audit. The information provided has been reviewed, and this letter hereby certifies your compliance with the continuing medical education requirement for the January 1, 2013 – December 31, 2014 biennial renewal period.

Should you have any questions, please contact the Board.

Sincerely,

State Board of Medicine

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2648
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
June 23, 2015

Telephone: 717-783-1400/787-2381
Fax: 717-787-7769

STACEY LYNNE JERONIS 9849

PHILADELPHIA PA 19140

RE: MD423048

Dear Doctor:

You have been randomly selected for audit of the continuing education hours claimed for the renewal of your physician and surgeon license through December 31, 2014. The State Board of Medicine requires completion of 100 hours of AMA PRA Category 1 and 2 hours of continuing education as outlined below:

- Twenty (20) credit hours must be completed in AMA PRA Category 1 activities.
- The remaining eighty (80) credit hours may be completed in either Category 1 or Category 2 approved activities.
- A minimum of 12 of the 100 hours must be completed in activities related to patient safety or risk management and may be completed in either Category 1 or 2.
- Details regarding continuing education accepted as Category 1 and 2 can be found on the Board's website at www.dos.pa.gov/med.

You must now submit copies of your continuing education documentation totaling a minimum of 100 hours for the renewal period 1/1/13 through 12/31/14. When submitting Category 1 hours, copies should be 8 1/2" x 11" and must include your name, name of sponsor, course title, date of completion, and number and category of CME credits awarded. **Do not submit** registration receipts, course agendas, or activity sheets. These do not provide all the information necessary to determine eligibility as outlined above. If you no longer have your certificates, you must contact the course provider for duplicates. **THE DOCUMENTATION SUBMITTED WILL NOT BE RETURNED.**

Please complete the verification statement below and return this entire page with copies of your continuing education documentation no later than 30 days from the date of this audit notice. If you were exempt from the CME requirement during the licensure period, please complete and return this audit notice with documentation of your exemption. Specific information regarding exemptions can be found on the Board's website.

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

Sincerely,
State Board of Medicine

VERIFICATION STATEMENT

I have attached copies of approved continuing education for programs I completed during the licensure period 1/1/13 through 12/31/14.

I am exempt from the continuing education requirement for the 1/1/13 through 12/31/14 licensure period and have attached the documentation necessary to verify this exemption.

Signature (Required)

Date

7/29/15



The Albert J. Finestone, M.D.
Office for Continuing Medical Education
3440 North Broad Street, 1st Fl. Kreage
Philadelphia, PA 19140

phone 215-707-4787
fax 215-707-8288
web www.temple.edu/cme
email cme@temple.edu

Stacey Jeronis, MD

Philadelphia, PA 19140

***Temple University School of Medicine
Continuing Medical Education Certificate***

Temple University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

Temple University School of Medicine designates this live activity for a maximum of 61.00 *AMA PRA Category 1 Credits™*.

Temple University School of Medicine certifies that:

Stacey Jeronis MD

has participated in the live activity titled:

Obstetrics & Gynecology Grand Rounds

in Philadelphia, PA
between 1/1/2013 - 12/31/2013

and is awarded **38.00** *AMA PRA Category 1 Credits™*.



The Albert J. Finestone, M.D.
Office for Continuing Medical Education
3440 North Broad Street, 1st Fl. Kresge
Philadelphia, PA 19140

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fax: 215-707-8288
web www.temple.edu/cme
email cme@temple.edu

Stacey Jeronis, MD

Philadelphia, PA 19140

***Temple University School of Medicine
Continuing Medical Education Certificate***

Temple University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

Temple University School of Medicine designates this live activity for a maximum of 7.00 *AMA PRA Category 1 Credits™*.

Temple University School of Medicine certifies that:

Stacey Jeronis MD

has participated in the live activity titled:

Obstetrics & Gynecology Risk Management (M&M)

in Philadelphia, PA
between 1/1/2013 - 12/31/2013

and is awarded 4.00 *AMA PRA Category 1 Credits™*.



The Albert J. Finestone, M.D.
Office for Continuing Medical Education
3440 North Broad Street, 1st Fl. Kresge
Philadelphia, PA 19140

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fax 215-707-8288
web www.temple.edu/cme
email cme@temple.edu

Stacey Jeronis, MD
[REDACTED]
Philadelphia, PA 19140

Temple University School of Medicine Continuing Medical Education Certificate

Temple University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

Temple University School of Medicine designates this live activity for a maximum of 55.00 *AMA PRA Category 1 Credits™*.

