



TARGET SHEET

Board: Medicine

Licensee Full Name:
ANDREA HSU ROE

License No:
MT199139

2891692_LIC_1_05/02/2011

SPOA 1415 (1/10)

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
Phone: 717-783-1400 or 717-787-2381
Email: st-medicine@state.pa.us

Courier Delivery Address
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

HOSPITAL USE ONLY

TO BE COMPLETED FOR BULK CHECK USAGE

Hospital Name: _____
HS #: _____
Receipt #: _____

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)

Application Fee: \$30.00 not 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 by your bank, regardless of the reason for non-payment.

TO BE COMPLETED BY APPLICANT: (Please Print or Type)

254148

NAME: Roe Andrea Hsu
Last First Middle

ADDRESS: _____
Street
Philadelphia PA 19103
City State Zip Code

SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
MM/DD/YYYY

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

Are you applying using credentials verification from FCVS? YES NO

NAME & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
<u>Univ. of Penn. School of Medicine</u> <u>3020 Hamilton Walk, Philadelphia,</u> <u>PA 19104</u>	<u>8/2007 - 5/2011</u>	<u>5/15/2011</u>
NAME & ADDRESS OF HOSPITAL(S)	DATES OF PREVIOUS TRAINING	SPECIALTY
_____	_____	_____

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: Hosp. UNIVERSITY OF PENNSYLVANIA HS-000110

ADDRESS OF HOSPITAL: 3400 SPRUCE ST., PHILA, PA 19104

YEAR IN TRAINING: 1 ACGME SPECIALTY: Gynecology and Obstetrics LEVEL IN TRAINING (PGY): 1

DATES OF TRAINING REQUESTED: 6/20/2011 TO 6/19/2012
BEGINNING DATE-(MM/DD/YYYY) ENDING DATE-(MM/DD/YYYY)

I VERIFY THAT I AM THE PROGRAM DIRECTOR FOR THE HOSPITAL PROGRAM LISTED ABOVE AND THAT THIS IS AN ACGME ACCREDITED PROGRAM AT THIS HOSPITAL.

NAME OF PROGRAM DIRECTOR: DEBORAH A. DRISCOLL, M.D.
CHAIR

SIGNATURE OF PROGRAM DIRECTOR: _____
CHAIR

Kimberly Endicott
Kimberly Endicott, Associate Director of GME

April 5, 2011

State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Re: Initial MT License Application – Andrea Roe, MD


To Whom It May Concern:

Enclosed please find the initial MT license application for Andrea Roe, MD.

Please note that Dr. Salva, Program Director for Obstetrics and Gynecology at the Hospital of the University of Pennsylvania, is out on sabbatical and therefore is unable to sign the MT license applications. The department Chair, Dr. Deborah Driscoll has signed in Dr. Salva's place.

If you have any questions, please contact me at [REDACTED]

Sincerely,



Marialaina Scaffidi
House Staff Credentialing Coordinator

Answer the following questions. If "YES" is answered to Questions #2 through #9, 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 or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? <u>If yes, list the jurisdiction(s) here:</u>		✓
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		✓
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		✓
4) 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.		✓
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		✓
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
7) 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?		✓
8) 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 requirements of the Board's Professional Health Monitoring Program.)		
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date, and the date you were served.</u>		✓

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the Federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

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, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

SIGNATURE OF APPLICANT

3/29/11
DATE

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

RECEIVED DIRECT

CMJ '0

**VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools**

8/7/11-52

SECTION 1: To be completed by applicant:

Name: Roe Andrea Hsu
Last First Middle

Name of medical school: University of Pennsylvania School of Medicine

Location: Philadelphia, PA

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

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

Name of medical student: Andrea Hsu Roe

Date student began to attend this medical school: 8/6/2007
MM/DD/YYYY

Date of graduation: ^{expected} 5/16/2011
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar: U. of PA School of Medicine
Debra U. Weisberg

Date: 4/1/11

This form may be completed **ONLY three months prior to graduation**. Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope. *****If graduation DOES NOT take place, notify the Board immediately*****

DO NOT RETURN TO APPLICANT

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

Courier Delivery Address
State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

Andrea Hsu Roe

Philadelphia, PA 19103

mail.med.upenn.edu

EDUCATION

University of Pennsylvania School of Medicine Class of 2011

M.D. Candidate

Focus Medical Student Fellowship in Women's Health. Co-president of the Ob/Gyn Interest Group. Co-president of Medical Students for Choice, Penn chapter. Head of the Unity Clinic, Penn chapter, a volunteer clinic that serves an Asian population in South Philadelphia. Elizabeth Blackwell Society mentor.

Harvard College Class of 2003

A.B. magna cum laude in History and Science. Certificate in Mind, Brain, and Behavior.

Honors thesis entitled "From Progesterone to Prozac: The PMS Diagnosis in the Twentieth Century." Stanley Research Scholarship. John Harvard Scholarship. Harvard College Scholarship. Citation in French Language. Board member of the Mental Health Awareness and Advocacy Group.

Horace Mann School Class of 1998

Cum Laude Society. National Merit Scholar.

