

Person Info**Name:**MEGHAN LOUISE SCHAEFER**Address Info****Street Address****Ema**

YAHOO.COM

Phone**Fax****City**West New

York

StateNJ**Zipcode**07093**Country**82**County**Hudson**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?	Y
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Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a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	N

the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)

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

Edit

Profession: Medicine School: UMDNJ Credit Hours: Education Type:
From: 8/12/2002 To: 5/24/2006

Employment Information

No employment records

remarks

Remarks:

Continuing Education Information

No CE Course records

Person Info

Name: MEGHAN LOUISE KANE

Address Info

Street Address:

Phone

Fax

City: Lansdale

State: PA

Zip code: 19446

Country: 82

County: Montgomery

Email: @YAHOO.COM

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 Licenses in NJ, DE, and CO

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?

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.

18017

Date Submitted: Sunday, October 30, 2016

Education Info

No education records

Employment Information

No employment records



TARGET SHEET

Board: Medicine

Licensee Full Name:
MEGHAN LOUISE SCHAEFER

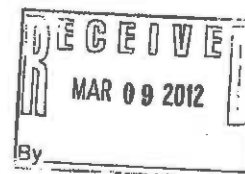
License No:
MD445543

2991242_LIC_1_04/10/2012

MD 445543

(01/2012)

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2640 HARRISBURG, PA 17105-2640 717-783-1400/717-787-2381 Email: boards@psd.state.pa.us		Courier Delivery Address STATE BOARD OF MEDICINE 2801 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.			
286871			
TO BE COMPLETED BY APPLICANT (Please print or type)			
NAME:	Last	First	Middle
	SCHAEFER	MEGHAN	LOUISE
ADDRESS:	Street		
City	State		ZIP
DENVER	CO		80209
DATE OF BIRTH:	SOCIAL SECURITY NUMBER:		
EMAIL ADDRESS:	@yahoo.com		
PHONE NUMBER:			
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 type="checkbox"/> YES - LICENSE NO. _____	<input checked="" type="checkbox"/> NO



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

March 12, 2012

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

Re: Board Action Query Dated: March 12, 2012
Your Reference Number: PGL
FSMB Batch Number: BQ2042764

The following is a report of the search results from the Board Action Data Bank as of March 12, 2012 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

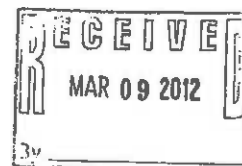
Practitioners Cleared with No Actions as of March 12, 2012

Item	Name	DOB	School	Yr/Grad	Request ID
1	GAUTHIER, MARC C	[REDACTED]		2009	24983231
		LICENSE HISTORY <u>State Board</u> No License Information Available			
2	ITOE, ROSELYN M	[REDACTED]		2008	24983235
		LICENSE HISTORY <u>State Board</u> DELAWARE			
3	KALAWADIA, NINA V	[REDACTED]		2008	24983237
		LICENSE HISTORY <u>State Board</u> No License Information Available			
4	KIPE, BRIAN J	[REDACTED]		2008	24983239
		LICENSE HISTORY <u>State Board</u> No License Information Available			
5	SCHAEFER, MEGHAN	[REDACTED]		2006	24983240
		LICENSE HISTORY <u>State Board</u> COLORADO NEW JERSEY			

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.

(01/2012)

