

Person Info
Name:ALISON BETH POST
 Address Info
Street Address: [REDACTED] **Email:** [REDACTED]@planitpa.org
Phone: [REDACTED]
Fax: [REDACTED]
City:Allentown
State:PA
Zipcode:18101
Country:82
County:Lehigh

Survey Response Summary
 Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	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 last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
No education records	
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	



Person Info
 Name:ALISON BETH POST
 Address Info
 Street Address [REDACTED] Email [REDACTED]@lvhn.org
 Phone [REDACTED]
 Fax [REDACTED]
 CityAllentown
 StatePA
 Zipcode18103
 Country82
 CountyLehigh

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?	N
If you answered yes to the above question, please provide the profession and state or jurisdiction.	
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[REDACTED]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	18103

Date Submitted: Thursday, November 10, 2016

Education Info
 No education records

Employment Information

Person Info
Name:ALISON BETH POST
 Address Info
Street Address [REDACTED] **Email:** [REDACTED]@planitpa.org
Phone [REDACTED]
Fax [REDACTED]
CityAllentown
StatePA
Zipcode18106
Country82
CountyLehigh

Survey Response Summary
 Question Response Summary

Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or expired) to practice in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict, or accelerated rehabilitative disposition(ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?	N
Since your last renewal, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If you previously reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	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 last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
Have you met your current CE requirements?	Y
Education Information	
No education records	
Employment Information	
No employment records	
remarks	
Remarks:	
Continuing Education Information	
No CE Course records	

Person Info
 Name:ALISON BETH POST
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 Street Address [REDACTED] Email [REDACTED]@planitpa.org
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Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	N
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, 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?	Y
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?	[REDACTED]
Since your initial application or your 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. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here.	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.	Y

Date Submitted: Monday, December 15, 2014

Education Info
 No education records

Employment Information

No employment records



TARGET SHEET

Board: Medicine

Date Created:
11/05/2009

Licensee Full Name:
ALISON BETH POST

License No:
MD068101L

AUDT	617527
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COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
November 5, 2009

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

ALISON BETH POST 

ALLENTOWN PA 18101

RE: MD068101L

RE: Continuing Education Audit

Dear Licensee:

The State Board of Medicine received your response to the continuing medical education audit being conducted. The information provided has been reviewed and this hereby certifies your compliance with the continuing medical education requirement for the January 1, 2007 – December 31, 2008 biennial renewal period.

Should you have any questions, please contact the Board.

Sincerely,

State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2648
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
October 27, 2009

ALISON BETH POST 6849
[REDACTED]
ALLENTOWN PA 18101

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

RE: MD068101L



RE: CME DISCREPANCY NOTICE – Medical Doctor

Dear Doctor:

As a result of our request to audit your continuing medical education, you provided the Board with copies of your CME certificates. After a review of the documents provided, the following discrepancies have been found:

- Verification is needed for 30.25 hours of Category 1 or Category 2 credit.

Please refer to the website www.dos.state.pa.us/med for information on documenting Category 2 credits which you may use to fulfill the requirement for this audit.

**PLEASE SUBMIT THE NECESSARY INFORMATION TO RESOLVE THIS DISCREPANCY.
THE REQUESTED INFORMATION MUST BE RECEIVED IN THE BOARD OFFICE
WITHIN 30-DAYS FROM THE DATE OF THIS LETTER.**

COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
October 15, 2009

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

ALISON BETH POST 9849
[REDACTED]
ALLENTOWN PA 18101

RE: MD068101L

Dear Doctor:

You have been randomly selected for audit of the continuing education hours claimed for the renewal of your physician and surgeon license through December 31, 2008. The State Board of Medicine requires completion of 100 hours of AMA PRA Category 1 or 2 hours of continuing education as outline below:

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

You must now submit copies of your continuing education documentation totaling a minimum of 100 hours for the renewal period 1/1/07 through 12/31/08. When submitting Category 1 hours, copies should be 8 1/2" x 11" and must include your name, name of sponsor, course title, date of completion and number and category of CME credits awarded. **Do not submit** registration receipts, course agendas, or activity sheets. These do not provide all the information necessary to determine eligibility as outlined above. If you no longer have your certificates, you must contact the course provider for duplicates. **THE DOCUMENTATION SUBMITTED WILL NOT BE RETURNED.**

Please complete the verification statement below and return this entire page with copies of your continuing education documentation **no later than 30 days from the date of this audit notice**. If you were exempt from the CME requirement during the required time period, please complete and return this audit notice with documentation of your exemption.

Failure to satisfactorily comply with this audit request will result in a referral to the Professional Compliance Office, which may result in disciplinary proceedings under **Section 41 (6) of the Medical Practice Act of 1985 (63 P.S. 422.41 (6))**. Thank you for your cooperation.

Sincerely,
State Board of Medicine

VERIFICATION STATEMENT

I have attached copies of approved continuing education for programs I completed during the licensure period 1/1/07 through 12/31/08.

[Signature]
Signature (Required)

10/21/09
Date

OCT 27 2009

October 22, 2009

To Whom It May Concern:

I have received the audit request for my CME's from 1/1/07 through 12/31/08 and I have had some difficulty compiling all of the necessary information. I have collected most of my CME certificates, those that were stored in my office.

During the past two years I have experienced a life change which has resulted in the loss of most of my files from my home office. I am unable to access the information which was housed there. I will be unable to recreate this information without a starting point of receipts or other information about these educational experiences.

I am unsure what I should do about this matter. I will continue to try to get the necessary information, but I am not sure that this will be possible.

Thank you for your advice on this matter.

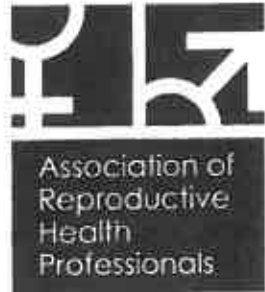
Sincerely,



Alison Post, MD
MD0681011

Phone # [REDACTED]

OCT 27 2009



Certificate of Continuing Education

This certifies the attendance of

Alison Post, MD

at

9/2008

**PPFA National Medical Conference -
Clinical Issues Discussions**

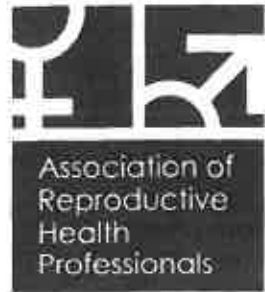
The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ARHP designates this continuing medical education activity for 1.5 hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

A handwritten signature in black ink, appearing to read "Pablo Rodriguez", is positioned above a horizontal line.

Pablo Rodriguez, MD
Chair, ARHP

OCT 27 2009



Certificate of Continuing Education

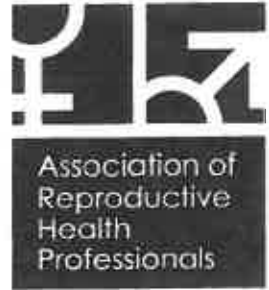
This certifies the attendance of
Alison Post, MD
at
**Reproductive Health 2008 - General
Conference**

The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ARHP designates this continuing medical education activity for 16 hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

Pablo Rodriguez, MD
Chair, ARHP

OCT 27 2009



Certificate of Continuing Education

This certifies the attendance of

Alison Post, MD
at
Managing HPV - Aug 18, 2008

The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

ARHP designates this continuing medical education activity for 1.0 hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

A handwritten signature in black ink, appearing to read "Pablo Rodriguez", is written above a horizontal line.

Pablo Rodriguez, MD
Chair, ARHP

OCT 27 2009



[Home](#) | [My Home Page](#)

View CME Credit Report

The physician named below has participated in CME activities within the past six years as part of the American Board of Internal Medicine (ABIM) Maintenance of Certification program, and is awarded *AMA PRA Category 1 Credit*[™].

Dr. Alison Beth Post
Diplomate 189049

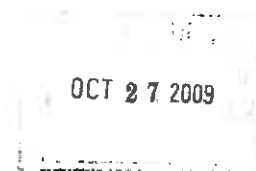
CME Credit Report				
Issuing Organization	Activity	Credits Issued	Date Issued	Printable Certificate
ACP [‡]	General Internal Medicine module	18	September 9, 2007	N/A [§]
ACP [‡]	Office-Based Internal Medicine (Formerly Outpatient IM) module	18	November 15, 2006	N/A [§]
ACP [‡]	Women's Health module	18	December 19, 2004	N/A [§]

Total *AMA PRA Category 1 Credit(s)*[™] earned: 54

[‡] American College of Physicians

[§] There are no printable certificates for CME credit issued by ACP. Printing this entire report is sufficient evidence of total CME credit you have earned through ACP.

[My Home Page](#)



CERTIFICATE OF COMPLETION

This certifies that

ALISON BETH POST License # MD068101L

has successfully completed the continuing education activity titled:

InforMed Pennsylvania Physician Update: Patient Safety and Risk Management
and is awarded the following AMA/PRA Approved Category 1 Credits™

Preventing Medical Errors: Quality Chasm Series (8 hours), Prevention of Wrong-Site Surgery (4 hours)

InforMed is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing education for physicians.

Date of Completion : October 8, 2008

Total AMA/PRA Category 1 Credits Earned™ : TWELVE

William J. Ruff

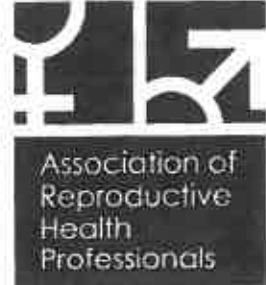
Director, Program Administration

The correct answers to the test questions:						
1	C	13	D	25	B	37
2	D	14	B	26	C	
3	A	15	A	27	D	
4	B	16	TRUE	27	YES	
5	A	17	D	27	YES	
6	B	18	C	30	YES	
7	A	19	A	31	YES	
8	D	20	B	32	B	
9	A	21	A	33	D	
10	B	22	B	34	B	
11	C	23	D	35	C	
12	D	24	B	36	A	

Your answers missed
15,18,22,25,26,32,37

OCT 27 2009

You did not choose to register for Directus. We hope that you will consider Directus in the future to earn CME credits for the research you already conduct to improve patient outcomes. If you decide to register for Directus at a later time, please call our office at (800) 547-0308 to take advantage of the professional courtesy discount of \$45 that was offered to you



Certificate of Continuing Education

This certifies the attendance of
Alison Post, MD
at
You Decide Tool Kit

2/15/2008

The Association of Reproductive Health Professionals (ARHP) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

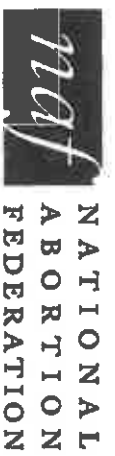
ARHP designates this continuing medical education activity for 4.0 hours in Category 1 of the Physicians' Recognition Award of the American Medical Association.

A handwritten signature in black ink, appearing to read "Pablo Rodriguez", is positioned above a horizontal line.

Pablo Rodriguez, MD
Chair, ARHP

OCT 27 2009

CME CERTIFICATE



Ultrasound in Abortion Care

OCT 27 2009


This activity has been planned and implemented in accordance with the essential areas and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of The (NAF) and Planned Parenthood Affiliates Risk Management Services, Inc. NAF is accredited by the ACCME to provide continuing medical education for physicians. NAF designates this educational activity for a maximum of 7.0 AMA PRA Category 1 Credits.™ Physicians should only claim credit commensurate with the extent of their participation in the activity.


NAF certifies that

Alison Post

Has participated in the educational activity titled "Ultrasound in Abortion Care" and is awarded ██████████ AMA PRA Category 1 Credits.™

Awarded: April 17, 2008.


Vicki Segora
President and CEO


Pat Smith, MD
Chair, Board of Directors



www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Poor Dietary Habits in Women Increase Risk for Obesity, Metabolic Syndrome

on the Internet at <http://www.medscape.com>

JANUARY 8, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)TM**.

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)TM**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Medscape Medical News has been reviewed and is acceptable for up to 200 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins 09/01/06. Term of approval is for 1 year from this date. This activity is approved for 0.25 Prescribed credits. Credit may be claimed for 1 year from the date of this activity. AAFP credit is subject to change based on topic selection throughout the accreditation year.

For information on applicability and acceptance of continuing education credit for this activity, please consult your professional licensing board.

Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 8080518

Medscape, LLC is the professional education subsidiary of WebMD Health, New York, NY

OCT 27 2009



CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Allison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Oral Contraceptive Use Increases Risk for Premenopausal Breast Cancer

on the Internet at <http://www.medscape.com>

JANUARY 10, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)[™]**.

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)[™]**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Medscape Medical News has been reviewed and is acceptable for up to 200 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins 09/01/06. Term of approval is for 1 year from this date. This activity is approved for 0.25 Prescribed credits. Credit may be claimed for 1 year from the date of this activity. AAFP credit is subject to change based on topic selection throughout the accreditation year.

For information on applicability and acceptance of continuing education credit for this activity, please consult your professional licensing board.

Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 8100031

Medscape, LLC is the professional education subsidiary of WebMD Health, New York, NY

OCT 27 2009



www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
HPV Vaccine May Be Safe and Protective

on the Internet at <http://www.medscape.com>

JANUARY 26, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)**[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Medscape Medical News (MMN) has been reviewed and is acceptable for up to 150 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins 09/01/05. Term of approval is for 1 year from this date. This component is approved for 0.25 Prescribed credit. Credit may be claimed for 1 year from the date of this issue.

For information on applicability and acceptance of continuing education credit for this activity, please consult your professional licensing board.

Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 8223282

Medscape, LLC is the professional education subsidiary of WebMD Health, New York, NY

OCT 27 2009



www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
AAP Issues Guidelines for Menstrual Cycle Evaluation

on the Internet at <http://www.medscape.com>

FEBRUARY 8, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)**[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

Medscape Medical News has been reviewed and is acceptable for up to 300 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins 09/01/07. Term of approval is for 1 year from this date. This activity is approved for 0.25 Prescribed credits. Credit may be claimed for 1 year from the date of this activity. AAFP credit is subject to change based on topic selection throughout the accreditation year.

For information on applicability and acceptance of continuing education credit for this activity, please consult your professional licensing board.

Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 8526347

Medscape, LLC is the professional education subsidiary of WebMD Health, New York, NY

OCT 27 2009



www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Allison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
ACIP Recommends Quadrivalent HPV Vaccine

on the Internet at <http://www.medscape.com>

MARCH 26, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)[™]**.

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)[™]**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

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OCT 27 2009



www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Allison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Abnormal Uterine Bleeding May Be Best Evaluated by Menopausal Status

on the Internet at <http://www.medscape.com>

APRIL 18, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)[™]**.

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)[™]**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 8839565

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www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Hormone Therapy Safer in Younger Women? A Best Evidence Review

on the Internet at <http://www.medscape.com>

July 13, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

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www.medscape.com

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Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Rapid Injection Technique Recommended for Routine Intramuscular Immunizations

on the Internet at <http://www.medscape.com>

AUGUST 29, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)[™]**.

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 9936807

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CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Various Implantable Contraceptives May Be Equally Effective in Preventing Pregnancy

on the Internet at <http://www.medscape.com>

SEPTEMBER 7, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 10007485

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www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Allison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Starting Ethinylestradiol/Drospirenone vs Other Oral Contraceptives May Have Similar Thromboembolic Risk
on the Internet at <http://www.medscape.com>

SEPTEMBER 12, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)**[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 10048892

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www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Breast Cancer Module I: Breast Anatomy, Physiology, and Pathology

on the Internet at <http://www.medscape.com>

OCTOBER 15, 2007

and is awarded **1.0 AMA PRA Category 1 Credit(s)[™]**.