EXPERIENCE

University of Pennsylvania School of Medicine, Department of Ob/Gyn Oct 2010-March 2011

Reproductive Endocrinology and Infertility Research Fellow

Investigated novel biomarkers of cardiovascular disease risk in polycystic ovary syndrome. Performed enzyme-linked immunosorbent assays (ELISA) to compare levels of these biomarkers in women with PCOS and in matched controls. Traditional biochemical and clinical measures of cardiovascular risk were correlated to these findings. Supported by a Focus Medical Student Fellowship in Women's Health.

University of Pennsylvania School of Medicine, Department of Ob/Gyn Summer 2008

Reproductive Endocrinology and Infertility Research Coordinator

Launched patient recruitment and data collection for a genetics study of polycystic ovary syndrome. Also performed clinical chart reviews to investigate the utility of multiple inseminations during donor insemination cycles of assisted reproduction, which culminated in an abstract and poster presentation at the American Society for Reproductive Medicine meeting in 2008 and a paper is currently being prepared for submission.

Planned Parenthood League of Massachusetts July 2006-June 2007

Gynecology Clinic Assistant

Took patient histories and vital signs at health clinic. Provided counseling in family planning and sexually transmitted infections. Performed phlebotomy and on-site laboratory testing.

Child Family Health International (Quito, Ecuador) June 2006

Obstetrics and Gynecology Clinical Intern

Participated in reproductive health clinical rotations at a public maternity hospital and a community clinic. Observed childbirths and performed pelvic examinations.

Harvard Medical School/Massachusetts Mental Health Center Sept 2003-Feb 2006

Psychiatry Clinical Research Assistant, Consortium on the Genetics of Schizophrenia

Investigated the genetic basis of schizophrenia in a multi-site family study. Administered neurophysiological and neurocognitive tasks to subjects with schizophrenia and their relatives; analyzed data; and presented results in publications and at conferences.

Andrea Hsu Roe

- Samaritans of Boston** May 2004-June 2007
Volunteer Listener
Provided support on 24-hour telephone helpline to callers who were suicidal or otherwise emotionally distressed.
- McLean Hospital, Laboratory of Dr. Philip Holzman** Summer 2003
Psychiatry Clinical Research Assistant
Administered eyetracking and memory tasks to patients with schizophrenia and control subjects. Analyzed data and researched current schizophrenia literature. Supported by a Stanley Research Scholarship.
- Harvard University, Department of Psychology** Summer 2002
Co-author of Literature Review
Researched and wrote literature review of serotonergic antidepressant treatments for Premenstrual Dysphoric Disorder.
- McLean Behavioral Health Partial Hospital** Summer 2002
Psychology Clinical Intern
Developed a manual of descriptions, protocols, and hand-outs for the fifty hospital groups. Composed a resource manual for patients and case managers to assist with discharge planning. Gained clinical contact in group therapy and participated in chart rounds.
- Harvard University, Department of Psychology** Sept 2001-May 2002
Psychology Clinical Research Assistant
Administered and coded questionnaires for a control population in a study of narcissistic personality disorder.
- New York Presbyterian Hospital, Westchester Psychiatric Division** Summer 2001
Ward Staff Volunteer
Performed patient checks in high-risk depression unit. Participated in clinical rounds and attended student symposia.
- Columbia University, Department of Biology** Summer 2000, 2001
Neurobiology Research Lab Assistant
Perfused, dissected, and fixed frog brain tissue. Identified by immunohistochemical staining the neural pathways in the frog hindbrain responsible for sex-specific song patterns.
- Centre Nationale de Recherche Française (Paris, France)** Jan-June 1999
Neurobiology Research Lab Assistant
Cultured and transfected fibroblasts with tagged dopamine receptors. Discovered novel intracellular localization of dopamine receptor subtype D2 by immunohistochemical staining.

PUBLICATIONS

- Roe AH, Dokras A. "The Diagnosis of PCOS in Adolescents." *Reviews in Obstetrics and Gynecology*. In press.
- Chavkin DE, Molinaro TA, Roe AH, Sammel MD, Coutifaris C, Dokras A. "Donor insemination cycles - are two intrauterine inseminations better than one?" *Fertility and Sterility*, 90 Supplement 1 (2008): S200-S201.
- Stone WS, Roe AH, Faraone SV, Tsuang MT, Seidman LJ (2005). "The Consortium on the Genetics of Schizophrenia (COGS): Preliminary findings of impaired learning and memory on the California Verbal Learning Test, Second Edition (CVLT-II) in subjects with schizophrenia and their relatives in a multisite study." *Schizophrenia Bulletin*; 31 (2): 344-5.
- Stone WS, Roe AH, Tsuang MT (2005). "Overlapping of the spectra: Physical comorbidity between schizophrenia and affective disorders." *The Overlap of Affective and Schizophrenic Spectra*. Eds. Marneros A and Akiskal H. Cambridge: Cambridge University Press, 2007. 207-223.

Andrea Hsu Roe

LANGUAGES

French (fluent), Spanish (basic), and Mandarin Chinese (basic).

INTERESTS

Art history, French language and literature, restaurant exploration, and travel.