Temple University School of Medicine certifies that:

Stacey Jeronis MD

has participated in the live activity titled:

Obstetrics & Gynecology Grand Rounds

in Philadelphia, PA
between 1/1/2014 - 12/31/2014

and is awarded 43.00 *AMA PRA Category 1 Credits™*.



The Albert J. Finestone, M.D.
Office for Continuing Medical Education
3440 North Broad Street, 1st Fl. Kresge
Philadelphia, PA 19140

phone 215-707-4787
fax 215-707-8288
web www.temple.edu/cme
email cme@temple.edu

Stacey Jeronis, MD
[Redacted]
Philadelphia, PA 19140

***Temple University School of Medicine
Continuing Medical Education Certificate***

Temple University School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide Continuing Medical Education for physicians.

Temple University School of Medicine designates this live activity for a maximum of 12.00 *AMA PRA Category 1 Credits™*.

Temple University School of Medicine certifies that:

Stacey Jeronis MD

has participated in the live activity titled:

Obstetrics & Gynecology Risk Management (M&M)

in Philadelphia, PA
between 1/1/2014 - 12/31/2014

and is awarded **7.00 *AMA PRA Category 1 Credits™***.

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



ACOG COGNATE PROGRAM

TRANSCRIPT

409 12th Street, SW
 PO Box 96920
 Washington, DC 20080-8920
 (800) 873-8444 - (202) 863-2543
 fax: (202) 484-1886
 e-mail: cognates@acog.org

ACOG ID Number: 0004327011

Stacey Lynne Jeronis MD
 Dept of Ob-Gyn
 8401 N Broad St 7th Fl Zone B
 Philadelphia, PA 19140-5103

Cognates Posted Through Wednesday, July 28, 2016

Primary Cycle Credits			
Activity Date	Cycle	ACOG/ACCME Approval Category / Activity	COGNATE Credits
05/02/2012	1240	ACOG JOINT SPONSORED MEETING	20.60
09/30/2012	5000	ACOG/APS MAT-FETAL PHYSIOLOGY	1.00
09/30/2012	5001	ACOG/APS FETAL-ELECTR INSTRUM	2.00
09/30/2012	5002	ACOG/APS FETAL HRT-UTERINE ACT	2.00
09/30/2012	5003	ACOG/APS FETAL HRT-PATTERN DEF	2.00
09/30/2012	5004	ACOG/APS INTERVENTIONS/ANCILLA	2.00
09/30/2012	5006	ACOG/APS INTRAPARTUM-RISK MGMT	2.00
09/30/2012	5005	ACOG/APS NEONATAL ENCEPHALOPAT	2.00
10/02/2012	5007	ACOG/APS MANAGING SHOULDER DYSTOCIA	2.00
11/01/2012	5010	ACOG/APS OPERATIVE VAGINAL DELIVERY	2.00
11/01/2012	5011	ACOG/APS POSTPARTUM HEMORRHAGE	4.00
12/31/2012	04	ABOG MOC Part 2 Article Review	25.00
02/27/2013	1240	ACOG JOINT SPONSORED MEETING	3.60
03/02/2013	1240	ACOG JOINT SPONSORED MEETING	19.76
05/20/2013	04100	MOC-Asymptomatic Bacteriuria In Pregnancy	3.00
10/17/2013	04000	MOC-Antibiotics In Minor Gyn Procedures	3.00
12/31/2013	04	ABOG MOC Part 2 Article Review	25.00
03/01/2014	1240	ACOG JOINT SPONSORED MEETING	10.00
12/31/2014	04	ABOG MOC Part 2 Article Review	35.00
			69.80
			68.00
			88.75
			91.75
			94.75
			119.75
			129.75
			164.75