APPLICATION FOR UNRESTRICTED LICENSE - AMERICAN											
NAME OF APPLICANT:		Last SCHAEFER		First MEGHAN		Middle LOUISE					
NAME & ADDRESS OF MEDICAL SCHOOL											
1. NAME OF MEDICAL SCHOOL:		UMDNJ - NJ Medical School									
ADDRESS OF SCHOOL:		185 S. Orange Ave MSB B640 Newark NJ 07101									
DATE OF ATTENDANCE:		FROM		Month	Day	Year	TO		Month	Day	Year
				08		2002			05		2006
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 checked="" type="checkbox"/> NATIONAL BOARD		PART I: 6/2011 WRITTEN OB/GYN BOARDS				PART II:		PART III:	
		<input checked="" type="checkbox"/> USMLE		STEP 1: 6/21/2004				STEP 2: CK 9/23/2005 CS 8/23/2005		STEP 3: 10/8/2007	
		<input type="checkbox"/> LMCC - CANADIAN									
		<input type="checkbox"/> STATE BOARD		INDICATE STATE WHERE TAKEN: _____							
ACGME POST GRADUATE TRAINING											
PGY1 HOSPITAL:		UMDNJ NJ Medical School				FROM: (mm/dd/yyyy) 07/01/2006		TO: (mm/dd/yyyy) 06/30/2007			
PGY2 HOSPITAL:		UMDNJ NJ Medical School				FROM: (mm/dd/yyyy) 07/01/2007		TO: (mm/dd/yyyy) 06/30/2008			



(01/2012)

LEGAL QUESTIONS

You must answer the following questions.

If you answer "YES" to #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 any jurisdiction? <u>If yes, list the jurisdiction(s) here: New Jersey, Colorado.</u>	X	
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?		X
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?		X
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.		X
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?		X
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?		X
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?		X
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 Pennsylvania Department of State 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</u> , <u>filing date</u> , and the <u>date you were served</u> .		X

SIGNED STATEMENT

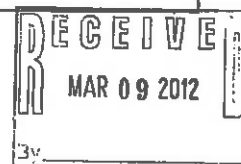
Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). 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/HPDB 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 of certificate. I hereby authorize all hospitals, institutions or organizations, my references, personal physician, all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Board any information, files or records requested by the Board.

Signature of Applicant

Date

3/6/2012



(01/2012)

RECEIVED DIRECT

PENNSYLVANIA STATE BOARD OF MEDICINE			
VERIFICATION OF MEDICAL EDUCATION (For Graduates of American/Canadian Medical Schools)			MAR 07 2012
SECTION 1 - TO BE COMPLETED BY APPLICANT			
NAME:	Last SCHAEFER	First MEGHAN	Middle LOUISE
NAME OF MEDICAL SCHOOL:	UMDNJ- New Jersey Medical School		
LOCATION:	Newark, New Jersey 185 S. Orange Ave MSB B40		
Submit one 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:	UMDNJ- New Jersey Medical School		
NAME OF MEDICAL STUDENT:	Last Schaefer	First Meghan	Middle Louise
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month 8	Day 12	Year 2002
DATE OF GRADUATION:	Month 5	Day 24	Year 2006
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT			
SIGNATURE OF DEAN/REGISTRAR:		<i>James Ferguson</i>	
DATE:	Month 3	Day 7	Year 12
(Seal of School)		Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope. DO NOT RETURN THIS FORM TO THE APPLICANT	
Return Mailing Address: STATE BOARD OF MEDICINE P.O. BOX 2648 HARRISBURG, PA 17105-2648 717-733-1000 FAX 717-733-2381		Courier Delivery Address: STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17105	

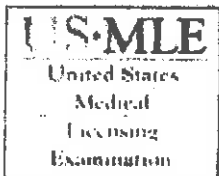
2000-2001

RECEIVED DIRECT

PAGE 02/02
ML
(01/2012)

PENNSYLVANIA STATE BOARD OF MEDICINE					
VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING Requirements of American/Canadian Medical Schools					
SECTION 1 - TO BE COMPLETED BY APPLICANT					
NAME:	Last	First	Middle		
	SCHAEFER	MEGHAN	LOUISE		
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.				
SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR 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.					
HOSPITAL WHERE TRAINING WAS COMPLETED:		UMDNJ - University Hospital			
NAME OF SPONSORING INSTITUTION:		UMDNJ - New Jersey Medical School			
LOCATED IN:		CITY	STATE		
		Newark	New Jersey		
1 ST YEAR	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	PGY LEVEL	
	7-1-2006	6-30-2007	Obstetrics & Gynecology	1	ACGME
2 ND YEAR	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	PGY LEVEL	
	7-1-2007	6-30-2008	Obstetrics & Gynecology	2	OK
<p>"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is 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 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 3/13/12		
(Seal)			Notary Signature		
			Notary Commission Expiration Date: 9/16/16		
Return Mailing Address: STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17115-2649 TEL 717-636-1111 FAX 717-636-1110			Return Delivery Address: STATE BOARD OF MEDICINE 2851 NORTH THIRD STREET HARRISBURG, PA 17110		