The Federation of State Medical Boards
of the United States, Inc
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

April 13, 2011

Attn: Tammy Dougherty
Pennsylvania State Board of Medicine
Tammy Dougherty
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: April 13, 2011
Your Reference Number: LC
FSMB Batch Number: BQ1894835

The following is a report of the search results from the Board Action Data Bank as of April 13, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of April 13, 2011

Item	Name	DOB	School	Yr/Grad	Request ID
1	ROE, ANDREA	[REDACTED]		2011	23644127
		LICENSE HISTORY State Board No License Information Available			
2	ROHATGI, PRATIK	[REDACTED]		2011	23644137
		LICENSE HISTORY State Board No License Information Available			
3	ROSEN, BRETT	[REDACTED]		2011	23644139
		LICENSE HISTORY State Board No License Information Available			
4	SHEN, GRACE	[REDACTED]		2011	23644142
		LICENSE HISTORY State Board No License Information Available			
5	SIEG, EMILY	[REDACTED]		2011	23644143
		LICENSE HISTORY State Board No License Information Available			
6	SINHA, ANJULI	[REDACTED]		2011	23644147
		LICENSE HISTORY State Board No License Information Available			
7	SRINIVAS, SHEKAR	[REDACTED]		2011	23644151
		LICENSE HISTORY State Board No License Information Available			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.



TARGET SHEET
BOARD
Medicine

Licensee Full Name

ANDREA HSU ROE

License No

MT199139

2891692_LIC_2_4/27/2012

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

MT199139
 ROE

RENEWAL APPLICATION

ANDREA HSU ROE 9849
 UNIVERSITY OF PENNSYLVANIA HOSPITAL
 GRADUATE MEDICAL EDUCATION
 210 WHITE BUILDING
 3400 SPRUCE STREET
 PHILADELPHIA PA 19104

State Board of Medicine
 PO Box 2649
 Harrisburg, PA 17105-2649

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. YOU MUST SIGN, DATE AND RETURN THIS FORM.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s).
	✓	1. Do you hold or have you ever held a license, certification, or registration (active or inactive, current or expired) to practice this profession in any other state or jurisdiction? List:
	✓	2. Since your initial application or your last renewal, whichever is later, have you ever had disciplinary action taken against your license, certification, or registration issued to you in any profession in any other state or jurisdiction?
	✓	3. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certification, 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 state or jurisdiction?
	✓	4. Since your initial application or your last renewal, whichever is later, have you been convicted, found guilty or pleaded not a 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.
	✓	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	✓	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	✓	7. Since your initial application or your last renewal, whichever is later, 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?
	✓	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

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

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	6/20/2011	6/19/2012	Level 1	Obstetrics and Gynecology	HS000110L	UNIVERSITY OF PENNSYLVANIA HOSPITAL
Renewal	6/20/12	6/19/13	2	Obstetrics and Gynecology	HS000110L	UNIV. OF PENNA HOSPITAL

Signature of Licensee (Mandatory): _____ Date: 3/28/12
 Medical School Graduation Date: 5/2011 SSN: _____

ATTACHMENTS FOR RENEWING:

- FEE - \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number 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 the expiration date.
- NAME CHANGE DOCUMENT - Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- PGY 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.
- PGY 3 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.

Kae 4/6/12

04-06-12P01:08 RCVD

APR 09 2012

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**United States Medical Licensing Examination® (USMLE®)
Certified Transcript of Scores**

This document was prepared by
National Board of Medical Examiners® (NBME®)
3750 Market Street Philadelphia, PA 19104-3190 - Telephone (215) 590-9700

Date: 09/13/2010

Examinee: Roe, Andrea Hsu

Examinee ID: 5-219-687-0

Date of Birth: [REDACTED]

Results for all Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE Step 1						
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
02/18/2010	Pass	228	(188)	98	(75)	

USMLE Step 2						
<i>Clinical Skills (CS)*</i>						
Test Date	Pass/Fail					Comments
04/21/2010	Pass					

*Performance on the CS component of Step 2 is reported as pass or fail.

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

APR 09 2012

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UNITED STATES MEDICAL LICENSING EXAMINATION®
STEP 2 CLINICAL KNOWLEDGE (CK) SCORE REPORT

This score report is provided for the use of the examinee.
Third party users of USMLE information are advised to rely solely on official USMLE transcripts.

Roe, Andrea Hsu

USMLE ID: 5-219-687-0

Test Date: February 8, 2011

The USMLE is a single examination program consisting 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 2 is designed to assess whether an examinee can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention. The inclusion of Step 2 in the USMLE sequence is intended to ensure that due attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine. There are two components to Step 2: a Clinical Knowledge (CK) examination and a Clinical Skills (CS) examination. This report represents results for the Step 2 CK examination only. 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 2 CK on the test date shown above.

PASS	This result is based on the minimum passing score recommended by USMLE for Step 2 CK. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
236	This score is determined by your overall performance on Step 2 CK. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 230 and 23, respectively, with most scores falling between 140 and 260. A score of 189 is set by USMLE to pass Step 2 CK. The standard error of measurement (SEM)‡ for this scale is seven points.
99	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 189 on the scale described above, is set by USMLE to pass Step 2 CK. The SEM‡ for this scale is two points.