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 10336740

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AMA PRA CATEGORY 1 CREDIT(S)TM CERTIFICATE

The University of Pennsylvania School of Medicine certifies that

ALISON POST, MD

has participated in the educational activity titled

**MEDPAGE TODAY CME BRIEF[®]
AASLD: AFTER WEIGHT LOSS SURGERY, LIVER SIGNS IMPROVE**

on

NOVEMBER 07, 2007

and is awarded 0.25 AMA PRA Category 1 Credit(s)TM.

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Zalman S. Agus, MD
Associate Dean, Continuing Medical Education



www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Breast Cancer Module V: Risk Management

on the Internet at <http://www.medscape.com>

NOVEMBER 15, 2007

and is awarded **1.25 AMA PRA Category 1 Credit(s)TM**.

Medscape designates this educational activity for a maximum of **1.25 AMA PRA Category 1 Credit(s)TM**. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Medscape, LLC is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

For information on applicability and acceptance of continuing education credit for this activity, please consult your professional licensing board.

Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 10647330

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www.medscape.com

CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Decision Aid for Acute Cystitis Reduces Unneeded Antibiotics and Culture Testing

on the Internet at <http://www.medscape.com>

NOVEMBER 21, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

Medscape designates this educational activity for a maximum of **0.25 AMA PRA Category 1 Credit(s)**[™]. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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Medscape Medical News has been reviewed and is acceptable for up to 300 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins 09/01/07. Term of approval is for 1 year from this date. This activity is approved for 0.25 Prescribed credits. Credit may be claimed for 1 year from the date of this activity. AAFP credit is subject to change based on topic selection throughout the accreditation year.

For information on applicability and acceptance of continuing education credit for this activity, please consult your professional licensing board.

Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 10697070

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CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
Continuous Oral Contraception May Not Reduce Bleeding Days but May Improve Symptoms

on the Internet at <http://www.medscape.com>

DECEMBER 11, 2007

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 10901452

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CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
**American College of Preventive Medicine Does Not Recommend Prostate Cancer Screening
With DRE, PSA**

on the Internet at <http://www.medscape.com>

February 5, 2008

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

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to provide continuing medical education for physicians.

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American Academy of Family Physicians. AAFP accreditation begins 09/01/07. Term of approval is for 1
year from this date. This activity is approved for 0.25 Prescribed credits. Credit may be claimed for 1 year
from the date of this activity. AAFP credit is subject to change based on topic selection throughout the
accreditation year.

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 11582308

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Medscape

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Allison Post, MD

Allentown, PA 18104

has participated in the educational activity titled
New Guidelines Issued to Diagnose Hand Osteoarthritis

on the Internet at <http://www.medscape.com>

February 7, 2008

and is awarded **0.25 AMA PRA Category 1 Credit(s)**TM.

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Note: Total credit is subject to change based on topic selection and article length.

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Cyndi Grimes
Director, Continuing Medical Education
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has participated in the educational activity titled

**MEDPAGE TODAY CME BRIEF[®]
ATS: SHORT TREATMENT PROMISING FOR LATENT TB**

on

MAY 23, 2008

and is awarded 0.25 AMA PRA Category 1 Credit(s)[™].

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Zalman S. Agus, MD
Associate Dean, Continuing Medical Education

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**MEDPAGE TODAY CME BRIEF[®]
PHYSICIANS BELIEVE IN REPORTING ERRORS BUT RARELY DO**

on

JUNE 18, 2008

and is awarded *0.25 AMA PRA Category 1 Credit(s)[™].*

This teaching brief has been designated by the Office of CME at the University of Pennsylvania School of Medicine for Medical Ethics / Professional Responsibility, Patient safety / Risk Management, Prevention of medical errors

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Associate Dean, Continuing Medical Education

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**MEDPAGE TODAY CME BRIEF[®]
MEDITERRANEAN DIET GETS NEW BACKING FOR MORTALITY REDUCTION**

on

JUNE 18, 2008

and is awarded *0.25 AMA PRA Category 1 Credit(s)TM*.

This teaching brief has been designated by
the Office of CME at the University of Pennsylvania School of Medicine for
Patient safety / Risk Management

This activity has been planned and implemented in accordance with
the Essential Areas and policies of the Accreditation Council for
Continuing Medical Education through the joint sponsorship of
the University of Pennsylvania School of Medicine and MedPage Today.
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has participated in the educational activity titled

**MEDPAGE TODAY CME BRIEF[®]
CHILD ABUSE INCREASES WHEN SOLDIER PARENT IS DEPLOYED**

on:

JUNE 18, 2008

and is awarded **0.25 AMA PRA Category 1 Credit(s)[™]**.

This teaching brief has been designated by the Office of CME at the University of Pennsylvania School of Medicine for Identifying and Reporting Child abuse

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the University of Pennsylvania School of Medicine and MedPage Today. The University of Pennsylvania School of Medicine is accredited by the ACCME to provide continuing medical education for physicians.

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Associate Dean, Continuing Medical Education

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CLUES OFFERED TO BETTER COMMUNICATION ABOUT DOMESTIC ABUSE**

on

JUNE 18, 2008

and is awarded *0.25 AMA PRA Category 1 Credit(s)TM.*

This teaching brief has been designated by
the Office of CME at the University of Pennsylvania School of Medicine for
Domestic Violence

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the Essential Areas and policies of the Accreditation Council for
Continuing Medical Education through the joint sponsorship of
the University of Pennsylvania School of Medicine and MedPage Today.
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this educational activity for a maximum of *0.25 AMA PRA Category 1 Credit(s)TM.*
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Associate Dean, Continuing Medical Education

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**MEDPAGE TODAY CME BRIEF[®]
ABUSED WOMEN SUFFER SERIOUS HEALTH CONSEQUENCES WORLDWIDE**

on

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Domestic Violence

This activity has been planned and implemented in accordance with
the Essential Areas and policies of the Accreditation Council for
Continuing Medical Education through the joint sponsorship of
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Zalman S. Agus, MD
Associate Dean, Continuing Medical Education

OCT 27 2009

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Medscape

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Alison Post, MD
Allentown, PA 18104

has participated in the educational activity titled
**Cultural Competency in Healthcare: A Clinical Review and Video Vignettes From the
National Medical Association**

on the Internet at <http://www.medscape.com>

June 26, 2008

and is awarded **2.00 AMA PRA Category 1 Credit(s)™**.

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 13671032

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CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

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Alison Post, MD
[REDACTED]
Allentown, PA 18104

has participated in the educational activity titled
Gardasil Approval Expanded to Prevention of HPV-Related Vulvar, Vaginal Cancer

on the Internet at <http://www.medscape.com>

September 25, 2008

and is awarded **0.25 AMA PRA Category 1 Credit(s)**[™].

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Medscape Medical News has been reviewed and is acceptable for up to 350 Prescribed credits by the American Academy of Family Physicians. AAFP accreditation begins 09/01/08. Term of approval is for 1 year from this date. This activity is approved for 0.25 Prescribed credits. Credit may be claimed for 1 year from the date of this activity.

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 15031808

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CONTINUING MEDICAL EDUCATION CERTIFICATE

Medscape

certifies that

Alison Post, MD
Allentown, PA 18104

has participated in the educational activity titled
"Cut Down to Quit" -- New Designation For Nicotine Replacement Therapy: A Best Evidence
Review

on the Internet at <http://www.medscape.com>

October 8, 2008

and is awarded **0.50 AMA PRA Category 1 Credit(s)**[™].

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Cyndi Grimes
Director, Continuing Medical Education
Medscape

Certificate Number: 15221121

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OCT 27 2009



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
October 27, 2009

ALISON BETH POST [REDACTED]
ALLENTOWN PA 18101

Telephone: 717-783-1400/787-2381
Fax: 717-787-7789

RE: MD068101L

AUDITOR: JUDY

RE: CME DISCREPANCY NOTICE – Medical Doctor

Dear Doctor:

As a result of our request to audit your continuing medical education, you provided the Board with copies of your CME certificates. After a review of the documents provided, the following discrepancies have been found:

- Verification is needed for 30.25 hours of Category 1 or Category 2 credit.

Please refer to the website www.dos.state.pa.us/med for information on documenting Category 2 credits which you may use to fulfill the requirement for this audit.

**PLEASE SUBMIT THE NECESSARY INFORMATION TO RESOLVE THIS DISCREPANCY.
THE REQUESTED INFORMATION MUST BE RECEIVED IN THE BOARD OFFICE
WITHIN 30-DAYS FROM THE DATE OF THIS LETTER.**

RECEIVED
OCT 27 2009
BY



**Continuing Medical Education
Reporting Form**
(AMA PRA Category 2 Credit Only)

The Pennsylvania State Board of Medicine requires that physicians document AMA PRA Category 2 Credit that they have completed to fulfill the Board's Continuing Medical Education requirement for licensure. This form is provided to assist licensees in documenting these credits and can be found on our web site at www.dos.state.pa.us/med.

Name: Alison Post

License No. M0068101 L CME Hours for Biennial Period: Jan 1, 2007 to Dec 31, 2008

The American Medical Association defines Category 2 activities as those which have not been formally designated by an accredited provider for AMA PRA Category 1 Credit. Individual physicians may claim AMA PRA Category 2 Credits for learning experience that have improved the care they provide their patients. Category 2 activities include reading journal articles.

AMA PRA Category 2 Credit may be earned for activities physicians have undertaken on their own that should be beneficial to their practice. Credit claimed should be commensurate with the actual time spent on an activity. Information regarding the requirements to obtain AMA PRA certification can be found on their web site at www.ama-assn.org/cme.

Acts of charity, volunteer time and service on a council or committee DO NOT earn a physician CME credit. Credit CANNOT be claimed for education incidental to the regular professional activities of a physician, such as learning that occurs from clinical experience. Credit IS NOT awarded for passing examinations.

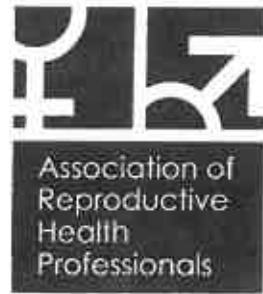
THIS FORM SHOULD BE USED TO RECORD ONLY CATEGORY 2 ACTIVITIES

IF REQUESTING CREDIT FOR CATEGORY 1 ACTIVITIES, YOU MUST SUBMIT CERTIFICATES WHEN
REACTIVATING A LICENSE OR IF YOU ARE CHOSEN FOR AN AUDIT OF YOUR CME

Date of Activity	Description of Activity (i.e., Article Title, Online Activity, etc.)	Location (i.e., Name of Journal, Self-Study, Web Site, etc.)	Actual Time Spent
Sept 17/07	Important Issues in Abortion Care	Planned Parenthood	7 hours
10/07	Updating Planned Parenthood Protocols	Self Study	20 hrs
11/08	Updating Planned Parenthood Protocols	Self Study	20 hrs
2/08	You Decide Tool Kit	web based Self Study	4 hrs.
2007	MUS modules	Proficiency testing	1 hour
2008	MUS modules	Proficiency testing	1 hour

Pennsylvania State Board of Medicine

BY _____



NATIONAL ASSOCIATION
NPWH

On the leading edge of women's health

CONTINUING EDUCATION CERTIFICATE

This is to certify that

Alison Post, MD

has completed the continuing education program entitled

You Decide Tool Kit

for a total of 4.0 contact hours

S Wysocki

Susan Wysocki, RNC, NP
NPWH President and CEO

This activity has been evaluated and approved by the Continuing Education Approval Program of the National Association of Nurse Practitioners in Women's Health (NPWH) Offering 4.0 contact hours of continuing education credit including 0.75 pharmacology hours.

Offering No. 07-06

Each participant should claim only those contact hours that he/she actually spent in the educational activity. I claim 4 (CE) / (pharm) contact hours.

[Signature] Signature

Association of Reproductive Health Professionals (ARHP)
1901 L Street, NW, Suite 300 | Washington, DC 20036
Phone: (202) 466-3825 E-mail: arhp@arhp.org Web: www.arhp.org

Feb 2008

The CAPS Project

Abortion School

CERTIFICATE OF ATTENDANCE

This certifies that
Alison Post

has completed the training entitled
"Important Issues in Abortion Care"

September 19, 2007

Date

At

Planned Parenthood of Northeast Pennsylvania, Allentown

The course was provided by Planned Parenthood CAPS.

AM Grewer

Anne-Marie Grewer, RNC, WCHNP, Training Manager

CME Tracker

Allison Post
 Allentown, PA 18104

[Return To Main CME Tracker](#)

Total Credits Earned from 01/2007 through 12/2008:

Completed CME Activities on Medscape

Activity Title	Provider	Participated	Credit Type	Credits
"Cut Down to Quit" -- New Designation For Nicotine Replacement Therapy: A Best Evidence Review View Activity View/Print Certificate	Medscape	10/08/08	AMA PRA Category 1 Credit(s) [™]	0.50 ✓
Gardasil Approval Expanded to Prevention of HPV-Related Vulvar, Vaginal Cancer View Activity View/Print Certificate	Medscape	09/25/08	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Cultural Competency in Healthcare: A Clinical Review and Video Vignettes From the National Medical Association View Activity View/Print Certificate	Medscape	06/26/08	AMA PRA Category 1 Credit(s) [™]	2.00 ✓
New Guidelines Issued to Diagnose Hand Osteoarthritis View Activity View/Print Certificate	Medscape	02/07/08	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
American College of Preventive Medicine Does Not Recommend Prostate Cancer Screening With DRE, PSA View Activity View/Print Certificate	Medscape	02/05/08	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Continuous Oral Contraception May Not Reduce Bleeding Days but May Improve Symptoms View Activity View/Print Certificate	Medscape	12/11/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Antibiotic, Topical Steroid, or Both May Be Ineffective for Acute Sinusitis View Activity View/Print Certificate	Medscape	12/05/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Decision Aid for Acute Cystitis Reduces Unneeded Antibiotics and Culture Testing View Activity View/Print Certificate	Medscape	11/21/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Breast Cancer Module V: Risk Management View Activity View/Print Certificate	Medscape	11/15/07	AMA PRA Category 1 Credit(s) [™]	1.25 ✓
Most Patients Prefer Their Physicians to Greet Them With a Handshake and Introduction View Activity View/Print Certificate	Medscape	11/15/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Hypnotherapy Outperforms Other Treatment Approaches for Smoking Cessation View Activity View/Print Certificate	Medscape	10/24/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Breast Cancer Module I: Breast Anatomy, Physiology, and Pathology View Activity View/Print Certificate	Medscape	10/15/07	AMA PRA Category 1 Credit(s) [™]	1.00 ✓
Starting Ethinylestradiol/Drospirenone vs Other Oral Contraceptives May Have Similar Thromboembolic Risk View Activity View/Print Certificate	Medscape	09/12/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Various Implantable Contraceptives May Be Equally Effective in Preventing Pregnancy View Activity View/Print Certificate	Medscape	09/07/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Migraine With Aura Increases Risk for Ischemic Stroke View Activity View/Print Certificate	Medscape	09/07/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Rapid Injection Technique Recommended for Routine Intramuscular Immunizations View Activity View/Print Certificate	Medscape	08/29/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Cannabis Use Linked With Risk for Psychosis in Later Life View Activity View/Print Certificate	Medscape	08/02/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Smoking Cannabis May Impair Function of Large Airways View Activity View/Print Certificate	Medscape	08/02/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Medical Interventions Effectively Treat Overuse Injuries in Adult Endurance Athletes View Activity View/Print Certificate	Medscape	08/01/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓