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE



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 Weber Road, Suite 300, Dallas, TX 76039-3856 -- Telephone (817) 868-4041

Date: 03/06/2012

Recipient:

Pennsylvania State Board of Medicine
ATTN: Tammy Dougherty
2601 N Third Street
Harrisburg, PA 17110

RECEIVED DIRECT

Examinee: Schaefer, Meghan
Alt Name(s): Schaefer, Meghan Louise

Examinee ID#: S-141-022-3
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, 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	
06/21/2004	Pass	230	182	93	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/23/2005	Pass	248	182	99	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
08/23/2005	Pass					

USMLE STEP 3

	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
NEW JERSEY	10/08/2007	Pass	230	184	95	75	

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

MAR 07 2012

MEGHAN SCHAEFER

Denver, CO 80209

mschaefer@ucdenver.edu

EDUCATION

M.D., UMDNJ-New Jersey Medical School, Newark, NJ, May 2008

B.A. with High Honors, Rutgers The State University of New Jersey, Rutgers College, New Brunswick, NJ, Dual Majors in Biology and Psychology, May 2002

2 POSTGRADUATE TRAINING

Family Planning Fellow, University of Colorado, Denver, CO, July 2010-present

1 Resident in Obstetrics, Gynecology, and Women's Health, UMDNJ-NJ Medical School, Newark, NJ, July 2008-June 2010

CURRENT STUDIES

Masters in Public Health candidate, concentration in Epidemiology, University of Colorado, Denver, CO, August 2010-present

HONORS AND AWARDS

Administrative Chief Resident, UMDNJ-NJMS Ob/Gyn Program, Newark, NJ, 2009-2010
Golden Apple Award nominations for excellence in medical education, 2007 and 2008
Medical Students for Choice, Dr. Elizabeth Karlin Campus Organizing Award 2004, 2nd place
Medical Students for Choice, Annual Meeting Research Poster Contest 2004, 2nd place
2005 AMSA Local Project Grant, (awarded \$200 grant for Reproductive Health Booth), 2003

LEADERSHIP EXPERIENCE

Medical Students for Choice (MSFC) National Board of Directors Member
June 2005-June 2008

- Provided support for MSFC Regional and School Coordinators in the Northeast Region
- Served on Board of Directors Executive Committee which oversees operations of the board
- Facilitated sessions at various national meetings on topics such as curriculum reform
- Prior to joining the National Board of Directors, implemented programs for two years at a local and regional level as a school and regional MSFC coordinator

RESEARCH EXPERIENCE

Family Planning Fellowship Research Project

Department of Obstetrics and Gynecology, University of Colorado, Denver 2010- present

- Examining predictors of IUD initiation in adolescents
- Wrote and secured grant for study, developed survey instrument, currently collecting data

Department of Obstetrics, Gynecology, and Women's Health Residency Research
UMDNJ-NJMS, Newark, NJ 2008-2009

- Studied contraceptive choices in patients with low health literacy skills
- Wrote research protocol, compiled data, presented at annual research day presentation



**Women's Health and Counseling Center Community-Oriented Primary Care (COPC)
Fellow, Somerville, NJ, summer of 2003**

- Developed and implemented project evaluating health education materials
- Facilitated focus groups in the community with teens and adults

POSTER PRESENTATIONS

- "Contraceptive Choices in Patients with Low Health Literacy Skills" ARHP Annual Meeting, Atlanta, GA, September, 2010.
- "Evaluation of a non-credit reproductive health elective: Improving the future of education at UMDNJ-NJ Medical School". MSFC Annual Meeting, New Orleans, LA, April 2004.
- "Assessing the Appropriateness of Existing Patient Education Materials" Community-Oriented Primary Care Fellowship Poster Presentation, New Brunswick, NJ, August 2003.