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‡Your score is influenced both by your general understanding of clinical science and the specific set of items selected for this Step 2 CK examination. 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.

APR 09 2012



TARGET SHEET

Board: Medicine

Licensee Full Name:
ANDREA HSU ROE

License No:
MT199139

2891692_LIC_2_05/29/2013

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

MT199139
 ROE

RENEWAL APPLICATION

ANDREA HSU ROE 9849
 UNIVERSITY OF PENNSYLVANIA HOSPITAL
 GRADUATE MEDICAL EDUCATION
 210 WHITE BUILDING
 3400 SPRUCE STREET
 PHILADELPHIA PA 19104

State Board of Medicine
 PO Box 2649
 Harrisburg, PA 17105-2649

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. YOU MUST SIGN, DATE AND RETURN THIS FORM.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s)
	✓	1. Do you hold or have you ever held a license, certification, or registration (active or inactive, current or expired) to practice this profession in any other state or jurisdiction? List:
	✓	2. Since your initial application or your last renewal, whichever is later, have you ever had disciplinary action taken against your license, certification, or registration issued to you in any profession in any other state or jurisdiction?
	✓	3. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certification, 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 state or jurisdiction?
	✓	4. Since your initial application or your 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.
	✓	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	✓	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	✓	7. Since your initial application or your last renewal, whichever is later, 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?
	✓	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

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

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	06/20/2012	06/19/2013	Level 2	Obstetrics and Gynecology	HS000110L	UNIVERSITY OF PENNSYLVANIA HOSPITAL
Renewal	6/20/13	6/19/14	3	Obstetrics and Gynecology	HS000110L	UNIV OF PENNA HOSPITAL

Signature of Licensee (Mandatory): _____ Date: 4/10/13
 Medical School Graduation Date: 6/2011 SSN: _____

ATTACHMENTS FOR RENEWING:

- FEE - \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number 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 the expiration date.
- NAME CHANGE DOCUMENT - Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- PGY 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.
- PGY 3 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.

14-11-13PU2:19 RCVD APR 1 2013



United States Medical Licensing Examination® (USMLE®)
 Certified Transcript of Scores

This document was prepared by the
 Federation of State Medical Boards of the United States, Inc.
 Federation Plaza, 400 Heller Wise Road, Suite 300, Kansas City, MO 64108-3450 Telephone: (816) 234-4400

Date: 03/19/2011

Resident: **Andrea Dan Ro**
 Philadelphia, PA 19103

Practice ID: **07090870**
 Date of Birth: [REDACTED]

Examinee: **Roe, Andrea Rose**
 All Name(s):

Results for Steps taken by this examinee (and for which results have been reported) are shown below. For Steps that span more than one day, the date reflects the day on which the examination began. Where numeric scores are reported, they are two scales used, and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

Step	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
USMLE STEP 1	01/18/2010	Pass	228	188	98	75	

Step	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
USMLE STEP 2 Clinical Knowledge (CK)	02/08/2011	Pass	236	189	99	75	

Step	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
USMLE STEP 2 Clinical Skills (CS)	04/21/2010	Pass					

Step	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
USMLE STEP 3 PENNSTATE	07/19/2011	Pass	208	188	81	75	

NOTE: A search of the Board's Annual Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.

Form 5806874
 TouchNet



TARGET SHEET

Board: Medicine

Licensee Full Name:
ANDREA HSU ROE

License No:
MT199139

2891692_LIC_2_04/04/2014

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

MT199139
ROE

RENEWAL APPLICATION

ANDREA HSU ROE ~~0849~~
UNIVERSITY OF PENNSYLVANIA HOSPITAL
GRADUATE MEDICAL EDUCATION
210 WHITE BUILDING
3400 SPRUCE STREET
PHILADELPHIA PA 19104

State Board of Medicine
PO Box 2649
Harrisburg, PA 17105-2649

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. YOU MUST SIGN, DATE AND RETURN THIS FORM.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	IF YES to 2-8 - provide details AND attach certified copies of legal document(s).
	✓	1. Do you hold or have you ever held a license, certification, or registration (active or inactive, current or expired) to practice this profession in any other state or jurisdiction? List:
	✓	2. Since your initial application or your last renewal, whichever is later, have you ever had disciplinary action taken against your license, certification, or registration issued to you in any profession in any other state or jurisdiction?
	✓	3. Since your initial application or your last renewal, whichever is later, have you withdrawn an application for a license, certification, 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 state or jurisdiction?
	✓	4. Since your initial application or your last renewal, whichever is later, have you been convicted, found guilty or pleaded not to contend, 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.
	✓	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	✓	6. Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	✓	7. Since your initial application or your last renewal, whichever is later, 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?
	✓	8. Since May 18, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

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

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	08/20/2013	06/18/2014	Level 3	Obstetrics and Gynecology	HS000110L	UNIVERSITY OF PENNSYLVANIA HOSPITAL
Renewal	6/20/14	6/19/15	4	Obstetrics and Gynecology	HS000110L	UNIV OF PENN HOSPITAL

Signature of Licensee (Mandatory): _____ Date: 3/25/14

Medical School Graduation Date: 6/2011 SSN: _____

ATTACHMENTS FOR RENEWING:

- FEE - \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number 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 the expiration date.
- NAME CHANGE DOCUMENT - Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- PGY 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.
- PGY 3 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.