Activity Title	Source	Date	Credit(s)	Category
View Activity View/Print Certificate Hormone Therapy Safer in Younger Women? A Best Evidence Review	Medscape	07/13/07	0.25	AMA PRA Category 1 Credit(s) TM
View Activity View/Print Certificate Abnormal Uterine Bleeding May Be Best Evaluated by Menopausal Status	Medscape	04/18/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Low-Dose Aspirin Linked to Lower Risk for All-Cause Mortality in Women	Medscape	04/02/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Low-Carb Diets Safe and Effective for Weight Loss	Medscape	03/08/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate American College of Physicians Issues Guidelines for Obesity Management	Medscape	02/18/07	0.25	AMA PRA Category 1 Credit(s) TM
View Activity View/Print Certificate Orlistat Facilitates Weight Loss After a Very Low Energy Diet in Obese Patients	Medscape	02/16/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Combined Pharmacotherapy and Cognitive-Behavioural Therapy for Anxiety Disorders	Medscape	02/12/07	1.00	AMA PRA Category 1 Credit(s) TM
View Activity View/Print Certificate AAP Issues Guidelines for Menstrual Cycle Evaluation	Medscape	02/08/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Simvastatin May Help Ameliorate Polycystic Ovary Syndrome	Medscape	02/08/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Clomiphene Recommended as First-Line Therapy for Infertility in PCOS	Medscape	02/08/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Traffic-Related Air Pollution May Increase Risk for Otitis Media in Children	Medscape	02/02/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Children May Need 90 Minutes of Physical Activity Per Day	Medscape	01/29/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate High-Intensity Physical Activity Reduces Cardiovascular Risk in Children	Medscape	01/29/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Overweight Girls at Risk for Cardiovascular Disease	Medscape	01/29/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate HPV Vaccine May Be Safe and Protective	Medscape	01/26/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Immunization Schedule Updated for Children and Teens	Medscape	01/26/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Guidelines Issued for HPV Vaccine Use to Prevent Cervical Cancer	Medscape	01/26/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Sumatriptan-Naproxen Tablet Effective, Well-Tolerated in Acute Migraine	Medscape	01/25/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Weekly Cases from ACP Medicine: Psoriasis and Cutaneous Manifestations of Systemic Diseases	Medscape	01/23/07	0.75	AMA PRA Category 1 Credit(s) TM
View Activity View/Print Certificate A 30-Year-Old Woman With Headaches, Nausea, and Vomiting and a 59-Year-Old Man With Multiple Pulmonary Nodules	Medscape	01/22/07	0.75	AMA PRA Category 1 Credit(s) TM
View Activity View/Print Certificate Marathon Runners Should Reduce Sun Exposure to Avoid Malignant Melanoma	Medscape	01/22/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Partner Assistance Improves Skin Self-Examination for Detecting Melanoma	Medscape	01/22/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Yoga May Be More Effective Than Self-Care for Chronic Back Pain	Medscape	01/17/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Herbal Medicine May Be Effective for Low Back Pain	Medscape	01/17/07	0.25	AMA PRA Category 1 Credit(s) TM
View Activity View/Print Certificate Workplace Stress Management Program Reduces Heart-Rate Variability and BP	Medscape	01/17/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Oral Contraceptive Use Increases Risk for Premenopausal Breast Cancer	Medscape	01/10/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate New Guidelines Recommend Determining HER2 Status for All Invasive Breast Cancer	Medscape	01/10/07	0.25	AMA PRA Category 1 Credit(s) TM ; AAFP Prescribed credit(s)
View Activity View/Print Certificate Trastuzumab Benefits HER2-Positive Breast Cancer Patients	Medscape	01/10/07	0.25	AMA PRA Category 1 Credit(s) TM

View Activity View/Print Certificate		AAFP Prescribed credit(s)	
DNR in the OR and Afterwards View Activity View/Print Certificate	Medscape 01/08/07	AMA PRA Category 1 Credit(s) [™]	0.25
A Review of the Evidence for the Effectiveness of Primary Prevention Interventions for Hepatitis C Among Injecting Drug Users View Activity View/Print Certificate	Medscape 01/08/07	AMA PRA Category 1 Credit(s) [™]	1.00
Poor Dietary Habits in Women Increase Risk for Obesity, Metabolic Syndrome View Activity View/Print Certificate	Medscape 01/08/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25 ✓
Metabolic Syndrome Helps Predict Cardiovascular Disease and Diabetes Risk View Activity View/Print Certificate	Medscape 01/08/07	AMA PRA Category 1 Credit(s) [™] ; AAFP Prescribed credit(s)	0.25
		Total:	19.00

Letters of Completion on Medscape

Activity Title	Provider	Participated	Credit Type	Credits
Billing For Nurse Practitioner Services -- Update 2007: Guidelines for NPs, Physicians, Employers, and Insurers View Activity View/Print Certificate	Medscape	07/25/08	Continuing Education Contact Clock Hour(s)	1.50
			Total:	1.50

Total Credits Earned from 01/2007 through 12/2008: 20.50 (0.00 Rx Credits)

The AMA accepts Medscape's CME Tracker from physicians claiming *AMA PRA Category 1 Credit(s)*[™]. Simply Print out your tracker, attach it to the Application, and mail both to the AMA to document your CME activities.

For information on the eligibility of this continuing education credit toward meeting your CME/CE requirements, please consult your professional association or state licensing board.

For questions regarding CME/CE activities, please email CME@medscape.net.

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NEW Search for: Monday, November 02, 2009

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■ CME Tracker: DR. ALISON POST

The following is a record of your successfully completed activities on MedPage Today. You may view/print each program individually or you may print an itemized list of all your completed programs.

Program Name	Accreditor	Completion Date	Credit	State Required CME	Regular Version
Abused Women Suffer Serious Health Consequences Worldwide - View certificate	University of Pennsylvania	08/18/08	0.25	Domestic Violence	<input checked="" type="checkbox"/>
Classes Offered to Better Communication About Domestic Abuse - View certificate	University of Pennsylvania	08/18/08	0.25	Domestic Violence	<input checked="" type="checkbox"/>
Child Abuse Increases When Soldier Parents Deployed - View certificate	University of Pennsylvania	08/18/08	0.25	Identifying and Reporting Child Abuse	<input checked="" type="checkbox"/>
Mediterranean Diet Gets New Backing for Mortality Reduction - View certificate	University of Pennsylvania	08/18/08	0.25	Patient Safety / Risk Management	<input checked="" type="checkbox"/>
Physicians Believe in Reporting Errors but Rarely Do - View certificate	University of Pennsylvania	08/18/08	0.25	Medical Ethics / Professional Responsibility Patient Safety / Risk Management Prevention of medical errors	<input checked="" type="checkbox"/>
Managing the Symptomatic Menopausal Patient in Primary Care: A Case-Based Approach	MEV Healthcare	05/23/08	Inc		
ATB: Short Treatment Promising for Latent TB - View certificate	University of Pennsylvania	08/23/08	0.25		<input checked="" type="checkbox"/>
Total credit for 2008:			8.50		
Total credit for 2009:			1.50		
Total credit for 2007:			0.25		

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TARGET SHEET

Board: Medicine

Licensee Full Name:
ALISON BETH POST

License No:
MD068101L

617527_LIC_2_12/19/2014

Read, Nancy

From: Post, Alison [redacted]@planitpa.org]
Sent: Thursday, December 18, 2014 9:13 AM
To: ST, MEDICINE
Subject: Re: PROVIDER PRIVILEGES ****IMPORTANT**** LICENSE RENEWAL DISCREPANCY NOTICE

To whom it may concern:

This email is regarding Alison Post License: MD 068101L

When answering the question: "Since your initial application or 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?"

I answered incorrectly. I have not had any privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority.

Thank you, Alison Post

On Thu, Dec 18, 2014 at 9:02 AM, ST, MEDICINE <ra-medicine@pa.gov> wrote:

Dear Licensee:

Thank you for processing your license renewal via our online renewal system.

Based on the answer(s) you provided to one or more of the questions on the renewal application, you are required to submit documentation before the license record can be renewed. You are required to send the Board the appropriate documentation regarding that answer as indicated below.

If you have more than one discrepancy, you will receive more than one automated email message.

Each discrepancy will be addressed in a separate email message.

Please be advised that your license WILL NOT be renewed until such time as the information and/or documents outlined below are received.

Question - "Since your initial application or 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?"

CERTIFIED COPIES OF ALL DOCUMENTS REGARDING THE ACTION(S) MUST BE SENT TO THE BOARD.

IF YOU ANSWERED THIS QUESTION IN ERROR, PLEASE PROVIDE A WRITTEN STATEMENT TO THE BOARD INDICATING THAT THIS QUESTION WAS ANSWERED IN ERROR.

To assist with expediting the processing your renewal, please include a copy of this email with all documents that you return to the Board. Be sure to PRINT your name and license number below:

Last, First

License No. _____

State Board of Medicine
PO Box 2649
Harrisburg, PA 17105
Telephone: 717-783-1400
Email: st-medicine@pa.gov
Web Site: www.dos.state.pa.us/med

This email contains confidential, privileged, nonpublic information intended to be conveyed only to the designated recipient(s). Any unauthorized use, dissemination, distribution or reproduction of this information, including attachments, is prohibited. If you are not an intended recipient, please destroy the attachments, and reply to sender.

Do not delete this attachment

Alison Post
Associate Medical Director



Do not delete this attachment

5920 Hamilton Boulevard • Allentown, PA • 18106
PO Box 813 • Trexlertown • PA • 18087
Phone: [REDACTED] • Fax: 610.481.0486
[REDACTED]@planitpa.org
<http://www.planitpa.org>
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Do not delete this attachment



TARGET SHEET

Board: Medicine

Licensee Full Name:
ALISON BETH POST

License No:
MD068101L

617527_LIC_2_12/19/2014

License No. MD088101L

I have never had privileges denied revoked, suspended, or restricted by a Medical Assistance agency, Medicare, third party payor or another authority. I answered the question incorrectly on the renewal form.

Do I need to submit this in the mail or does this serve as the proper documentation?

Thank you, Alison Post

Alison Post
Associate Medical Director



5920 Hamilton Boulevard • Allentown, PA • 18106
PO Box 813 • Trexlertown • PA • 18087
Phone: [REDACTED] • Fax: 610.481.0486
[REDACTED]@planitpa.org
<http://www.planitpa.org>
[Like us on Facebook](#)

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Read, Nancy

From: Post, Alisc [REDACTED]@planitpa.org]
Sent: Thursday, December 18, 2014 2:19 PM
To: ST, MEDICINE
Subject: Correction for license renewal

Thank you for processing your license renewal via our online renewal system.

Based on the answer(s) you provided to one or more of the questions on the renewal application, you are required to submit documentation before the license record can be renewed. You are required to send the Board the appropriate documentation regarding that answer as indicated below.

If you have more than one discrepancy, you will receive more than one automated email message.

Each discrepancy will be addressed in a separate email message.

Please be advised that your license WILL NOT be renewed until such time as the information and/or documents outlined below are received.

Question - "Since your initial application or 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?"

CERTIFIED COPIES OF ALL DOCUMENTS REGARDING THE ACTION(S) MUST BE SENT TO THE BOARD.

IF YOU ANSWERED THIS QUESTION IN ERROR, PLEASE PROVIDE A WRITTEN STATEMENT TO THE BOARD INDICATING THAT THIS QUESTION WAS ANSWERED IN ERROR.

To assist with expediting the processing your renewal, please include a copy of this email with all documents that you return to the Board. Be sure to PRINT your name and license number below:

Post _____ Alison _____

Last, First

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
st-medicine@state.pa.us

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

INSTRUCTIONS - Print or type all information. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor. **NOTE:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your financial institution regardless of reason for non-payment. Make check payable to the "Commonwealth of Pennsylvania." The fee cannot be transferred to another application.

Upon approval of the application, the Board will issue an approval letter for the primary supervisor and provide a list of all substitute supervisors. These documents will be sent to the primary supervisor at the address provided on page one of the application.

****NOTE: PENNSYLVANIA LAW REQUIRES THAT YOU MAINTAIN A COPY OF THIS APPLICATION AND ALL ATTACHMENTS.**

REGARDLESS OF THE FILING DATE, A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD'S APPROVAL OF THIS APPLICATION.

PRIMARY SUPERVISING PHYSICIAN NAME/LICENSE NUMBER:

LAST POST FIRST ALISON MIDDLE B LIC NO. MD-0681012

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

LAST Bachus, FIRST Haseena MIDDLE Felicia LIC NO. MA-054149

PRACTICE ADDRESS [REDACTED]

CITY Harrisburg STATE PA ZIP CODE 17102

PRACTICE TELEPHONE [REDACTED]

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties Internal Medicine

Do you hold a membership in any American Boards of Medical Specialties? YES NO

If yes, list Board(s) ABIM

Do you hold hospital staff privileges? YES NO

If you have hospital staff privileges, indicate the hospital name(s).



VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application and written agreement 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 registration.

The physician assistant identified in this application will only work with the primary supervising physician and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

lt 7/1/09
 Signature of Primary Supervising Physician Date
Hasena Baecher PAC 9/21/09
 Signature of Physician Assistant Date

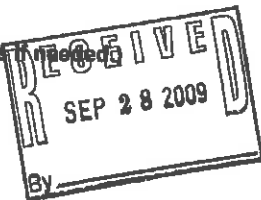
Name of Substitute Physician Assistant Supervisor Glenda Cardillo MD
 License # MD432127
 Signature [Redacted] M.D. Date 8-25-09

Name of Substitute Physician Assistant Supervisor _____
 License # _____
 Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor _____
 License # _____
 Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor _____
 License # _____
 Signature _____ Date _____

(Attach 8 1/2 x 11 sheets with additional names if needed)



WRITTEN AGREEMENT

Alison Rut

Mareng Baccho

NAME OF PRIMARY SUPERVISING PHYSICIAN

NAME OF PHYSICIAN ASSISTANT

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. Describe the functions/tasks to be delegated to the physician assistant.

See attached

2. Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant.

see attached

3. List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.

1514 N. 2nd Street Harrisburg, PA 17102

977 Walnut Bottom Rd. Carlisle, PA 17015

4. Will the physician assistant prescribe and dispense drugs/therapeutic devices?

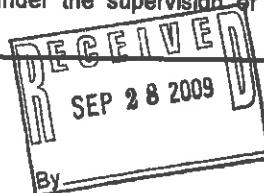
YES NO

If yes, list below any categories that the physician assistant will NOT be permitted to prescribe/dispense.

If yes, will Schedule II, III, IV and/or V controlled substances be prescribed and dispensed?

YES NO

NOTE: The Regulations of the State Board of Osteopathic Medicine do not permit a physician assistant to prescribe or dispense drugs when practicing under the supervision of an osteopathic physician.





Collaborative Practice Agreement

This Collaborative Agreement is made the September 21, 2009 by and between Haseena Bacchus (hereafter Clinician) and Alison Post, MD (hereafter Physician) and Glenda Cardillo, MD (hereafter Substitute Physician).

- A. Clinician is employed by Planned Parenthood of Northeast and Mid-Penn (PPNMP)
- B. Physician is employed by PPNMP working as Associate Medical Director for PPNMP
- C. Substitute Physician is an employee working on a part-time basis as a medical provider for PPNMP
- D. Clinician and Physician wish to enter into this Collaborative Agreement with respect to care of patients seen by Clinician at PPNMP
- E. The parties intend this Collaborative Agreement to set forth the terms of supervisory arrangement.