The Albert J. Finestone, M.D.
 Office for Continuing Medical Education
 3440 North Broad Street, Kresge 100
 Philadelphia, PA 19140

phone: 215.707.4787
 fax: 215.707.8288
 web: www.temple.edu/cme

REGULARLY SCHEDULED SERIES CME TRANSCRIPT

BEGINNING DATE: 01/01/2013
 ENDING DATE: 12/31/2014

Stacey Jeronis, MD
 Philadelphia, PA 19140

Obstetrics & Gynecology

Grand Rounds

	Credits
1/9/2013 Epithelial Ovarian Cancer	1
1/23/2013 State of the ART: Evidence Based Reproductive Medicine	1
2/6/2013 Facilitating Adult Learning	1
2/20/2013 The Young Women's Health Study: Understanding Factors Related to Unintended Pregnancy	1
3/6/2013 Chief Thesis Presentation	1
3/6/2013 State-of-the-Art Care in Obstetrics and Gynecology: Delivering Palliative Medicine to your Patient	1
3/13/2013 Sexual Function and Dysfunction	1
3/13/2013 Sleep and Fatigue in Residency Training	1
3/27/2013 Increasing Breastfeeding Initiation Rates among Low Income Women through a Prenatal Breastfeeding Education P	1
4/3/2013 The Professional Liability Trial: Drama, Documentation, and "Fuzzy Medicine"	1
4/10/2013 Ephemeral Fever	1
4/10/2013 Obstetrical Forceps: Friend or Foe?	1
4/17/2013 Journal Club: Laparoscopy Versus Laparotomy for Comprehensive Surgical Staging of Uterine Cancer	1
4/17/2013 Pumping for Gold	1
4/24/2013 First and Second Trimester Genetic Screening	1
4/24/2013 Appropriate Response Training	1
5/1/2013 Therapeutic Radiation Biology and Physics for Gynecologists	1
5/8/2013 Breastfeeding, a public health view	1
5/22/2013 Death by PowerPoint: Using Technology to Enhance Presentations and Learning	1
5/29/2013 QA/QI: OB Press Cloney Scores	1
6/5/2013 Annual Residency Program Review	1
6/12/2013 Reproductive Endocrine & Infertility Board Review: Everything I forgot From Freshman Health Class	1
6/19/2013 Guidelines for follow-up of abnormal PAPs and CIN	1
6/19/2013 Reading the Medical Literature: Part One	1
6/26/2013 Midwifery at Temple University Hospital	1
6/26/2013 Postpartum Service	1
7/3/2013 Becoming a Great Clinical Educator: Lessons from the Literature	1
7/3/2013 Journal Club	1
7/10/2013 Evaluation of Victim of Sexual Assault	1

Stacey Jeronis, MD

Philadelphia, PA 19140

Obstetrics & Gynecology

Grand Rounds

		Credits
10/16/2013	Normal and Abnormal Sexual Development	1
10/16/2013	Protecting Your Most Important Asset	1
10/23/2013	C Safe Knife Presentation/Journal Club	1
11/13/2013	Journal Club	1
11/20/2013	Intrapartum Fever: Mechanism and Potential Fetal Neurologic Consequences	1
12/4/2013	Peripheral Nerve Injury in Pelvic Surgery	1
12/11/2013	Forman Lecture: The U.S. Multiple Births Epidemic 1967-2011 - Intrinsic & Demographic Forces in Action	1
12/11/2013	Forman Lecture: Bartender, Make Mine a Single - Fertility Strategies for One Baby at a Time	1
12/18/2013	Ovarian Germ Cell Tumors	1
1/8/2014	Urogynecology Review	1
1/8/2014	CREOG Genetics Review	1
2/12/2014	Journal Club	1
2/19/2014	Steroid Contraception	1
2/19/2014	Ectopic Pregnancy	1
3/12/2014	So many pills, so little time, how can I connect? Update 2014	1
3/26/2014	Anticoagulation: An Update	1
4/2/2014	Top 10 Financial Myths all Residents Must Know	1
4/9/2014	The Cost/Benefit Analysis of Admission Urinalysis in Pregnant Patients	1
4/9/2014	Update on Cervical Cancer	1
4/16/2014	Journal Club	1
4/16/2014	Obstetrical Triage	1
5/7/2014	Induction of Labor and Cervical Ripening: What are we doing and why?	1
5/14/2014	Osteoporosis: A Practical Approach	1
5/14/2014	Acupuncture and Women's Health	1
5/23/2014	The Use of SBAR in Effective Communication of Sign Out/Transition of Care	1
6/11/2014	ObGyn Annual Residency Program Review	1
6/18/2014	Breaking The Ice: Team Building among Faculty, Residents, and Medical Students	1
6/25/2014	The F-Bomb in Medical Student Education	1
6/25/2014	Baby Friendly: Why, How, When?	1