APR 1 2014

13-31-14A10:51 PAID



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
400 Zelle-Wilson Road, Suite 300, Silver Spring, MD 20910-3366 Telephone: (301) 937-4000

Date of Birth: 03/10/2012

Andres Hail Roe
Philadelphia, PA 19103

Examinee: Roe, Andres Hail
All Names:

State/ID: PA 000000
Date of Birth: [REDACTED]

Results of Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the start date reflects the day on which the examination began. Where numeric scores are reported, there are two scales used and the recommended minimum passing score ("MP") on each scale is shown in parentheses.

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
02/08/2010	Pass	228	188	98	75	

USMLE STEP 2

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
02/08/2010	Pass	236	189	99	75	

USMLE STEP 2

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
04/21/2010	Pass					

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
07/13/2011	Pass	308	187	81	75	

NOTE: A record of the pass/fail status of the Federation of State Medical Boards (FSMB) reveals no other information on this examinee.



Form 6850 (07/11)

APR 1 2011



SEE REVERSE SIDE FOR EXPLANATION OF INFORMATION REPORTED ABOVE.



TARGET SHEET

Board: Medicine

Licensee Full Name:
ANDREA HSU ROE

License No:
MT199139

2891692_LIC_2_07/16/2015

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

MT199139
 ROE

RENEWAL APPLICATION

ANDREA HSU ROE 9849
 UNIVERSITY OF PENNSYLVANIA HOSPITAL
 GRADUATE MEDICAL EDUCATION
 210 WHITE BUILDING
 3400 SPRUCE STREET
 PHILADELPHIA PA 19104

State Board of Medicine
 PO Box 2649
 Harrisburg, PA 17105-2649

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. YOU MUST SIGN, DATE AND RETURN THIS FORM.

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	IF YES to 2-13 - provide details AND attach certified copies of legal document(s).
✓		1. 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? If you answered yes, provide the profession and state or jurisdiction. List: <i>Massachusetts</i>
	✓	2. Since your initial application or your 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?
	✓	3. Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?
	✓	4. 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?
	✓	5. 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.
	✓	6. Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?
	✓	7. Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?
	✓	8. 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?
	✓	9. 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?
	✓	10. 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?
		11. Since your initial application or last renewal, whichever is later, have you engaged in the immoderate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?
		12. If you answered "Yes" to question 11, are you currently participating in the Pennsylvania Professional Health Monitoring Program?
	✓	13. Since your initial application or last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? 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. **If you previously reported the complaint to the Board, provide the docket number.

05-14-15P05:13 RCVD

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

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	8/20/2014	6/19/2015	Level 4	Obstetrics and Gynecology	HS000110L	UNIVERSITY OF PENNSYLVANIA HOSPITAL
Renewal						

Signature of Licensee (Mandatory): _____ Date: 4/14/15
 Medical School Graduation Date: 6/2011 SSN: _____

CONTINUING MEDICAL EDUCATION

SPECIAL NOTICE TO ALL HEALTH-RELATED LICENSEES AND FUNERAL DIRECTORS

ACT 31 OF 2014 – INITIAL TRAINING AND CONTINUING EDUCATION IN CHILD ABUSE RECOGNITION AND REPORTING REQUIREMENTS

The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services, is providing advance notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2016, all persons applying for issuance of an initial license shall be required to complete 3 hours of DPW-approved training in child abuse recognition and reporting requirements as a condition of licensure.

Additionally, EFFECTIVE WITH THE FIRST LICENSE RENEWAL AFTER JANUARY 1, 2016, all health-related licensees and funeral directors applying for the renewal of a license issued by the Board shall be required to complete at least 2 hours of Board-approved continuing education in child abuse recognition and reporting requirements as a condition of renewal.

Please note that Act 31 applies to all health-related licensees, regardless of whether they are subject to the continuing education requirements of the applicable board.

Details can be found at www.dos.state.pa.us/med. For a list of Board-approved providers, click the "Child Abuse CE Providers" link. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board.

ATTACHMENTS FOR RENEWING:

- FEE – \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number 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 the expiration date.
- NAME CHANGE DOCUMENT – Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- PGY 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.
- PGY 3 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.