Now, Therefore, in consideration of the foregoing and the terms and conditions hereinafter contained, the parties hereby agree as follows:

- F. Clinician is licensed in the Commonwealth of PA as a Clinician
- G. Physician and Substitute Physician are licensed in the Commonwealth of PA and practice in the specialty of Women's Reproductive Healthcare
- H. Physician shall supervise the Clinician in accordance with the requirements set forth in Title 49, Chapter 18 of the Pennsylvania Code. In those circumstances where the Physician is unavailable to perform her supervisory responsibilities under the law, Glenda Cardillo, MD will act as substitute physician.
- I. The Clinician will see patients independently in a Family Planning Clinic. She will provide family planning, contraception, routine well-woman care, evaluation and treatment of sexually transmitted infections in both men and women and management of acute medical problems within the scope of her training and the protocols set up by PPNMP.
- J. Physician understands and authorizes Clinician to prescribe and/or dispense drugs from the following Drug Classifications:
 - (1) Antihistamines.
 - (2) Anti-infective agents.
 - (3) Autonomic drugs.
 - (4) Cardiovascular drugs.
 - (5) Central nervous system agents, except that the following drugs are excluded from this category:
 - (i) General anesthetics.
 - (ii) Monoamine oxidase inhibitors.
 - (6) Contraceptives including foams and devices.
 - (7) Diagnostic agents.

REGISTERED
SEP 21 2009
BY _____

- (8) Disinfectants for agents used on objects other than skin.
- (9) Electrolytic, caloric and water balance.
- (10) Enzymes.
- (11) Antitussive, expectorants and mucolytic agents.
- (12) Gastrointestinal drugs.
- (13) Local anesthetics.
- (14) Eye, ear, nose and throat preparations.
- (15) Serums, toxoids and vaccines.
- (16) Skin and mucous membrane agents.
- (17) Smooth muscle relaxants.
- (18) Vitamins.
- (19) Hormones and synthetic substitutes.

- K. By entering into this Collaborative Agreement, Physician hereby attests that she has sufficient knowledge and experience to prescribe or dispense the above-stated categories of drugs.
- L. Clinician is covered under the professional liability policy of PPNMP. For policy year 2009, the policy limits are \$1,000,000 occurrence/ \$3,000,000 aggregate.
- M. PPNMP is a family planning clinic. The Physician or Substitute Physician is available to the Clinician by telephone during working hours. The Physician or Substitute Physician will review all patient visits within 10 days and sign the charts accordingly. The Physician or Substitute Physician will personally see all patients that the Clinician identifies as needing further care based on Clinician evaluation and written standard protocols established by the collaborating physician and PPNMP. Examples of situations requiring the Physician or Substitute Physician to provide direct patient care may include, but are not limited to, unexpected outcomes of treatment, failure to respond to treatment in a reasonable time frame and patient request.
- N. Substitute Physician agrees to follow the law and the terms of this Collaborative Agreement when she acts in place of Physician to direct Clinician.

IN WITNESS WHEREOF, the parties hereto have executed this Collaborative Agreement on the date first above written.

Haseena Bacchus, PAC

Haseena Bacchus

Alison Post, MD

M.D.

Glenda Cardillo, MD





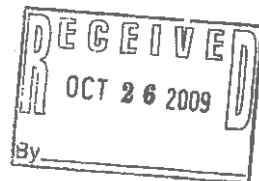
Collaborative Practice Agreement

This Collaborative Agreement is made the September 21, 2009, by and between Haseena Baccus (hereafter Clinician) and Alison Post, MD (hereafter Physician) and Glenda Cardillo, MD (hereafter Substitute Physician).

- A. Clinician is employed by Planned Parenthood of Northeast and Mid-Penn (PPNMP)
- B. Physician is employed by PPNMP working as Associate Medical Director for PPNMP
- C. Substitute Physician is an employee working on a part-time basis as a medical provider for PPNMP
- D. Clinician and Physician wish to enter into this Collaborative Agreement with respect to care of patients seen by Clinician at PPNMP
- E. The parties intend this Collaborative Agreement to set forth the terms of supervisory arrangement.

Now, Therefore, in consideration of the foregoing and the terms and conditions hereinafter contained, the parties hereby agree as follows:

- F. Clinician is licensed in the Commonwealth of PA as a Clinician
- G. Physician and Substitute Physician are licensed in the Commonwealth of PA and practice in the specialty of Women's Reproductive Healthcare
- H. Physician shall supervise the Clinician in accordance with the requirements set forth in Title 49, Chapter 18 of the Pennsylvania Code. In those circumstances where the Physician is unavailable to perform her supervisory responsibilities under the law, Glenda Cardillo, MD will act as substitute physician.
- I. The Clinician will see patients independently in a Family Planning Clinic. She will provide family planning, contraception, routine well-woman care, evaluation and treatment of sexually transmitted infections in both men and women and management of acute medical problems within the scope of her training and the protocols set up by PPNMP.
- J. Physician understands and authorizes Clinician to prescribe and/or dispense drugs from the following Drug Classifications:
 - (1) Antihistamines.
 - (2) Anti-infective agents.
 - (3) Autonomic drugs.
 - (4) Cardiovascular drugs.
 - (5) Central nervous system agents, except that the following drugs are excluded from this category:
 - (i) General anesthetics.
 - (ii) Monoamine oxidase inhibitors.



- (6) Contraceptives including foams and devices.
- (7) Diagnostic agents.
- (8) Disinfectants for agents used on objects other than skin.
- (9) Electrolytic, caloric and water balance.
- (10) Enzymes.
- (11) Antitussive, expectorants and mucolytic agents.
- (12) Gastrointestinal drugs.
- (13) Local anesthetics.
- (14) Eye, ear, nose and throat preparations.
- (15) Serums, toxoids and vaccines.
- (16) Skin and mucous membrane agents.
- (17) Smooth muscle relaxants.
- (18) Vitamins.
- (19) Hormones and synthetic substitutes.

- K. By entering into this Collaborative Agreement, Physician hereby attests that she has sufficient knowledge and experience to prescribe or dispense the above-stated categories of drugs.
- L. Clinician is covered under the professional liability policy of PPNMP. For policy year 2009, the policy limits are \$1,000,000 occurrence/ \$3,000,000 aggregate.
- M. PPNMP is a family planning clinic. The Physician or Substitute Physician is available to the Clinician by telephone during working hours. The Physician or Substitute Physician will review all patient visits within 10 days and sign the charts accordingly. The Physician or Substitute Physician will personally see all patients that the Clinician identifies as needing further care based on Clinician evaluation and written standard protocols established by the collaborating physician and PPNMP. Examples of situations requiring the Physician or Substitute Physician to provide direct patient care may include, but are not limited to, unexpected outcomes of treatment, failure to respond to treatment in a reasonable time frame and patient request.
- N. Substitute Physician agrees to follow the law and the terms of this Collaborative Agreement when she acts in place of Physician to direct Clinician.

IN WITNESS WHEREOF, the parties hereto have executed this Collaborative Agreement on the date first above written.

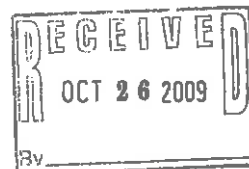
Haseena Baccus PAC

Haseena Baccus

[Signature]

Alison Post, MD

Alison Post M.D.



Glenda Cardillo, MD

RECEIVED
OCT 26 2009
3v



JOB DESCRIPTION
Clinician

EXEMPT: No	DEPARTMENT: Medical Services
REPORTS TO: Center Manager & Associate Medical Director	LOCATION:

PURPOSE OF POSITION:

As a member of the Medical Services Team, the Clinician, in collaboration with the Medical Services senior management team, is responsible for the provision and promotion of reproductive health care for women and men

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Review and interpret medical histories
- Perform physical examinations and interpret findings
- Comply with state laws governing abortion services and mandatory reporting
- Maintain patient and medical center confidentiality
- Serve as primary clinician in the medical centers as needed
- Prescribe and provide contraceptives, and treatments for specified medical conditions
- Provide relevant health instruction including family planning, all FDA approved birth control methods, STD prevention and treatment, HIV testing, abortion services, genetics, nutrition, sexual counseling, principles of health promotion maintenance and medical center procedures
- Provide factual, non-biased information to clients seeking abortion. Describe the difference between medication and surgical abortion
- In consultation with the senior medical staff, manage follow-up of abnormal findings
- Provide prescriptions and/or services in colposcopy, loop electro surgery, prescriptions, abortion, and IUD insertion as needed, trained, legally permitted, licensed, certified, and insured
- Maintain accurate, legible, and succinct records
- Work with center staff to provide follow-up for referrals, medical problems, lab tests, other services. Participate in scheduled clinician meetings
- Maintain current license, professional certification, and CPR certification
- Work collaboratively with the medical center team to meet patient needs as well as individual and center productivity levels
- Ensure compliance with applicable federal, state, and local laws and regulations, health care licensing, contracts, grant requirements, Family Health Council interactions, Planned Parenthood policies/procedures, medical protocols, security standards, and employee handbook guidelines
- Participate in the quality/risk management process for medical protocols, regulatory agency compliance, HR policies, and workplace safety policies
- Provide supervision in medical services to center staff as needed by medical center management
- Provide center staff with updates on medical services and information
- Provide on-call services as needed
- Competently use the patient information system software in all of its applications
- Ensure a culture that embraces diversity, fair and respectful treatment of all persons, and customer-focused delivery in all medical services
- Ensure completion of required annual training
- Adhere to all HIPAA and patient privacy regulations

RECEIVED
OCT 26 2009
By _____

OTHER DUTIES AND RESPONSIBILITIES:

- Assist with orientation/training of new staff and/or students
- Establish contact with other community health providers
- As assigned

EDUCATION and/or EXPERIENCE:

- Current professional certification and Pennsylvania license
- Current malpractice insurance as required
- Experience in reproductive health care preferred

MINIMUM QUALIFICATIONS:

- Excellent interpersonal and communication skills that enable work in a collaborative and multi-faceted team environment
- Strong analytical thinking and problem solving skills
- Computer literacy, including competency in email, Internet, and patient management systems software
- Ability to organize, multi-task and effectively function in a fast paced environment to set and achieve short and long term goals
- Ability and willingness to work flexible hours including weekends, early morning, and/or evening hours to meet the needs of the affiliate and patient care
- Ability to work independently under minimal supervision
- Ability and willingness to travel. Reliable means of transportation
- Strong commitment to quality health care and excellent customer service
- Extensive knowledge of women's health issues

PHYSICAL DEMANDS AND WORK ENVIRONMENT:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Successfully meeting the physical demands listed below are also essential functions of this job. Reasonable accommodation may be made to enable individuals with disabilities to perform the essential functions.

- Continuous ability to read, speak, hear, and see.
- Occasional exposure to toxic or caustic chemicals.
- Infrequent exposure to outside weather, and heat or cold conditions.
- Continuous exposure to moderate noise level
- Ability to lift and move up to 25 pounds

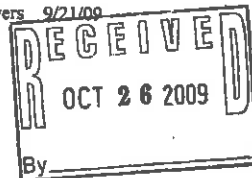
This job description is subject to review and change, at any time, at the discretion of management, formally or informally, verbally, or in writing. Signature of employee indicates solely that this position description has been received, read, and understood.

Signature of Employee

Date

Department approval – Stamey 7/20/09

HR approval – Myers 9/21/09





ESSENTIAL DUTIES AND RESPONSIBILITIES of a Physician Assistant:

- Review and interpret medical histories
- Provide Well Woman preventative visits, including pap testing, breast exams and STI testing.
- Providing treatment for sexually transmitted infections, vaginal infections, amenorrhea, dysfunctional uterine bleeding, urinary tract infections
- Perform physical examinations and interpret findings
- Prescribe and provide contraceptives
- Provide relevant health instruction including family planning, all FDA approved birth control methods, STD prevention and treatment, HIV testing, abortion services, genetics, nutrition, sexual counseling, principles of health promotion maintenance and medical center procedures
- Manage follow-up of abnormal findings
- IUD insertion if trained
- Provide on-call services as needed



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.doe.state.pa.us/med
October 27, 2009

ALISON BETH POST 9849
HARRISBURG PA 17102

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

EVALUATOR: SUZANNE

RE: HASEENA BACCHUS, PA-C

Dear Doctor:

The Board has received your application for registration as a supervising physician. The items listed below are needed to complete your application.

- > Fee in the amount of \$35.00, made payable to the "Commonwealth of Pennsylvania." Fee breakdown is as follows: \$35 primary and one substitute supervisor. Your \$40 check is enclosed.

OK A physician assistant can only perform those duties as specifically listed in the job description. Submit a job description listing the specific duties that will be performed when seeing patients independently and performing well woman care, evaluation and treatment of sexually transmitted infections and management of acute medical problems, managing follow-up of abnormal findings, and providing treatments for specified medical conditions. Remove any ambiguous statements (i.e., the physician assistant will perform duties within their scope of practice).

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

When submitting the above information, please return a copy of this letter. A physician assistant may not practice prior to the Board's approval of the application.



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

Telephone: (717) 787-2381
(717) 783-1400

Fax: (717) 787-7769
www.dos.state.pa.us

October 13, 2009

ALISON POST MD

HARRISBURG PA 17102

RE: HASEENA BACCHUS, PA-C

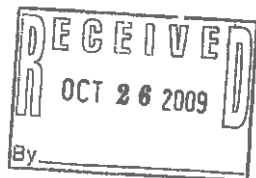
Dear Doctor:

The Board is in receipt of your application for registration as a supervising physician. The following is required so your application can be re-evaluated.

Please submit a job description listing the specific duties, treatments and procedures that will be performed by the physician assistant when seeing patients independently and performing well-woman care, evaluation and treatment of sexually transmitted infections and management of acute medical problems. A PA is permitted to perform only those duties, treatments and procedures specifically listed in the written agreement.

NOTE: PLEASE RETURN A COPY OF THIS LETTER WHEN SUBMITTING THE ABOVE INFORMATION. THE PHYSICIAN ASSISTANT MAY NOT BEGIN WORKING UNDER YOUR EMPLOY UNTIL YOUR SUPERVISOR APPLICATION HAS BEEN APPROVED.

EVALUATOR: KRISTA



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

November 17, 2009

ALISON BETH POST

HARRISBURG PA 17102

RE: HASEENA FELICIA BACCHUS

Dear Doctor:

Your application to supervise a physician assistant has been processed. Enclosed are your approval letters. You are reminded of the following:

The Board's regulations at 49 Pa. Code §18.151 define the role of a physician assistant. A copy of the regulations is available on our web site at www.dos.state.pa.us/med. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor, to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those included in the regulations you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§422.17 and 422.21, address the use of non-physician in the performance of medical services.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§422.1 - 422.45. This information is available on our web site, also. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and thus a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Cmwith. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Cmwith. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

Page 2

In assessing whether the particular service is one which is appropriate for delegation under those regulations, the physician must comply with the Board's delegation regulations contained at 49 PA Code; Section 18.401 - 18.402 which is also available on our web site. The physician retains responsibility for the medical service performed, whether performed personally or delegated to another person. Determine the level of skill and knowledge necessary to the safe performance of the procedure. Research the medical community's accepted practices, review the medical literature, and review the practice with experts in the field. Assess the competency of the individual who will provide the service. Ascertain whether performing the procedure on the particular patient creates any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegatee, and the risk to the particular patient.

We trust this information will assist you in exercising professional judgment regarding the appropriate utilization of your physician assistant.