LECTURES

- Contraceptive Curriculum including lectures and workshops given to physicians and medical students during international experience in Rwanda, Africa, January through February, 2012
- "Medication Abortion" UMDNJ-NJMS, Grand Rounds, Newark, NJ, March, 2010.
- "Contraceptive Choices in Patients with Low Literacy Skills" UMDNJ-NJMS 23rd Annual Residents Research Day Presentation, Newark, NJ, June 2009.
- Activist Environment Working Group facilitator, Medical Students for Choice Leadership Training Programs, St. Louis, MO, July 2004 and Denver, CO, July 2005.
- Curriculum Reform Group facilitator, MSFC Annual Meetings, New Orleans, LA, April 2004, and MSFC Northeast Leadership Training Program, New York, NY, October 2004.

PUBLICATIONS

- Schaefer M, Teal S. Contraceptive Use in Women with Common Medical Conditions. *The Female Patient*. 2010;11(35):33-38.

WORK EXPERIENCE

Pool Manager and Swim Instructor, Bernards, NJ, summers of 1999-2002.

Phlebotomist, Rutgers Hurtado Health Center, New Brunswick, NJ, January 2000-May 2002.

Pharmacy Technician, Drug Fair Pharmacy, Manville, NJ, December 1999-May 2002.

PROFESSIONAL MEMBERSHIPS

Society of Family Planning, 2010 to present

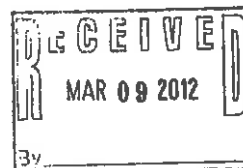
Association of Reproductive Health Professionals, 2007 to present

National Abortion Federation, 2007 to present

American College of Obstetricians and Gynecologists, 2003 to present

HOBBIES

Skating, swimming, reading, baking



the DataBank.

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

<http://www.npdb-hipdb.hrsa.gov>

5500000073616565

Process Date: 03/08/2012

Page: 1 of 1

SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

☒ Title IV (NPDB)

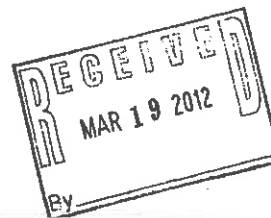
☒ Section 1921 (NPDB)

☒ Section 1128E (HIPDB)

SEARCH RESULT - Based on the subject identification information provided, the reports found are listed below			
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

SUBJECT IDENTIFICATION INFORMATION

Subject Name: SCHAEFER, MEGHAN LOUISE
Gender: FEMALE
Date of Birth: [REDACTED]
Other Name(s) Used:
Organization Name: UNIVERSITY OF COLORADO
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home or Work Address: [REDACTED]
City, State, ZIP: DENVER, CO 80209
Telephone: [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN): [REDACTED]
Professional School(s) & Year of Graduation: UMDNJ- NEW JERSEY MEDICAL SCHOOL (2006)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 48440, CO
Specialty: OBSTETRICS & GYNECOLOGY
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 25MA08478300, NJ
Specialty: OBSTETRICS & GYNECOLOGY
Drug Enforcement Administration (DEA) Numbers: FS1955927
National Provider Identifiers (NPI): 1821249020
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):



Credit Card Number:	[REDACTED]	Expiration Date:	08/2012
Additional Paper Copies Requested:	0		
NPDB Charge:	\$8.00*	NPDB Bill Reference Number:	N27843209
HIPDB Charge:	\$8.00*	HIPDB Bill Reference Number:	H27843209
* Each charge will appear separately on your credit card statement.		Transaction Date:	03/08/2012

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV 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 and/or HIPDB are permitted to share that information with anyone they choose.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

the **DataBank**

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

<http://www.npdb-hipdb.hrsa.gov>

5500000073616565

Process Date: 03/08/2012

Page: 1 of 1

To: SCHAEFER, MEGHAN LOUISE

[REDACTED]
DENVER, CO 80209

From: National Practitioner Data Bank / Healthcare Integrity and Protection 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, and Section 1921 of the Social Security Act as well as the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of 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. 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), HRSA, Division of Practitioner Data Banks.

Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response 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 adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB 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 and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. 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 and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB 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-HIPDB Customer Service Center is closed on all Federal holidays.

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MD ML



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Validation

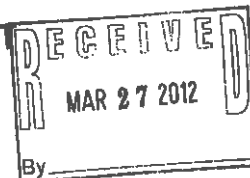
This confirms that the CO licensure verification statement for Meghan Schaefer, was sent to you from the VeriDoc website.

Thank you for using the VeriDoc system.

v2

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Dora
Department of Regulatory Agencies

Division of Registrations
Gregory Ferland
Interim Division Director

Office of Support Services
Joann Crouse
Director

John W. Hickenlooper
Governor

Barbara J. Kelley
Executive

LICENSE VERIFICATION

March 26, 2012

Meghan Louise Schaefer

Profession: Physician
License number: 48440
Licensee Status: Active

Original Date of Issue: 12/29/2009
Basis of: Original
Last renewed on: 6/1/2011
Expiration date: 4/30/2013

Board or Program action(s): No

Action

Action
Issued

Action
Ended

If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address above or email medical@dora.state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to board or program actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

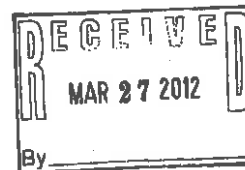
The licensee provided documentation of successful completion of a recognized national exam and met all of the educational or examination requirements as set forth by the Colorado Revised Statutes and the Rules and Regulations of the Colorado Medical Board in effect at the time of licensure. This information is the only certification information provided by this department. If further information is needed, it MUST be obtained from the licensee.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at <http://www.dora.state.co.us/registrations>

This license information was last updated on: 03/24/2012

FOR THE COLORADO MEDICAL BOARD

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1560 Broadway, Suite 1350
Fax 303.894.7693

Denver, Colorado 80202
www.dora.state.co.us

Phone 303.894.7800
V/TDD 711





CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183



JEFFREY S. CHIESA
Attorney General

THOMAS R. CALCAGNI
Director

March 15, 2012

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

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For overnight deliveries:
140 East Front St.
PO Box 183, 3rd Floor
Trenton, NJ 08608
(609) 826-7100
(609) 826-7101 FAX

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by Meghan Louise Schaefer to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

A review of the Board's files indicates that Meghan Louise Schaefer was issued a New Jersey license 25MA08478300 on or about 09/03/2008 and is currently Inactive with an expiration date of 06/30/2011. A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,

BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/dd/mac





COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
March 22, 2012

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

MEGHAN LOUISE SCHAEFER 9849

DENVER CO 80209

EVALUATOR: MISSY

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states:

COLORADO
NEW JERSEY

- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: **pfkS6Nvc**

Sincerely,

Pennsylvania State Board of Medicine

Person Info

Name: MEGHAN LOUISE SCHAEFER

Address Info

Street Address	Ob/Gyn Associates of Tenafly 2 Dean Drive	Email
Phone	201-569-3300	
Fax		
City	Tenafly	
State	NJ	
Zipcode	07670	
Country	United States	
County	Bergen	

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?	Y
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	Medical License , NJ, CO, and PA
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?	
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.	

Date Submitted: Sunday, November 30, 2014

Education Information

Profession: Medicine From Date: 8/12/2002	School: UMDNJ To Date: 5/24/2006	Education Type:
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Employment Information

No employment records

Continuing Education Information

No CE Course records