TARGET SHEET

Board: Medicine

Licensee Full Name:
ANDREA HSU ROE

License No:
MD460304

3521536_LIC_1_03/11/2017

MD466304

(6/2015)

Regular Mailed Address
STATE BOARD OF MEDICINE
P.O. BOX 2840
HARRISBURG, PA 17105-2840
717-782-1400/717-787-2361
Email: sb-medicine@pa.gov

Courier Delivery Address
STATE BOARD OF MEDICINE
2501 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE
WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED
MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)

Submit the \$35 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE. Check or money order must be in U.S. funds.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

TO BE COMPLETED BY APPLICANT

NAME:		Last Roe	First Andrea	Middle Hsu
ADDRESS:		Street [REDACTED]		
City Boston		State MA		ZIP 02116
DATE OF BIRTH:	Month	Day	Year	SOCIAL SECURITY NUMBER: [REDACTED]
EMAIL ADDRESS:	[REDACTED]@gmail.com			
PHONE NUMBER:	[REDACTED]			

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

APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
HAVE YOU PREVIOUSLY HELD A PA MEDICAL TRAINING LICENSE?	<input checked="" type="checkbox"/> YES - LICENSE NO. <u>MT199139</u>	
	<input type="checkbox"/> NO	

FEB 06 2017

APPLICATION FOR UNRESTRICTED LICENSE - AMERICAN

NAME OF APPLICANT:	Last	First	Middle
	Roe	Andrea	Hsu

NAME & ADDRESS OF MEDICAL SCHOOL

1. NAME OF MEDICAL SCHOOL:	University of Pennsylvania School of Medicine											
ADDRESS OF SCHOOL:	3400 Civic Center Boulevard, Building 421, Philadelphia, PA 19104											
DATE OF ATTENDANCE:	FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year
		08	15	2007		05	31	2011		05	31	2011

2. NAME OF MEDICAL SCHOOL:												
ADDRESS OF SCHOOL:												
DATE OF ATTENDANCE:	FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year

EXAMINATION INFORMATION

CHECK LICENSING EXAMINATION(S) PASSED:	<input type="checkbox"/> FLEX	STATE WHERE TAKEN	DATE TAKEN		
			COMPONENT 1: _____		
			COMPONENT 2: _____		
	<input type="checkbox"/> NATIONAL BOARD	PART I:	PART II:	PART III:	
	<input checked="" type="checkbox"/> USMLE	STEP 1: Pass	STEP 2: Pass	STEP 3: Pass	
	<input type="checkbox"/> LMCC - CANADIAN				
	<input type="checkbox"/> STATE BOARD	INDICATE STATE WHERE TAKEN: _____			

ACGME Post Graduate Training

PGY 1 HOSPITAL:	Hospital of the University of Penn.	FROM: (MM/DD/YYYY)	TO: (MM/DD/YYYY)
		06/01/2011	06/30/2012
PGY 2 HOSPITAL:	Hospital of the University of Penn.	FROM: (MM/DD/YYYY)	TO: (MM/DD/YYYY)
		07/01/2012	06/30/2013
Other HOSPITAL:		FROM: (MM/DD/YYYY)	TO: (MM/DD/YYYY)

IF YOU NEED TO LIST ADDITIONAL POST GRADUATE TRAINING, PLEASE MAKE COPIES OF THIS FORM.

FEB 06 2017

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

1	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? If you answered yes, provide the profession and state or jurisdiction. LIST:		✓
2	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?		✓
3	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?		✓
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
5	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.		✓
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		✓
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		✓
8	Have you had your DEA registration denied, revoked or restricted?		✓
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		✓
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
11	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?		
12	Have you been the subject of a civil malpractice lawsuit? 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. **If you previously reported the complaint to the Board provide the docket number		✓

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. 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. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

2/1/17

Andrea Roe
Printed Name of Applicant

md

PM
2-14-17 (6/2016)

NAME:			
Last	First	Middle	
Roe	Andrea	Hen	
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.		
3.	If training was completed at more than one hospital, duplicate this form and submit to each hospital.		
<p>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 thirty (30) days prior to the completion of the approved training. Forms postmarked or signed prior to the thirty days will not be accepted.</p>			
HOSPITAL WHERE TRAINING WAS COMPLETED:		Hosp. UNIV. OF PENNSYLVANIA	
NAME OF SPONSORING INSTITUTION:		(SAME)	
LOCATED IN:	CITY	STATE	
	PITTA.	PENNA	
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY
1	6/20/11	6/19/12	OBGYN
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY
2	6/20/12	6/19/13	OBGYN
<p>"I certify that the above named applicant 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." If there has been disciplinary or administrative action regarding this applicant, please provide a separate statement outlining the details.</p>			
<p>If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.</p>			
Signature of Program Director		Date	
		2/13/17	
(Seal)		Notary Signature	
		Notary Commission Expiration Date: _____	

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

RECEIVED DIRECT

RECEIVED
 FEB 16 2017
 By _____

RECEIVED DIRECT

C 1114

(6/2015) th

PENNSYLVANIA STATE BOARD OF MEDICINE				
VERIFICATION OF MEDICAL EDUCATION (For Graduates of American/Canadian Medical Schools)				
SECTION 1 - TO BE COMPLETED BY APPLICANT				
NAME:	Last Roe	First Andrea	Middle Hsu	
NAME OF MEDICAL SCHOOL:	University of Pennsylvania School of Medicine			
LOCATION:	Philadelphia, PA			
Submit the verification of medical education form to your medical school and request the school return the completed form directly to the Board in an official school envelope.				
SECTION 2 - TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL				
NAME OF MEDICAL SCHOOL:	Perelman SOM at the Univ. of Pennsylvania			
NAME OF MEDICAL STUDENT:	Last Roe	First Andrea	Middle H.	
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month 8	Day 6	Year 2007	
DATE OF GRADUATION:	Month 5	Day 16	Year 2011	
DEAN OR REGISTRAR OF MEDICAL SCHOOL CERTIFIES INFORMATION LISTED ABOVE IS CORRECT				
SIGNATURE OF DEAN/REGISTRAR:	Dilene W Weisberg			
DATE:	Month 2	Day 3	Year 17	
(Seal of School)	<p>Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.</p> <p style="text-align: center;">DO NOT RETURN THIS FORM TO THE APPLICANT</p>			