Sincerely,

State Board of Medicine

Enclosures

✓ PHYSICIAN ASSISTANT HASEENA BACCHUS MA054149

✓ PRIMARY PHYSICIAN ALISON POST MD068101L

SUBS 1

APPROVED PENDING

FEE
SENT \$40 NEEDS \$35

11/17 10/13

APPLICATION

10/13 _____

WRITTEN AGREEMENT

LIST SPECIFIC D/T/P
PRACTICE LOCATION IS HOSPITAL Y OR N

11/13 10/13

LIST MEDS PA
CANNOT P/D

PRESCRIPTION PRIV Y OR N

RESTRICTIONS LISTED Y OR N

APPROVED FOR SCHED 2,3,4 5 Y OR N

WA NUMBER: MX 009797

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

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

STATE BOARD OF MEDICINE
P. O. BOX 8414
HARRISBURG, PA 17105-8414

(Print or type)

NAME: Alison Post
ADDRESS: [Redacted] Eastern Hospital
[Redacted] Allentown, PA 18109
[Redacted] Eastern, PA 18042

LICENSE NUMBER: MD 068101L

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 2000. TO RENEW YOUR LICENSE THROUGH DECEMBER 31, 2001, COMPLETE THE QUESTIONS BELOW AND RETURN WITH A CHECK OR MONEY ORDER IN THE AMOUNT OF \$125.00, MADE PAYABLE TO THE COMMONWEALTH OF PA. WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH IS CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRES SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, PLEASE PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY. FAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO

- () 1. DO YOU HOLD LICENSE (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE BELOW.
- () 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR FAVOR?
- () 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY, PLEADED NOLO CONTENDERE, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL) WITH RESPECT TO ANY CRIMINAL OFFENSE, INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND UNRESOLVED IN ANY STATE OR FEDERAL COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
- () 4. SINCE YOUR LAST RENEWAL, FOR DISCIPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
- () 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LIEU OF DISCIPLINE OR EMPLOYMENT TERMINATED IN A HOSPITAL OR ANY HEALTH CARE FACILITY?
- () 6. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.
NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTIONS ABOVE.

SIGN AND DATE BELOW

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 P.S. 494 RELATING TO UNWORN FALSIFICATION TO AUTHORITIES. I VERIFY THAT THIS FORM 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 PENALTY FOR TAMPERING WITH PUBLIC RECORDS OR INFORMATION PURSUANT TO 18 P.S. SECTION 4911.

SIGNATURE

DATE

[Redacted Signature] 12/1/00



TARGET SHEET

Board: Medicine

Date Created:
05/21/2008

Licensee Full Name:
AERSON BETH POST

License No:
MX007104

APPL 2552653

WRITTEN AGREEMENT CHANGE FORM

A. PRIMARY SUPERVISOR NAME, ADDRESS, WRITTEN AGREEMENT NUMBER:

Alison Board 40 South Yaw Street Acushetts MA

B. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT CURRENTLY UNDER WRITTEN AGREEMENT:

C. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT CURRENTLY UNDER WRITTEN AGREEMENT:

Alison Board MA 05262

D. LIST THE NAME AND LICENSE NUMBER OF THE SUBSIDIARY PHYSICIAN ASSISTANT UNDER WRITTEN AGREEMENT:

E. LIST THE NAME AND LICENSE NUMBER OF THE SUBSIDIARY PHYSICIAN ASSISTANT UNDER WRITTEN AGREEMENT:

If you answer yes to any of the following questions, please follow all instructions outlined on the instruction page.

F. WILL THERE BE ANY CHANGE IN JOB TITLE? YES NO

WILL THERE BE ANY CHANGE TO THE PREVIOUSLY GRANTED PRIVILEGES? YES NO

IF CHANGING THE PREVIOUSLY GRANTED PRIVILEGES, WHICH SCHEDULES WILL BE PRESCRIBED AND DISPENSED?

- NOTE: Physician Assistants are not permitted to prescribe Schedule I controlled substances.
- SCHEDULE I
- SCHEDULE II
- SCHEDULE III
- SCHEDULE IV
- SCHEDULE V

IS THE ADDRESS OF THE PRACTICE LOCATION CHANGING? YES NO

ARE YOU ADDING PRACTICE LOCATIONS? YES NO

ARE YOU OPENING PRACTICE LOCATIONS? YES NO

SIGNATURE OF PRIMARY SUPERVISOR: [Signature]

SIGNATURE OF PHYSICIAN ASSISTANT: [Signature]

SIGNATURE OF NEW SUBSIDIARY: [Signature]



TARGET SHEET

Board: Medicine

Date Created:
12/12/2007

Licensee Full Name:
ALISON BETH POST

License No:
N1X007104

APPL	2552653
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2049
www.dos.state.pa.us

December 12, 2007

ALISON BETH POST
[REDACTED]
READING PA 19602

RE: TARA JO TROUT

Dear Doctor:

Your application to supervise a physician assistant has been processed. Enclosed are your approval letters. You are reminded of the following:

The Board's regulations at 49 Pa. Code § 18.151 define the role of a physician assistant. A copy of the regulations is available on our web site at www.dos.state.pa.us/med. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those included in the regulations, you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§ 422.17 and 422.21, address the use of non-physician in the performance of medical services.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency, the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§ 422.1 - 422.45. This information is available on our web site, also. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and are a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Cmwlth. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Cmwlth. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

Page 2

In assessing whether the particular service is one which is appropriate for delegation under these regulations, the physician must comply with the Board's delegation regulations contained at 49 PA Code, Section 18.401 - 18.402 which is also available on our web site. The physician retains responsibility for the medical service performed, whether performed personally or delegated to another person. Determine the level of skill and knowledge necessary to the safe performance of the procedure. Research the medical community's accepted practices, review the medical literature, and review the practice with experts in the field. Assess the competency of the individual who will provide the service. Ascertain whether performing the procedure on the particular patient creates any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegatee, and the risk to the particular patient.

We trust this information will assist you in exercising professional judgment regarding the appropriate utilization of your physician assistant.

Sincerely,

State Board of Medicine

Enclosures

49-106 (REV. 12-07)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
st-medicine@state.pa.us

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

MX 007104

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

INSTRUCTIONS -- Print or type all information. If the written agreement is identical for all supervisors, submit one application for each physician assistant. Attach the fee and written agreement.

FEE - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor. **NOTE:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your financial institution regardless of reason for non-payment. Make check payable to the "Commonwealth of Pennsylvania." The fee cannot be transferred to another application.

Upon approval of the application, the Board will issue an approval letter for the primary supervisor and provide a list of all substitute supervisors. These documents will be sent to the primary supervisor at the address provided on page one of the application.

****NOTE: PENNSYLVANIA LAW REQUIRES THAT YOU MAINTAIN A COPY OF THIS APPLICATION AND ALL ATTACHMENTS.**

REGARDLESS OF THE FILING DATE, A PHYSICIAN ASSISTANT CANNOT PRACTICE PRIOR TO THE BOARD'S APPROVAL OF THIS APPLICATION.

PRIMARY SUPERVISING PHYSICIAN NAME/LICENSE NUMBER:

Port Allen, Beth MD 0681011

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Troun, Tara PA 052021

PRACTICE ADDRESS 48 S. Fourth Street

Reading, PA 19602

PRACTICE TELEPHONE (610) 376-8061

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties: Internal Medicine

Do you hold a membership in any American Boards of Medical Specialties? YES NO

If yes, list Board(s): ABIM

Do you hold hospital staff privileges? YES NO

If you have hospital staff privileges, indicate the hospital name(s):

3y

VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application and written agreement 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 registration.

The physician assistant identified in this application will only work with the primary supervising physician and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

Signature of Primary Supervising Physician _____ Date 11/11/07

Signature of Physician Assistant _____ Date 13 Nov 07

Name of Substitute Physician Assistant Supervisor _____

License # MQ 0568746

Signature _____ Date 11-12-07

Name of Substitute Physician Assistant Supervisor _____

License # _____

Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor _____

License # _____

Signature _____ Date _____

Name of Substitute Physician Assistant Supervisor _____

License # _____

Signature _____ Date _____

(Attach 8 1/2 x 11 sheets with additional names if needed.)



WRITTEN AGREEMENT

Alison Rost

Jayg Tarrant

NAME OF PRIMARY SUPERVISING PHYSICIAN

NAME OF PHYSICIAN ASSISTANT

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. Describe the functions/tasks to be delegated to the physician assistant

2. Provide details regarding the time, place and manner of supervision and direction you will provide the physician assistant

3. List the name, address, and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve

*Manuel Becerra, MD, PC
480 S. 11th Street, Suite 100
Tulsa, OK 74106*

4. Will the physician assistant prescribe and dispense drugs/therapeutic devices?

YES NO

If yes, list below any categories that the physician assistant will NOT be permitted to prescribe/dispense.

<i>Cardiovascular</i>	<i>Central Nervous System</i>
<i>Psychotropic</i>	<i>Anticoagulants</i>
<i>Chemotherapy</i>	<i>Heroin/Heroin Derivatives</i>
<i>Controlled Substances</i>	

If yes, will Schedule II, III, IV and/or V controlled substances be prescribed and dispensed?

YES NO

NOTE: The Regulations of the State Board of Osteopathic Medicine do not permit a physician assistant to prescribe or dispense drugs when practicing under the supervision of an osteopathic physician.

[Faint handwritten notes and stamps at the bottom right of the page]

Supervisor application for Tara Trout for Planned Parenthood of North East PA
November 12, 2007

Question 1

Clinicians at PPNEP practice under standing Protocols of Practice. The supervising physician and/or substitute will be available by telephonic consultation whenever necessary. The services provided by PPNEP are all related to Reproductive health care for men and women.

Question 2

The supervising physician and/or substitute will attend at minimum quarterly quality management meetings with all clinicians and do on-site audits with physician assistant in attendance. The supervising physician listed will be available for consult at any time the physician assistant is working for PPNEP.

Question 3

The clinician will work for Planned Parenthood of North East PA, with her base location at our Reading Health Center, located at 48 S 4th St. Reading, PA 19602. This is a clinic setting.





Planned Parenthood of North East Pennsylvania

MAILING ADDRESS:

29 N 9th Street
Allentown, PA 18101
PHONE: (610) 439-1033

SHIPPING ADDRESS:

29 N 9th Street
Allentown, PA 18101
FAX: (610) 439-0803

FAX COVER SHEET

TO: <i>Sandy B</i>	FROM: <i>Dr. A. Post</i>
COMPANY:	DATE: <i>12/4/07</i>
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER: <i>2</i>
PHONE NUMBER:	RE:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE CONFIRM RECEIPT

REMARKS/NOTES/COMMENTS:

CONFIDENTIALITY NOTICE: This message is intended only for the individual or entity to which it is addressed and may contain information that is privileged, confidential or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that you are strictly prohibited from reading, disseminating, distributing or copying the information contained herein. If you have received this in error, please notify us immediately and return the original message to us at the address above via the U.S. postal service. Thank you.

RECEIVED TIME: DEC. 4. 12:41PM

PRINT TIME: DEC. 4. 12:42PM

Supervisor application for Tara Trout for Planned Parenthood of North East PA
December 4, 2007

Question 1

Clinicians at PPNEP practice under standing Protocols of Practice. Duties include gynecological examinations, well women examinations, STD testing, pap smears, male genitourinary examinations and ultrasounds to date pregnancy. She will also do medication injections and occasional phlebotomy. The supervising physician and/or substitute will be available by telephone consultation whenever necessary and meet weekly with the PA. The services provided by PPNEP are all related to Reproductive health care for men and women.

Question 2

The supervising physician and/or substitute will attend at minimum quarterly quality management meetings with all clinicians and do on site audits with physician assistant in attendance. The supervising physician listed will be available for consult at any time the physician assistant is working for PPNEP. Weekly one on one meetings will take place to review charts and follow-up.

Question 3

The clinician will work for Planned Parenthood of North East PA, with her base location at our Reading Health Center, located at 48 S 4th St, Reading, PA 19602. This is a clinic setting. The site is a Family Planning Clinic.



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

Telephone (717) 787-2387
(717) 783-1400

Fax (717) 781-7769
www.dos.state.pa.us

November 29, 2007

ALISON POST

READING, PA 19602

RE: TARA JO TROTT, PA-C

Dear Doctor:

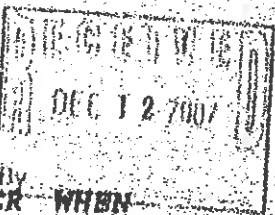
The Board is in receipt of your physician assistant supervisor application. The following is required so your application can be re-evaluated.

We are returning your check for \$40. Please send a check for the current amount of \$55 which covers the application fee and one substitute physician assistant supervisor.

Submit a job description listing the specific duties, treatments and procedures that will be performed by the physician assistant. A physician assistant is permitted to perform only those duties, treatments and procedures specifically listed in the written agreement.

Please answer question two regarding the time, place and manner of supervision and direction you will provide the physician assistant. You indicate that the supervising physician or substitute will be available by telephone consultation whenever necessary. We need to know if there will be one on one consultations on a regular basis.

EVALUATOR: SANDY B.



NOTE: PLEASE RETURN A COPY OF THIS LETTER WHEN SUBMITTING THE ABOVE INFORMATION. THE PHYSICIAN ASSISTANT MAY NOT BEGIN WORKING UNDER YOUR EMPLOY UNTIL YOUR SUPERVISOR APPLICATION HAS BEEN APPROVED.



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

Telephone: (717) 787-2167
(717) 781-1400

Fax: (717) 787-1269
www.dsa.state.pa.us

December 4, 2007

ADISON POST

READING, PA 19602

RE: TARA JO TROTT, PA-C

Dear Doctor:

The Board is in receipt of your physician assistant supervisor application. The following is required so your application can be re-evaluated.

We returned your check for \$40 on November 26. Please send a check for the correct amount of \$45 which covers the application fee and one substitute physician assistant supervisor.

EVALUATOR: SANDY H

NOTE: PLEASE RETURN A COPY OF THIS LETTER WHEN SUBMITTING THE ABOVE INFORMATION. THE PHYSICIAN ASSISTANT MAY NOT BEGIN WORKING UNDER YOUR EMPLOY UNTIL YOUR SUPERVISOR APPLICATION HAS BEEN APPROVED.



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

Telephone: (717) 781-2101
(717) 781-1400

Fax: (717) 781-7769
www.doh.state.pa.us

November 28, 2007

ALISON POST

██████████
KRAVITS PA 19603

RE: TARA JO TROUT, PA-C

Dear Doctor:

The Board is in receipt of your physician assistant supervisor application. The following is required so your application can be re-evaluated.

We are returning your check for \$40. Please send a check for the correct amount of \$55 which covers the application fee and one substitute physician assistant supervisor.

Submit a job description listing the specific duties, treatments and procedures that will be performed by the physician assistant. A physician assistant is permitted to perform only those duties, treatments and procedures specifically listed on the written agreement.

Please answer question two regarding the time, place and manner of supervision and direction you will provide the physician assistant. You indicate that the supervising physician or substitute will be available by telephone consultation whenever necessary. We need to know if there will be one on one consultations on a regular basis.

EVALUATOR: SANDY B

NOTE: PLEASE RETURN A COPY OF THIS LETTER WHEN SUBMITTING THE ABOVE INFORMATION. THE PHYSICIAN ASSISTANT MAY NOT BEGIN WORKING UNDER YOUR EMPLOY UNTIL YOUR SUPERVISOR APPLICATION HAS BEEN APPROVED.

PHYSICIAN ASSISTANT *Trout, Tara*

WVPH 101
Michael Flood

PRIMARY PHYSICIAN *Post, Allison*

WVPH 101
Kudrnik, Aronson

APPROVED BY PHYSICIAN *[initials]*

APPROVED

PENDING

DIP

40 ⁰⁰ + 5 ⁰⁰

APPLICATION

need to know
manner of
supervision - will
there be one on one consult.