Obstetrics & Gynecology Grand Rounds CREDITS: 58

M&M Conference

		Credits
4/3/2013	Interdisciplinary QA/QI: Outpatient follow up after inpatient admission	1
7/10/2013	M&M	1
10/23/2013	Risk Management Activities in the Hospital	1
11/13/2013	Case Presentations	1
2/12/2014	Case Presentations	1
3/12/2014	Improving Press Garvey Scores Related to Team Steps	1

Stacey Jernis, MD
Philadelphia, PA 19140

Obstetrics & Gynecology

M&M Conference

		Credits
3/26/2014	QA/QI - Current Practices for Making Follow-Up Appointments for Obstetrical Patients	1
4/2/2014	Case Presentations	1
5/7/2014	Case Presentations	1
5/28/2014	"Radiation Safety Refresher Training for Users of Fluoroscopy"	1

Obstetrics & Gynecology M&M Conference CREDITS: 10

TOTAL AMA PRA Category 1 Credits: 68



The Albert J. Finestone, M.D.
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Philadelphia, PA 19140

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web www.temple.edu/cme
email cme@temple.edu

Stacey Jeronis, MD

Philadelphia, PA 19140

CME Credit Summary for a Specific Series

Obstetrics & Gynecology Grand Rounds

Date	Topic	Hours
7/2/2014	Surgical Management of Endometrial Cancer	1.00
7/2/2014	Journal Club: Survival in Endometrial Cancer	1.00
7/9/2014	Updates on HIV Testing and Perinatal Management of HIV+ Women	1.50
7/23/2014	Ovarian Hyperstimulation Syndrome	1.00
7/23/2014	Shoulder Dystocia	1.00
8/6/2014	Infections in Pregnancy	1.00
8/13/2014	SSRI's, Depression, and Pregnancy	1.50
8/13/2014	Journal Club: Effect of Home Visiting by Nurses on Maternal and Child Mortality	1.00
10/1/2014	Fertility Preservation	1.00
10/8/2014	Breaking Bad News in Obstetrics and Gynecology	2.00
10/8/2014	Laparoscopic Entry Techniques	1.00
10/22/2014	Journal Club: Day Care Compared with Inpatient Management of Nausea and Vomiting of Pregnancy	1.00
10/22/2014	Paragard Training	1.00
11/5/2014	Evidence based Protocols on L&D: Oxytocin use and preterm labor evaluation	1.00
11/12/2014	Urogynecology CREOG Review	1.00
11/12/2014	Office Management CREOG Review	1.00
11/19/2014	Before, During and After: How OB's Should Support Breastfeeding	1.00
11/26/2014	Obstetrics CREOG Review	1.00
12/10/2014	The Multi-generational Syndrome of Diabetes & Obesity: Breaking the Chain	1.00
12/10/2014	Intra-partum Fever	1.00
12/17/2014	The Role of Robotic Surgery in Residency Education	1.00

CME CME Credit Earned: 23.00



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Stacey Jeronis, MD

Philadelphia, PA 19140

CME Credit Summary for a Specific Series

Obstetrics & Gynecology Risk Management (M&M)

<u>Date</u>	<u>Topic</u>	<u>Hours</u>
9/24/2014	M&M Case Presentations	1.00

CME CME Credit Earned: 1.00

myLicense Renewal Question Responses

License Number: MD423048

Name : STACEY LYNNE JERONIS

Online Submission Date :

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

myLicense Renewal Question Responses

License Number: MD423048

Name : STACEY LYNNE JERONIS

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. SICIPAN, DELAW

Are you, or have you ever been addicted to the intemperate 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. 19140

Online Submission Date : 11/30/2004 8:29:31AM

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 : 10/31/2006 7:51:32AM

myLicense Renewal Question Responses

License Number: MD423048

Name : STACEY LYNNE JERONIS

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 : 10/5/2010 7:08:29AM

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?	Y

Online Submission Date : 10/14/2012 12:17:40AM

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

myLicense Renewal Question Responses

License Number: MD423048

Name : STACEY LYNNE JERONIS

Do you maintain current medical professional liability insurance in the Commonwealth?
Medical Renewal - Since your last renewal, have you been the subject of a civil malpractice law
suit?

Y
Y