RECEIVED
 FEB 21 2017
 By _____

431745



United States Medical Licensing Examination (USMLE) Certified Transcript of Scores

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 – Telephone (817)868-4000

Recipient:

Date: 02/01/2017

PENNSYLVANIA STATE BOARD OF MEDICINE

Examinee: Roe, Andrea Hsu

Examinee ID: 52198870

Alt Name(s):

Date of Birth: [REDACTED]

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Where numeric scores are reported, the recommended minimum passing score ("MP") is shown in parentheses. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

USMLE STEP 1

Test Date	Pass/Fail	Total	MP	Comments
2/18/2010	Pass	228	(188)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Total	MP	Comments
2/8/2011	Pass	236	(189)	

Clinical Skills (CS)*

Test Date	Pass/Fail	Total	MP	Comments
4/21/2010	Pass			

USMLE STEP 3

Test Date	Pass/Fail	Total	MP	Comments
7/12/2011	Pass	198	(187)	

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

FEB 2 2017

RECEIVED DIRECT

Andrea Hsu Roe

MA 02116

@partners.org

CLINICAL TRAINING

Brigham and Women's Hospital Boston, Massachusetts <i>Fellow in Family Planning</i>	July 2015-present
Hospital of the University of Pennsylvania Philadelphia, Pennsylvania <i>Resident Physician in Obstetrics and Gynecology</i>	June 2011-July 2015

EDUCATION

Harvard School of Public Health Boston, Massachusetts <i>Master of Public Health</i>	July 2015-May 2016
University of Pennsylvania School of Medicine Philadelphia, Pennsylvania <i>Doctor of Medicine</i>	August 2007-June 2011
Harvard College Cambridge, Massachusetts <i>Bachelor of Arts in History and Science</i> Certificate in Mind, Brain, and Behavior. Citation in French Language.	September 1999-June 2003

HONORS

Partners in Excellence Award Administrative Chief	2015 2014-2015
Obstetrics and Gynecology Residency Award for Excellence in Medical Student Teaching	2013
Focus Medical Student Fellowship in Women's Health, University of Pennsylvania School of Medicine	2010
E. Marshall Harvey Scholarship, University of Pennsylvania School of Medicine	2009-2010
Meredith Scholarship, University of Pennsylvania School of Medicine	2007-2008
Magna cum laude, Harvard College	2003
John Harvard Scholarship, Harvard College	2003
McLean Hospital Stanley Research Scholarship	2003

PROFESSIONAL ORGANIZATIONS

American Congress of Obstetricians and Gynecologists	2011-present
Society of Family Planning	2015-present

WORK EXPERIENCE

Planned Parenthood League of Massachusetts <i>Gynecology Clinic Assistant</i>	2006-2007
Harvard Medical School/Massachusetts Mental Health Center <i>Psychiatry Research Assistant</i>	2003-2006

FEB 06 2017

Andrea Hsu Roe

Page 2

RESEARCH

Research Publications, Peer-Reviewed

Roe AH, Traxler SA, Hadjiliadis D, Sammel MD, Schreiber CA. Contraceptive choices and preferences in a cohort of women with cystic fibrosis. *Respiratory Medicine*. 2016;121:1-3.

Roe AH, Traxler S, Schreiber CA. Contraception in women with cystic fibrosis: a systematic review of the literature. *Contraception*. 2016;93(1):3-10.

Roe AH, Hillman J, Butts S, Smith M, Rader D, Playford M, Mehta NN, Dokras A. "Decreased cholesterol efflux capacity and atherogenic lipid profile in young women with PCOS." *Journal of Clinical Endocrinology and Metabolism*. 2014;99(5):E841-7.

Roe AH, Prochaska E, Smith M, Sammel M, Dokras A. "Using the Androgen Excess-PCOS Society criteria to diagnose polycystic ovary syndrome and the risk of metabolic syndrome in adolescents." *Journal of Pediatrics*. 2013;162(5):937-41.

Chavkin DE, Molinaro TA, Roe AH, Sammel MD, Dokras A. "Donor sperm insemination cycles: are two inseminations better than one?" *Journal of Andrology*. 2012;33(3):375-80.

Stone WS, Roe AH, Faraone SV, Tsuang MT, Seidman LJ. "The Consortium on the Genetics of Schizophrenia (COGS): Preliminary findings of impaired learning and memory on the California Verbal Learning Test, Second Edition (CVLT-II) in subjects with schizophrenia and their relatives in a multisite study." *Schizophrenia Bulletin*. 2005;31(2):344-5.