WILL BE SUBMITTED

NO D/T/P

PRESCRIPTION

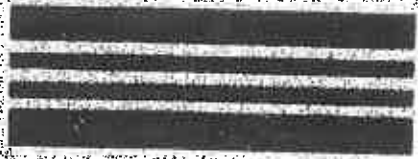
w/ exclusions
No sub 2-5

HOSPITAL

SCHEDULE 2

APPROVAL LETTER ISSUED *12-12-07*

WV MEMBER *MX007104*



TARGET SHEET

Board: Medicine

Date Created:
03/21/2005

License Full Name:
ALISON BETH POST

License No:
MX003441

APPL	2259451
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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P. O. Box 2649
Harrisburg, PA 17105-2649
www.dos.state.pa.us

March 21, 2005

ALISON BETH POST

SCRANTON PA 18503

RE: LUDMILA ARONZON

Dear Doctor:

This is in response to your application to supervise a physician assistant. To the degree that the documents you submitted indicate that you intend for the physician assistant to perform services not specifically authorized by the Board's regulations, you are reminded of the following:

The Board's regulations at 49 Pa. Code §18.151 define the role of a physician assistant. A copy of the regulations is enclosed.

The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervisor, to augment the physician's data gathering abilities in order to assist the physician in reaching decisions and instituting care plans for the physician's patients. The regulations identify specific procedures which physician assistants are authorized to perform. Although the list of procedures is not all inclusive, it identifies those procedures which may be considered pre-approved.

If you desire your physician assistant to provide services beyond those included in the regulations you must adhere to the statutory provisions which address delegation of medical services. Sections 17 and 21 of the Medical Practice Act, 63 P.S. §§422.17 and 422.21, address the use of non-physician in the performance of medical services. A copy of the Act is enclosed.

The Board is unable to pre-approve procedures which are not contained in the regulation. As a government agency the Board's activities are limited to that authorized by the Medical Practice Act of 1985, 63 P.S. §§422.1 - 422.45. The act does not confer authority on the Board to issue advisory opinions or pre-approve specific conduct. This issue has been addressed by the

Pennsylvania Commonwealth Court, which is the Court having review authority over decisions of the Board. That Court has held that where the legislature has not provided authority for a licensing board to pre-approve conduct of its licensees, such pre-approval decisions are in the nature of an advisory opinion and thus a nullity. See Avis Rent A Car Systems v. Commonwealth Department of State, 548 A.2d 402 (Pa. Cmwlth. Ct. 1988).

The Court has also held specific to the State Board of Medicine that the Medical Practice Act does not confer pre-approval authority to the Board. Such actions by the Board are outside the scope of power granted by the legislature. The Board's authority to decide issues concerning accepted ethical and quality standards of conduct arises in the context of promulgating regulations or in the context of a disciplinary action. See Morrison v. State Board of Medicine, 618 A.2d 1098 (Pa. Cmwlth. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

In assessing whether the particular service is one which is appropriate for delegation under those regulations, the physician must comply with the Board's delegation regulations contained at 49 PA. Code, Section 18.401 - 18.402 (copy enclosed). The physician retains responsibility for the medical service performed, whether performed personally or delegated to another person. Determine the level of skill and knowledge necessary to the safe performance of the procedure. Research the medical community's accepted practices, review the medical literature, and review the practice with experts in the field. Assess the competency of the individual who will provide the service. Ascertain whether performing the procedure on the particular patient creates any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegatee, and the risk to the particular patient.

We trust this information will assist you in exercising professional judgment regarding this matter.

Sincerely,

State Board of Medicine



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

Telephone: (717) 787-2381
(717) 783-1400

Fax: (717) 787-7769
www.dos.state.pa.us

March 21, 2005

ALISON BETH POST
[REDACTED]
SCRANTON PA 18503

RE: LUDMILA ARONZON, PA-C

Dear Doctor:

The State Board of Medicine has approved your supervisor application for the above named physician assistant. The approval letters are enclosed. Please note a physician assistant may prescribe, administer, and dispense drugs within the permissible physician assistant prescription formulary as listed on page four of the supervisor application. For drugs outside the permissible formulary, a physician assistant may only relay and/or execute an order of the supervising physician (s). The supervising physician (s) is fully responsible for the physician assistant.

Sincerely,

State Board of Medicine

49-106 (REV. 15/03)
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1100
717-181-2381

COURIER ADDRESS
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

MX 003441
APPL

Trans. No. _____
Amount _____
Date _____

APPLICATION FOR REGISTRATION AS A PHYSICIAN ASSISTANT SUPERVISOR

*NOTE: A PHYSICIAN ASSISTANT CAN ONLY BE REGISTERED UNDER THREE PRIMARY SUPERVISORS AT ONE HEALTH CARE FACILITY.

INSTRUCTIONS - If written agreement and drug list (if applicable) are identical for all supervisors, submit one application for each physician assistant. Complete and sign this application. Attach fee and written agreement along with drug list, if applicable.

FEE - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor listed.
NOTE: A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR FINANCIAL INSTITUTION, REGARDLESS OF REASON FOR NON-PAYMENT. MAKE CHECK PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA." FEE IS NOT REFUNDABLE.

PLEASE PRINT OR TYPE ALL INFORMATION

PRIMARY PHYSICIAN ASSISTANT SUPERVISOR NAME/LICENSE NUMBER:

Post Alison Cohn MU-068101L
LAST FIRST MIDDLE LIC NO.

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Aronzon Ludmila PA
MA-1064940-cert
License # MA051986
LAST FIRST MIDDLE LIC NO.

PRACTICE ADDRESS

316 Penn Ave
Scranton PA 18503
CITY STATE ZIP CODE

PRACTICE TELEPHONE

519 344 2626

Primary Physician Assistant Supervisor must complete:

List Specialties Internal Medicine

Do you hold a membership in any American Boards of Medical Specialties
YES NO

If yes, list Board(s) ABIM

If you have hospital staff privileges, indicate hospital name(s).

VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application, written agreement and drug list (if applicable) 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 registration.

The physician assistant identified in this application will only assist the primary physician assistant supervisor and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

Signature of Primary Physician Assistant Supervisor [Redacted] Date 10/21/04 MD#

Name of Substitute Physician Assistant Supervisor _____

Signature _____ Date _____ MD# _____

Name of Substitute Physician Assistant Supervisor _____

Signature _____ Date _____ MD# _____

Name of Substitute Physician Assistant Supervisor _____

Signature _____ Date _____ MD# _____

Name of Substitute Physician Assistant Supervisor _____

Signature _____ Date _____ MD# _____

(Attach 8 1/2 x 11 sheets with additional names if needed.)

WRITTEN AGREEMENT

PRIMARY PHYSICIAN ASSISTANT SUPERVISOR

PHYSICIAN ASSISTANT SIGNATURE

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. Describe the functions/tasks to be delegated to the physician assistant, including the manner in which the physician assistant will be assisting each named physician, instructions for the use of the physician assistant in the performance of delegated functions/tasks and medical regimens to be administered or relayed by the physician assistant.
2. Describe the time, place and manner of supervision and direction you will provide the physician assistant, including the frequency of personal contact with the physician assistant.
3. Identify the location and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.

Family Planning Clinic

4. The name(s) of physician(s) who is/are willing to act as a substitute physician assistant supervisor in your absence are all listed on page 2 of this application? YES _____ NO _____

5. Will the physician assistant prescribe and dispense drugs? YES NO _____ If yes, please complete page 4.

If yes, will Schedule III, IV and/or V controlled substances be prescribed and dispensed? YES _____ NO (NOTE: Physician Assistants are not permitted to prescribe Schedule I and II controlled substances.)

NOTE: The Regulations of the State Board of Osteopathic Medicine do not permit a physician assistant to prescribe or dispense drugs when practicing under the supervision of an osteopathic physician.

PRESCRIBING AND DISPENSING DRUGS BY PHYSICIAN ASSISTANT

Print or type name

PHYSICIAN ASSISTANT SUPERVISOR
 Allison Post MD

PHYSICIAN ASSISTANT

If you answered "YES" to question number 5 in the written agreement, please check those categories which the physician assistant will be permitted to prescribe and dispense drugs.

1. Categories from which a physician assistant may prescribe and dispense without limitation are as follows:

- (i) Antihistamines.
- (ii) Anti-infective agents.
- (iii) Cardiovascular drugs.
- (iv) Contraceptives - for example, foams and devices.
- (v) Diagnostic agents.
- (vi) Disinfectants - for agents used on objects other than skin.
- (vii) Electrolytic, caloric and water balance.
- (viii) Enzymes.
- (ix) Antitussives, expectorants and mucolytic agents.
- (x) Gastrointestinal drugs.
- (xi) Local anesthetics.
- (xii) Serums, toxoids and vaccines.
- (xiii) Skin and mucous membrane agents.
- (xiv) Smooth muscle relaxants.
- (xv) Vitamins.

2. Categories from which a physician assistant may prescribe and dispense subject to exclusions and limitations listed:

- (i) Autonomic drugs. Drugs excluded under this category: Sympathomimetic (adrenergic) agents.
- (ii) Blood formation and coagulation. Drugs excluded under this category:
 - (A) Anti-coagulants and coagulants.
 - (B) Thrombolytic agents.
- (iii) Central nervous system agents. Drugs excluded under this category:
 - (A) General anesthetics.
 - (B) Monoamine oxidase inhibitors.
- (iv) Eye, ear, nose and throat preparations. Drugs limited under this category: Miotics and mydriatics used as eye preparations require specific approval from the physician assistant supervisor for a named patient.
- (v) Hormones and synthetic substitutes. Drugs excluded under this category:
 - (A) Pituitary hormones and synthetics.
 - (B) Parathyroid hormones and synthetics.

PLEASE NOTE:

Categories from which a physician assistant may not prescribe or dispense are as follows:

- (i) Antineoplastic agents.
- (ii) Dental agents.
- (iii) Gold compounds.
- (iv) Heavy metal antagonists.
- (v) Oxytocics.
- (vi) Radioactive agents.
- (vii) Unclassified therapeutic agents.
- (viii) Devices.
- (ix) Pharmaceutical aids.



P.O. Box 813, Trexlertown, PA 18087-0813
610-481-0481 Fax: 610-481-0486



JOB DESCRIPTION

JOB TITLE: Clinician

DEPARTMENT: Patient Services

RESPONSIBLE TO: Center Manager (Administrative)
Medical Director (Medical)

GENERAL RESPONSIBILITIES:

Function in an expanded role in the provision and promotion of health care for women and men by collaboration with the Medical Director and following Planned Parenthood of North East Pennsylvania's (PPNEP) Protocols of Practice. Participate in a team approach to patient care.

SPECIFIC DUTIES:

Takes and/or reviews and interprets a complete health history, including obstetric, gynecological, sexual, contraceptive, medical, surgical, family health and psychosocial and records findings accurately, legibly and succinctly.

Performs physical examinations with special emphasis on the reproductive system including heart and lung assessment, thyroid, abdominal, breast and pelvic examination, pregnancy sizing and appropriate screening procedures. Interprets finding of examination and records same.

Prescribes and provides appropriate contraceptive methods and/or treatments for specified medical conditions following protocols and tailored to the clients' maintenance.

Provides relevant health instruction to include family planning, STD prevention, genetics, nutrition, sexual counseling and principles of health promotion maintenance.

Consults with Medical Director or designated community gynecologist, or refers clients with abnormal findings or in need of further care according to clinical judgment and protocols of practice.



Responsible for follow-up pertaining to referrals, medical problems, lab tests, etc. with staff assistance.

Assists Center Manager and Health Care Assistants to ensure smooth operation of the service, i.e., record keeping, laboratory testing, clerical functions, and maintenance of facilities.

Supports PPNEP's required staff productivity levels.

Assists with orientation/training of new staff and/or students.

Participates in departmental committees (clinician, Q.A.) which affect or determine policies related to the delivery of reproductive health care to the consumer.

Participates in departmental meetings (clinician and affiliate medical committees) which affect and determine policies related to the role of the clinician.

Establishes contact with other community health providers.

Maintains continuing education requirements for licensure.

Practices in accordance with agency and PPFA Medical Standards and Guidelines

Maintains cardiopulmonary resuscitation certification.

Assists with abortion services and accepts call duties, as needed.

Assists with prenatal services as needed.

Responsible for regular periodic medical in-service and medical supervision of non-clinical staff at center.

QUALIFICATIONS:

Licensed or certified as a nurse practitioner, nurse midwife, or physicians assistant in the state of Pennsylvania. Training in a recognized program or its equivalent. Experience in reproductive health care, including STDs, contraceptives, pregnancy sizing, and options counselling essential. Experience in male examination desirable. Malpractice coverage assumed by clinician if individual coverage required by the state (e. CNMs). Must be willing to

①

work some evenings and/or Saturdays. Must have a commitment to and interest in providing quality reproductive health care including family planning and abortion services.

I have received copy of this job description. I understand and accept the responsibilities and duties that it describes. My signature does not constitute a contract for any term, and neither PPNEP nor I am obliged to any specific term of employment.

I support the mission* of PPNEP and, regardless of my personal beliefs, I agree to assist in the provision of all services provided by PPNEP as requested.

Signed: L. Avoniz -

Date: 10.22.2004

***MISSION STATEMENT**

Planned Parenthood of North East Pennsylvania shall protect and promote an environment that ensures that individuals have universal access to quality reproductive health care and the freedom of choice to determine their reproductive needs.

2

Clinicians at PPNEP practice under standing Protocols of Practice. The supervising physician will be available by telephone consultation whenever necessary. The supervising physician will attend at minimum quarterly quality management meetings with all clinicians and do on site audits with physician assistant in attendance.



XVII. FORMULARY OF MEDICATIONS

1. Rule out Drug Allergies when prescribing; document as "Denies Allergies" or "NKDA".
2. PPNEP clinicians may prescribe Oral Contraceptives 50 mcg or less and Emergency Hormonal Contraception.
3. Clinicians may prescribe hormone replacement therapy in accordance with the protocols of practice.

<u>Medication/Brand</u>	<u>Type</u>	<u>Dosage/Active Ingrid</u>
Aci-jel*	cream	
Acyclovir (Zovirax)*	oral	200 mg
Aldara*	topical cream	
Amino Cerv*	Vaginal cream	Urea 8.34%; Sodium Propinase 0.5%; Methionine 0.83%; Cystine 0.35%; Inosdal 0.83%
Ampicillin*	oral	500 mg & 3.5 gm
Anaprox*	oral	275 mg & 550 mg
Azithromycin* (Zithromax)	oral	150 mg. tablets; 1 G powder for suspension
Bellergal*	Oral	
Boric Acid*	capsule	
Ceftriaxone	IM	250 mg or 125 mg
Cefixime (Suprax)	oral	400 mg
Cleocin*	vaginal cream	5 gm (1 applicator)
Ciprofloxacin	oral	500 mg



<u>Medication/Brand</u>	<u>Type</u>	<u>Dosage/Active Ingrid</u>
Compazine*	oral	10 mg
Condylox (Podofilox) *	topical	0.5%
Denavir*	topical	1%
Depo Provera	IM	150 mg
Dicloxicillin*	oral	250 mg & 500 mg
Diflucan*	oral	150 mg
Doxycycline	oral	100 mg
Dramamine*	oral	50 mg
Erythromycin *	oral	500 mg
Estring*	vaginal ring	
Estinyl *	oral	20mcg
Evra Patch	Transdermal patch	6 mg norelgestromin/ .75 ethinyl estradiol
Famvir*	oral	250 mg
Femstat Prefill *	cream	Butoconazole Nitrate, 2%
Ferrous Sulfate * or		
Feosol Spansules *	oral	300 mg
Flagyl*	oral	375 mg
Flagyl ER*	oral	750 mg
Floxin*	oral	200 mg BID X 3d
Fosamax*	oral	10 mg

5

<u>Medication/Brand</u>	<u>Type</u>	<u>Dosage/Active ingred</u>
Keflex*	oral	500 mg
Lotrisone*	topical	
Lunelle	IM	.5ml
Macrobid*	oral	1 BID
Metronidazole	oral	250 mg and 500 mg
Metrogel-Vaginal*	vaginal gel	5 gm (1 applicator)
Mirena IUD*		
Monural*	oral	3 g
Motrin *	oral	400 mg
Nitrofurantoin *	oral	50 mg
NuvaRing	vaginal ring	0.12 mg etonogestrel/ .015 ethinyl estradiol (Based on absorption over 24 hours)
Ofloxacin	oral	400 mg
	oral	300 mg
	oral	200 mg
Podophlox *	local	0.5% solution
Ponstel *	oral	250 mg
Promethazine(Phenergan)*	oral	25 mg
Provera*	oral	2.5 mg; 5 mg; 10 mg
Pyridium *	oral	200 mg
RID	topical	Pyrothium extract .33% Piperonyl Bioxide 4.0%

5

<u>Medication/Brand</u>	<u>Type</u>	<u>Dosage/Active Ingrid</u>
Scabies Medication* (Lindane, Permethrin Cream) per CDC guidelines		
Spectinomycin	IM	2 gm
Sulfatrim DS *	oral	160 mg trimethoprim 800 mg sulfamethoxazole
Terazol 7 *	cream	Terconazole, 0.4%
Terazol 3 *	suppository	Terconazole, 80 mg
Tetracycline	oral	500 mg
Tigan *	oral	250 mg
Trichloroacetic Acid	local	85% solution
Vagisec *	douche	Polyoxyethylene nonylphenol / 5.25 mg
Valtrex*	oral	500 mg; 1000 mg
Zyban *		

* available to patients by prescription only



Pennsylvania Department of State Bureau of Professional and Occupational Affairs

License Verification

Person Information

Name: LUDMILA ARONZON
Address (city, state, zipcode): Scranton PA 18510

Employer Information

No information found.

License Information

Type: Medical Physician Asst	Secondary Type: N/A	Number: MAOS1986
Profession: Medicine	Status: Active	Obtained By: Application
Issue Date: 12/8/2004	Expires: 12/31/2006	Last Renewed: N/A

Standing: This license is in good standing.

Disciplinary action history: No disciplinary actions were found for this license.

[Return to License Search](#) | [Back to Results](#)

 **Planned Parenthood**
of North East Pennsylvania

P.O. Box 813, Trexlertown, PA 18087-0813
610-481-0481 FAX: 610-481-0486

February 24, 2005
State Board of Medicine
PO Box 2649
Harrisburg, PA 17105-2649

Dear Terry,

This is in response to your request for clarification on the physician supervisor request previously submitted in 12/04 for Ludmila Aronzon, PA at PPNEP
316 Penn Ave.
Reading, PA 19602

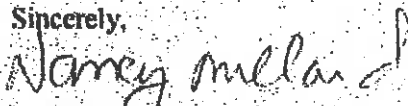
The questions you stated to me on the phone that needed further information are:

- Page 2, hospital privileges.
- Addition of a substitute physician has been added. Check for an additional \$5 is included in this application addendum.
- Page 3 question 2 has been clarified and amended.
- Question 4 regarding a substitute physician has been answered along with a statement that PA will not work without Supervising Physician or substitute consultation available.

The application previously sent has answered all the other questions, and I included a copy in this letter. Please advise me if you need anything else. We are anxious to have her begin her duties with us.

Thank you for your prompt attention to this addendum.

Sincerely,



Nancy Millard
Director of Patient Services
Planned Parenthood of North East PA
PO Box 813
Trexlertown, PA 18087

@ppfa.org

49-106 (REV. 12/05)
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-283-1400
717-787-2381

COURIER ADDRESS
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

MX					
			APPL		

Trans. No. _____
Amount _____
Date _____

APPLICATION FOR REGISTRATION AS A PHYSICIAN ASSISTANT SUPERVISOR

*NOTE: A PHYSICIAN ASSISTANT CAN ONLY BE REGISTERED UNDER THREE PRIMARY SUPERVISORS AT ONE HEALTH CARE FACILITY.

INSTRUCTIONS - If written agreement and drug list (if applicable) are identical for all supervisors, submit one application for each physician assistant. Complete and sign this application. Attach fee and written agreement along with drug list, if applicable. **PENNSYLVANIA LAW REQUIRES THAT YOU MAINTAIN A COPY OF THIS APPLICATION AND ALL ATTACHMENTS.**

FEE - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor listed. NOTE: A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR FINANCIAL INSTITUTION, REGARDLESS OF REASON FOR NON-PAYMENT. MAKE CHECK PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA." FEE IS NOT REFUNDABLE.

PLEASE PRINT OR TYPE ALL INFORMATION.

PRIMARY PHYSICIAN ASSISTANT SUPERVISOR NAME/LICENSE NUMBER:

Post Alison MD-068101 L
LAST FIRST MIDDLE LIC No.

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Aronzon Ludmila PA MA-1064940
LAST FIRST MIDDLE LIC No.

PRACTICE ADDRESS

316 Penn Ave
Scranton PA 18503
CITY STATE ZIP CODE

PRACTICE TELEPHONE

579 344-2626

Primary Physician Assistant Supervisor must complete:

List Specialties _____

Do you hold a membership in any American Boards of Medical Specialties

YES NO

If yes, list Board(s) _____

If you have hospital staff privileges, indicate hospital name(s).

N/A

VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients. I verify that I will not provide primary supervision to more than two physician assistants.

I verify that the statements in this application, written agreement and drug list (if applicable) 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 registration.

The physician assistant identified in this application will only assist the primary physician assistant supervisor and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary physician assistant supervisor or substitute supervisor(s) named in

Signature of Primary Physician Assistant Supervisor _____ Date 2-25-05

Name of Substitute Physician Assistant Supervisor Dr. James Anesth
Signature _____ Date 2-25-05 MD# MD 05768791

Name of Substitute Physician Assistant Supervisor _____
Signature _____ Date _____ MD# _____

Name of Substitute Physician Assistant Supervisor _____
Signature _____ Date _____ MD# _____

Name of Substitute Physician Assistant Supervisor _____
Signature _____ Date _____ MD# _____

(Attach 8 1/2 x 11 sheets with additional names if needed.)

WRITTEN AGREEMENT

PRIMARY SUPERVISOR SIGNATURE

PHYSICIAN ASSISTANT SIGNATURE

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. Describe the functions/tasks to be delegated to the physician assistant, including the manner in which the physician assistant will be assisting each named physician; instructions for the use of the physician assistant in the performance of delegated functions/tasks and medical regimens to be administered or relayed by the physician assistant.
2. Describe the time, place and manner of supervision and direction you will provide the physician assistant, including the frequency of personal contact with the physician assistant.
3. Identify the location and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.

4. The name(s) of physician(s) who is/are willing to act as a substitute physician assistant supervisor in your absence are all listed on page 2 of this application?
YES NO

5. Will the physician assistant prescribe and dispense drugs?
YES NO If yes, please complete page 4.

If yes, will Schedule III, IV and/or V controlled substances be prescribed and dispensed? YES NO (NOTE: Physician Assistants are not permitted to prescribe Schedule I and II controlled substances.)

NOTE: The Regulations of the State Board of Osteopathic Medicine do not permit a physician assistant to prescribe or dispense drugs when practicing under the supervision of an osteopathic physician.

Upon approval of the application, the Board will issue an approval letter for the primary supervisor and provide a list of all substitute supervisors. These documents will be sent to the primary supervisor at the address provided on page one of the application.

page 3 question 4

Ludmila Aronzon, PA will not see patients at Planned Parenthood of North East PA unless physician supervisor or assistant is available for consultation.



Dr Allison Post, MD

2/28/05

Date

page 3 question 2

Clinicians at PPNEP practice under standing Protocols of Practice. The supervising physician and or substitute will be available by telephone consultation whenever necessary. The supervising physician and/or substitute will attend at minimum quarterly quality management meetings with all clinicians and do on site audits with physician assistant in attendance. The physician assistant will not see any patient more than twice per year. The supervising physicians listed will be available for consult at any time the physician assistant is working for PPNEP.

[Redacted] 2/28/05
Alison Part MD

49-106 (REV. 12/03)
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-717-1300
717-717-1301

COURIER ADDRESS
STATE BOARD OF MEDICINE
2401 NORTH THIRD STREET
HARRISBURG, PA 17110

MX					
			APPL		

Trans. No. _____
Amount _____
Date _____

APPLICATION FOR REGISTRATION AS A PHYSICIAN ASSISTANT SUPERVISOR

*NOTE: A PHYSICIAN ASSISTANT CAN ONLY BE REGISTERED UNDER THREE PRIMARY SUPERVISORS AT ONE HEALTH CARE FACILITY.

INSTRUCTIONS - If written agreement and drug list (if applicable) are identical for all supervisors, submit one application for each physician assistant. Complete and sign this application. Attach fee and written agreement along with drug list, if applicable.

FEE - \$35.00 for each application with one primary and one substitute physician assistant supervisor. An additional \$5.00 fee is due for each additional substitute supervisor listed.
NOTE: A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR FINANCIAL INSTITUTION, REGARDLESS OF REASON FOR NON-PAYMENT. MAKE CHECK PAYABLE TO "COMMONWEALTH OF PENNSYLVANIA." FEE IS NOT REFUNDABLE.

PLEASE PRINT OR TYPE ALL INFORMATION

PRIMARY PHYSICIAN ASSISTANT SUPERVISOR NAME/LICENSE NUMBER:

Post Alison Beth MD-068101L
LAST FIRST MIDDLE LIC NO.

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Arora Zon Ludrilo PA MA-1064940
LAST FIRST MIDDLE LIC NO.

PRACTICE ADDRESS

316 Penn Ave
Scranton PA 18503
CITY STATE ZIP CODE

PRACTICE TELEPHONE

(519) 344-2626

Primary Physician Assistant Supervisor must complete:

List Specialties Internal Medicine

Do you hold a membership in any American Boards of Medical Specialties
YES NO

If yes, list Board(s) ABIM

If you have hospital staff privileges, indicate hospital name(s).

VERIFICATION

I will direct and exercise supervision over the named physician assistant in accordance with the rules and regulations of the State Board of Medicine. I verify that I have reviewed the Medical Practice Act and Regulations of the State Board of Medicine. I recognize that I am obligated to comply with all the provisions of the Act and Regulations including those provisions that require me to notify the Board of the termination of my agreement to supervise the physician assistant. I recognize that I retain full professional and legal responsibility for the performance of the physician assistant and the care and treatment of the physician assistant's patients.

I verify that the statements in this application, written agreement and drug list (if applicable) 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 registration.

The physician assistant identified in this application will only assist the primary physician assistant supervisor and substitute physician assistant supervisor(s) listed in this application. This physician assistant will only provide medical services to the patients under the care of the primary and substitute supervisor(s) named in this application.

Signature of Primary Physician Assistant Supervisor [Signature] Date 10/21/04

Name of Substitute Physician Assistant Supervisor _____

Signature _____ Date _____ MD# _____

Name of Substitute Physician Assistant Supervisor _____

Signature _____ Date _____ MD# _____

Name of Substitute Physician Assistant Supervisor _____

Signature _____ Date _____ MD# _____

Name of Substitute Physician Assistant Supervisor _____

Signature _____ Date _____ MD# _____

(Attach 3 1/2 x 11 sheets with additional names if needed.)

WRITTEN AGREEMENT

[Redacted Signature]

[Redacted Signature]

PHYSICIAN ASSISTANT SUPERVISOR

PHYSICIAN ASSISTANT SIGNATURE

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this form. Number each section on the attachment. The information on this agreement must be identical for all supervisors listed on page 2.

1. Describe the functions/tasks to be delegated to the physician assistant, including the manner in which the physician assistant will be assisting each named physician, instructions for the use of the physician assistant in the performance of delegated functions/tasks and medical regimens to be administered or relayed by the physician assistant.
2. Describe the time, place and manner of supervision and direction you will provide the physician assistant, including the frequency of personal contact with the physician assistant.

3. Identify the location and practice setting (i.e. hospital, private practice, group practice, etc.) where the physician assistant will serve.

Family Planning Clinic

4. The name(s) of physician(s) who is/are willing to act as a substitute physician assistant supervisor in your absence are all listed on page 2 of this application?
 YES _____ NO _____

5. Will the physician assistant prescribe and dispense drugs?

YES NO _____ If yes, please complete page 4.

If yes, will Schedule III, IV and/or V controlled substances be prescribed and dispensed? YES _____ NO (NOTE: Physician Assistants are not permitted to prescribe Schedule I and II controlled substances.)

NOTE: The Regulations of the State Board of Osteopathic Medicine do not permit a physician assistant to prescribe or dispense drugs when practicing under the supervision of an osteopathic physician.

PRESCRIBING AND DISPENSING DRUGS BY PHYSICIAN ASSISTANT

Print or type name

[Redacted Name]

[Redacted Name]

PHYSICIAN ASSISTANT SUPERVISOR
Alison East MD

PHYSICIAN ASSISTANT

If you answered "YES" to question number 5 in the written agreement, please check those categories which the physician assistant will be permitted to prescribe and dispense drugs.

1. Categories from which a physician assistant may prescribe and dispense without limitation are as follows:

- (i) Antihistamines.
- (ii) Anti-infective agents
- (iii) Cardiovascular drugs.
- (iv) Contraceptives - for example, foams and devices.
- (v) Diagnostic agents.
- (vi) Disinfectants - for agents used on objects other than skin.
- (vii) Electrolytic, caloric and water balance.
- (viii) Enzymes.
- (ix) Antitussives, expectorants and mucolytic agents.
- (x) Gastrointestinal drugs.
- (xi) Local anesthetics.
- (xii) Serums, toxoids and vaccines.
- (xiii) Skin and mucous membrane agents.
- (xiv) Smooth muscle relaxants.
- (xv) Vitamins.

2. Categories from which a physician assistant may prescribe and dispense subject to exclusions and limitations listed:

- (i) Autonomic drugs. Drugs excluded under this category: Sympathomimetic (adrenergic) agents.
- (ii) Blood formation and coagulation. Drugs excluded under this category:
 - (A) Anti-coagulants and coagulants.
 - (B) Thrombolytic agents.
- (iii) Central nervous system agents. Drugs excluded under this category:
 - (A) General anesthetics.
 - (B) Monoamine oxidase inhibitors.
- (iv) Eye, ear, nose and throat preparations. Drugs limited under this category: Miotics and mydriatics used as eye preparations require specific approval from the physician assistant supervisor for a named patient.
- (v) Hormones and synthetic substitutes. Drugs excluded under this category:
 - (A) Pituitary hormones and synthetics.
 - (B) Parathyroid hormones and synthetics.

PLEASE NOTE:

Categories from which a physician assistant may not prescribe or dispense are as follows:

- (i) Antineoplastic agents.
- (ii) Dental agents.
- (iii) Gold compounds.
- (iv) Heavy metal antagonists.
- (v) Oxytocics.
- (vi) Radioactive agents.
- (vii) Unclassified therapeutic agents.
- (viii) Devices.
- (ix) Pharmaceutical aids.