Other Publications

Barbieri RL, Roe AH. Long-acting reversible contraceptives and acne in adolescents. *OBG Management*. 2017;29(1):6,8,10.

Roe AH, Dokras A. "The diagnosis of PCOS in adolescents." *Reviews in Obstetrics and Gynecology*. 2011;4(2):45-51.

Stone WS, Roe AH, Tsuang MT. "Overlapping of the spectra: Physical comorbidity between schizophrenia and affective disorders." *The Overlap of Affective and Schizophrenic Spectra*. Eds. Mameros A and Akiskal H. Cambridge: Cambridge University Press, 2007. 207-223.

LANGUAGES

French (fluent), Spanish (basic), and Mandarin Chinese (basic).

FEB 06 2017
FEB 06 2017

ROE, ANDREA HSU - SELF-QUERY RESPONSE

IDENTIFICATION INFORMATION

Practitioner Name: ROE, ANDREA HSU
Date of Birth: [REDACTED] Gender: FEMALE
Delivery Address: [REDACTED] BOSTON, MA 02116-1197
Social Security Number: [REDACTED] DEA: FR5330066
NPI: 1417249665
License: PHYSICIAN (MD), 262202, MA
Professional School(s): UNIVERSITY OF PENNSYLVANIA (2011)

PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$4.00* NPDB Bill Reference Number: N51519196
* Each charge will appear separately on your credit card statement.
Transaction Date: 02/01/2017 Additional Paper Copies Requested: 0

SEARCHED REPORT TYPES

The following report types have been searched:			
Medical Malpractice Payment Report(s):	No Reports	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- No Reports Found -----

FEB 06 2017

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

5500000120934095
Process Date: 02/01/2017
Page: 1 of 1

To: ROE, ANDREA HSU

[REDACTED]
BOSTON, MA 02116-1197

FEB 06 2017

From: National Practitioner Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(e) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (<https://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

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Commonwealth of Massachusetts Board of Registration in Medicine

200 Harvard Mill Square, Suite 330
Wakefield, Massachusetts 01880
(781) 876-8200

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KATHLEEN SULLIVAN MEYER, ESQ.
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www.mass.gov/massmedboard
Enforcement Division Fax: (781) 876-8381
Legal Division Fax: (781) 876-8380
Licensing Division Fax: (781) 876-8383

2/17/2017

To Whom It May Concern:

This certifies that Andrea H Roe, M.D., a 2011 graduate of University of Pennsylvania School of Medicine, has been duly registered by this board as provided by the laws of the Commonwealth.

Certificate Number 262202 was issued to Dr. Roe on 04/02/2015. The license status is: Active. The expiration date is 4/27/2018.

Listed below is certain complaint and disciplinary information on this physician. Please note that the Board can neither confirm nor deny the existence of open complaints.

Closed Complaint Information

Our files contain 0 closed complaint(s) on this physician.

Final Board Disciplinary Action

Our files contain 0 disciplinary action(s) taken against this physician by the Board.

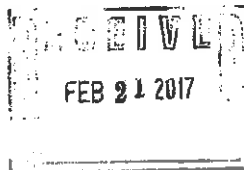
This information is derived from Board files from January 1, 1987 to the present. It does not include all the information contained in a license application.

As a service to the public and to designated agencies, the Massachusetts Board of Registration in Medicine offers an online profile of all physicians with full licenses who are licensed in the Commonwealth. This profile is updated daily and may include public information that is not otherwise contained in this certification letter. You may access this information at the Board's website:

www.mass.gov/massmedboard

Finally, the Board tallies closed complaints separately from disciplinary actions. If the same underlying incident gives rise to both a complaint and a disciplinary action, the Board counts this as two separate actions. In the same way, multiple disciplinary actions are tallied separately, even if they arise from a single set of circumstances.

SEAL



Staff Member, Board of Registration in Medicine

Francee Mulero

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:3/11/2017

PRACTITIONER INFORMATION

Name: Andrea Hsu Roe
DOB: [REDACTED]
Medical School: University of Pennsylvania School of Medicine
Philadelphia, Pennsylvania, UNITED STATES
Year of Grad: 2011
Degree Type: MD
NPI: 1417249665

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
MASSACHUSETTS	262202	4/2/2015	4/27/2018	2/24/2017

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:3/11/2017
Practitioner Name: Andrea Hsu Roe

ABMS® CERTIFICATION HISTORY

No ABMS Certifications found.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
POST OFFICE BOX 2649
HARRISBURG, PA 17105-2649
www.dos.pa.gov

05/19/2017

VERIFICATION/CERTIFICATION OF LICENSE

This is to certify that the individual or business named below is licensed by the Department of State, Bureau of Professional and Occupational Affairs:

NAME: ROE, ANDREA
LICENSE TYPE: Medical Physician and Surgeon
LICENSE #: MD460304
LICENSE STATUS: Active
LICENSE ISSUE DATE: 03/11/2017
LICENSE EXPIRATION DATE: 12/31/2018
DISCIPLINARY HISTORY: No Disciplinary Action Exists

A handwritten signature in black ink, appearing to read 'I-H'.

Ian J. Harlow, Commissioner
Bureau of Professional and Occupational Affairs