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

Telephone: (717) 787-2381
(717) 783-1400

Fax: (717) 787-7769
www.dos.state.pa.us

January 27, 2005

ALISON POST MD.

SCRANTON PA 18503

RE: LUDMILA ARONZON, PA-C

Dear Doctor:

The Board is in receipt of your physician assistant supervisor application. The following is required so your application can be re-evaluated.

OK Please provide an answer for the question regarding where you have hospital privileges, even if N/A.

OK Please provide an answer to question four.

Ad. OK
Sub There are no substitute-supervising physicians listed on the application; therefore, you must provide a statement indicating that the physician assistant will not work unless you are available to supervise.

OK The answer provided for question two is not in compliance with the Medical Board Rules and Regulations. Please review the regulations and revise the written agreement so that it is in compliance.

NOTE: PLEASE RETURN A COPY OF THIS LETTER WHEN SUBMITTING THE ABOVE INFORMATION. THE PHYSICIAN ASSISTANT MAY NOT BEGIN WORKING UNDER YOUR EMPLOY UNTIL YOUR SUPERVISOR APPLICATION HAS BEEN APPROVED.

PHYSICIAN ASSISTANT

Aronzon Ludmila

WA in AS 400

access

NLA

WA in L2K

0

PRIMARY PHYSICIAN

Post Alison

WA in AS 400

NLA

WA in L2K

0

SUBSTITUTE PHYSICIAN

0

APPROVED

PENDING

FEE

OK

35 -

APPLICATION

OK

no hosp priv listed
no subs no work stnd
no ans w 2 y

WRITTEN AGREEMENT

Drug class
new legal

P2 answer not acceptable

DRUG LIST

OK

Prescription Y N

Hosp: Tal Y N

Y OR N SCHED 3, 4, &/OR 5

APPROVAL LTR ISSUED

License # MX003441

990174 0087

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400
717-787-2381

Counter Delivery Address
STATE BOARD OF MEDICINE
124 PINE STREET, 1st FLOOR
HARRISBURG, PA 17101

OFFICIAL USE ONLY

MD 0681074
POST, APPL

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

Official Use Only
Amount 20.00
Date 3-23-99
3/29/99

Application Fee: \$20.00 *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.

Please print or type.

NAME: POST ALISON BETH
Last First Middle

Permanent Address: [REDACTED]
Street
Glen Mills PA 19342
City State Zip Code

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

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

LIST MEDICAL SCHOOL(S) ATTENDED: Hahnemann University
DATES OF ATTENDANCE
From: 9/92 to 5/96
Mo. & Yr. Mo. & Yr.
From: _____ to _____
Mo. & Yr. Mo. & Yr.
Date of Graduation: 5/96

Check licensing examination(s) passed:

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

Post Graduate Education:

PGY1 Hospital: Christiana Care Health System From: 7/1/96 to: 6/30/97

PGY2 Hospital: Same From: 7/1/97 to: 6/30/98

Answer the following questions, if "YES" is answered to any of them, 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 a license to practice medicine and surgery (active or inactive, current or expired) in any state, territory or country? If "yes", list all states below: _____ | _____ | <input checked="" type="checkbox"/> |
| 2. Have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in another state, territory or country? | _____ | <input checked="" type="checkbox"/> |
| 3. Has any disciplinary action been taken against your license in another state, territory or country? | _____ | <input checked="" type="checkbox"/> |
| 4. Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court? | _____ | <input checked="" type="checkbox"/> |
| 5. Have you had practice privileges denied, revoked, restricted or termination of employment in a hospital or other health care facility? | _____ | <input checked="" type="checkbox"/> |
| 6. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? | _____ | <input checked="" type="checkbox"/> |
| 7. Are you, or have you ever been, addicted to the 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 Health Monitoring Program.) | _____ | <input checked="" type="checkbox"/> |

SIGNED STATEMENT

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, 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.

[Redacted Signature]

SIGNATURE OF APPLICANT

RECEIVED

3/10/99

DATE

MAR 15 1999

Health Licensing Boards

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

Certification of Moral Character

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

Name of Applicant: Alison Post

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

I have been personally acquainted with the applicant for 2 year(s) 8 month(s).

SIGNATURE:  Date: 3/5/99


Print or type name as signed above: Patricia M. Curtin, M.D.

State in which licensed: DE License Number: C10003474
PA MD 066977-1

Name of Applicant: Alison Post

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

I have been personally acquainted with the applicant for 2 year(s) 8 month(s).

SIGNATURE:  Date: 3/5/99

Print or type name as signed above: Julie Silverstein, M.D.

State in which licensed: Delaware, Pennsylvania License Number: 01 00 04576
MD 044196

Return Completed Form to Applicant

MD 050198 0087

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

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st floor
Harrisburg, PA 17101

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates
TO BE COMPLETED BY APPLICANT

NAME: POST ALISON B
Last First Middle

- 1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
- 2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. See listing on back.
- 3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

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

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Christiana Hospital
NAME OF SPONSORING INSTITUTION: Christiana Care Health System
LOCATED IN: Newark Delaware
City State

1st Year from 7/1/96 To 6/30/97 Specialty Internal Medicine level (PGY) 1
2nd Year from 7/1/97 To 6/30/98 Specialty Internal Medicine level (PGY) 2
7/1/98 - 6/30/99 PGY 2 Internal Medicine

I certify that Alison B. Post 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.

I further certify that the above program was ACGME accredited at the time Alison B. Post completed the training." (Name of Applicant)

Signature of Program Director: Virginia U. ...
Date: 4/29/99

If the hospital has no seal complete the following section and have this form notarized.

I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.
Program Director's Signature: _____
Date: _____ [notary seal]

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

Entry Level Specialties

- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Practice
- General Surgery
- Internal Medicine
- Neurology

The following specialties are listed in to entry and would not be considered

- Adult Reconstructive Surgery
- Aerospace Medicine
- Allergy and Immunology
- Blood Banking
- Cardiovascular Disease
- Chemical Pathology
- Child Neurology
- Child and Adolescent Psychiatry
- Colon and Rectal Surgery
- Critical Care
- Dermatopathology
- Diagnostic Laboratory Immunology
- Endocrinology and Metabolism
- Forensic Pathology
- Gastroenterology
- Geriatrics
- Hand Surgery
- Hematology
- Immunopathology
- Infectious Diseases
- Medical Microbiology
- Medical Oncology
- Musculoskeletal Oncology
- Neonatal-Perinatal Medicine
- Nephrology
- Neurosurgery
- Neuropathology

Board adopted April 22, 1986 (Stat

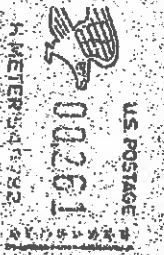
**Medical Center of Delaware
Residency Programs**
Internal Medicine Residency Program
4755 Ogletown-Stanton Road
PO Box 6001
Newark, Delaware 19718

aining prior

RECEIVED
JUN 10 1999
POSTAL BOARD

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

REPORTED FIRST CLASS



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

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st floor
Harrisburg, PA 17101

3/28/99

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates
TO BE COMPLETED BY APPLICANT

NAME: Post ALISON B
Last First Middle

- 1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
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To be completed by the program director at the hospital where the graduate training occurred. If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Christiana Hospital

NAME OF SPONSORING INSTITUTION: Christiana Care Health System

LOCATED IN: Newark DE
City State

1st Year from 7/1/96 To 6/30/97 Specialty INTERNAL MEDICINE Level (PGY) I

2nd Year from 7/1/97 To 6/30/99 Specialty INTERNAL MEDICINE Level (PGY) II

"I certify that Alison Post 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."

"I further certify that the above program was ACGME accredited at the time Alison Post completed the training."

Signature of Program Director: Virginia W. Cole
Date: 3/2/99

[Seal of Hospital] _____

If the hospital has no seal complete the following section and have this form notarized:

I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

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

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

Entry Level S
Anesthesiology
Dermatology
Diagnostic Radio
Emergency Med
Family Practice
General Surgery
Internal Medicine
Neurology

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Allergy and Immu
Blood Banking
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Chemical Patholo
Child Neurology
Child and Adoles
Colon and Rectal
Critical Care
Dermatopatholog
Diagnostic Labor
Endocrinology an
Forensic Patholog
Gastroenterology
Geriatrics
Hand Surgery
Hematology
Immunopatholog
Infectious Diseas
Medical Microbio
Medical Oncolog
Musculoskeletal
Neonatal-Perinata
Nephrology
Neurosurgery
Neuropathology

Board adopted

Health Licensing Board for Health Professions

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

1 Post & 1 Post
95 Second Class
Permit No. 1002



Gynecology
Medicine & Rehab
Medicine
Oncology
Year

Requirements and require training prior

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MAR 17 1990

Health Licensing Board

ALISON BETH POST, M.D.

[REDACTED]
Glen Mills, PA 19342

Beeper: [REDACTED]

Education

Internal Medicine Resident; July 1996-Present
Medical Center of Delaware Internal Medicine Residency Program,
Wilmington, DE
Doctorate of Medicine; June 1996
Hahnemann University School of Medicine; Philadelphia, PA
Post-Baccalaureate Studies; 1990-1991
Muhlenberg College; Allentown, PA
Bachelor of Arts in Sociology; June 1989
Brandeis University; Waltham, MA

Publications

Post, A and Cohen, D. Emerging Changes in Group A Beta-
Hemolytic Streptococcal Infections. In production. Journal of the
Medical Society of Delaware

Presentations

Poster Presentation for Bridging the Gap Consortium entitled "The
Homeless Clinics Project: Improving Continuity of Care with an
Outreach Referral Program," Summer/Fall 1993
Slide Presentation and Abstract for the Northeast Regional Meeting
of the Society of Teachers of Family Medicine entitled "The
Homeless Clinics Project: Improving Continuity of Care with an
Outreach Referral Program," October 1993

Employment Experience

House Doctor, 1998-Present
Wilmington Hospital, Wilmington, DE

Professional Societies

American College of Physicians, Associate
American Medical Association
Phi Lambda Kappa

References available upon request.

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

3/29/99
990174 0087

RECEIVED DIRECT
OFFICE

MAR 15 1999

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant

Name: POST ALISON TS
Last First Middle

Name of medical school: Hahnemann University

Location: Philadelphia PA

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

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

Name of medical student: Alison Beth Post

Date student began to attend this medical school: 08-24-92
Month/Day/Year

Date of graduation: 05-31-96
Month/Day/Year

[Seal of School]

I certify that all of the above information is correct.

Signature of

Dean or Registrar: [Signature]
Interim Registrar

Date: 3/22/99

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

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

Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st Floor
Harrisburg, PA 17101
U.S.A.



United States Medical Licensing Examination Certified Transcript of Scores

99037A 09/2/99

This Transcript was prepared by the Federation of State Medical Boards

Date of Certification: 03/22/1999

Pennsylvania State Board of Medicine
ATTN: Cindy L. Warner, Administrator
PO Box 2649
Harrisburg, PA 17105-2649

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Examinee: Ross, Alison Beth
USMLE ID#: 4-044-328-5
DOB: [REDACTED]
Alt Name(s): [REDACTED]

STEP 1 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below:

Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
6/1994	PASS	211	176	85	75	

STEP 2 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below:

Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
		Score	Passing	Score	Passing	
8/1995	PASS	232	167	88	75	

STEP 3 The recommended minimum passing score on the three-digit scale, and the equivalent value on the two-digit scale is shown below:

State Board	Test Date	Pass/Fail	Three-Digit		Two-Digit		Comments
			Score	Passing	Score	Passing	
DELAWARE	12/1996	PASS	233	176	91	75	

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

See reverse side for explanation of information reported above.

Authenticity of USMLE Transcripts

Original certified transcripts of United States Medical Licensing Examination (USMLE) scores are printed on blue safety paper and are produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The embossed USMLE seal in the lower left corner certifies the authenticity of this document. Alteration or forgery of a USMLE transcript may result in appropriate legal action and/or a determination of irregular behavior, as described below.

INTERPRETATION OF SCORES

USMLE transcripts include a complete score history, and notations of any examinations for which the examinee sat and no scores were reported, such as "incomplete" or "indeterminate." Scores are reported on two different scales. For recent administrations, the mean and standard deviation of scores on the three-digit scale for first-time examinees from medical schools in the United States are approximately 205 and 20, respectively, and most scores fall between 145 and 260. An equivalent value score on a two-digit scale is also provided. A score of 82 on the two-digit scale is equivalent to a score of 200 on the three-digit scale. A score of 75 on the two-digit scale is always the minimum passing score. The recommended minimum passing score on each scale is shown on the front of the transcript next to the examinee's score for each examination administration. The level of proficiency required to meet the recommended minimum passing level for each Step of USMLE is reviewed periodically and is subject to change.

Factors which influence an examinee's score include the examinee's general understanding of the subject matter being tested and the specific set of test items used for an administration. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM for a USMLE score is usually in the range of 4 to 6 score points on the three-digit scale and 1 to 2 score points on the two-digit scale.

NOTATION REGARDING FSMB BOARD ACTION DATA BANK

The *Board Action Data Bank* of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, Canadian licensing authorities, the U.S. armed forces, the U.S. Department of Health and Human Services, and other credentialing entities. To be included in the *Bank*, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the *Board Action Data Bank* are not disciplinary or otherwise

prejudicial in nature. Such actions are reported to assure records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Special circumstances in connection with the administration of an examination may result in one of the following annotations being listed next to the score for that examination:

Indeterminate - Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. Decisions to classify results as indeterminate may be made on the basis of factors that include, but are not limited to, inconsistency of performance within the examination or between administrations within the same Step. No score is reported.

Incomplete - The examinee sat for some, but not all of the scheduled test books. No score is reported.

Irregular Behavior - The USMLE Committee on Irregular Behavior determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the *USMLE Bulletin of Information*. To obtain information regarding the nature of the irregular behavior, the full record of the deliberations and determination of the Committee on Irregular Behavior can be requested by contacting the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9600.

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

Testing Accommodations - Following review and approval of a request from the examinee, testing accommodations were provided in the administration of the examination.

990174-0087

March 31, 1989

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

ALISON BETH POST

GREEN MILLS PA 19342

Dear Doctor:

The items checked below are required to complete your application. Additional information is listed below the item, if necessary. You may not practice in the Commonwealth of Pennsylvania until a license has been issued by the Pennsylvania State Board of Medicine.

- 1. Application - page 1
- 2. Application - page 2
- 3. Application page 3 - Certification of Moral Character -
- 4. Application - page 4 - Verification of ACGME Approved Graduate Medical Training - must be received DIRECTLY from the Hospital(s) in official hospital envelope(s) -
The Verification form received was not received direct from the hospital in an official hospital envelope. An additional form is enclosed.
- 5. Application - page 6 - Verification of Medical Education - must be received DIRECTLY from the Medical School in an official Medical School envelope.
- 6. National Board scores - Endorsement of Certification - must be received DIRECTLY from the National Board in an official agency envelope
- 7. LMCC score certification must be received DIRECTLY from the Medical Council of Canada in an official agency envelope
- 8. USMLE scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope
- 9. FLEX scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope
- 10. State Board certification must be received DIRECTLY from the State Medical Board in an official State Board envelope
- 11. Curriculum vitae -

PAGE 2

- 12. Fee in the amount of \$20.00 made payable to the "Commonwealth of Pennsylvania." Check or money order must be drawn on a US bank. 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.
- 13. Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board envelope from the following states:
- 14. National Practitioner Data Bank Disclosure Information
- 15. Other:

***PLEASE NOTE THAT IF APPLICATION IS NOT COMPLETE WITHIN 6 MONTHS, CERTAIN DOCUMENTATION WILL NEED TO BE UPDATED!**