

Person Info <b>Name:</b> JUDITH ANN DANIELS Address Info <b>Street Address:</b> [REDACTED] <b>Email:</b> [REDACTED]@CCAC.edu <b>Phone:</b> [REDACTED] <b>Fax:</b> [REDACTED] <b>City:</b> Pittsburgh <b>State:</b> PA <b>Zipcode:</b> 15221-5010 <b>Country:</b> 82 <b>County:</b> Allegheny	
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Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a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 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 hold a current, valid certification with the National Commission on Certification of Physician Assistants?	Y
Education Information <div style="border: 1px solid black; padding: 5px; text-align: center;">No education records</div>	

Employment Information

No employment records

remarks

Remarks:

Continuing Education Information

No CE Course records

Person Info

Name: JUDITH ANN DANIELS

Address Info

Street Address [Redacted] Email [Redacted]@CCAC.edu
Phone [Redacted]
Fax [Redacted]
City Pittsburgh
State PA
Zipcode 15221-5010
Country 82
County Allegheny

State Renewal Summary

Renewal Response Summary

Table with 2 columns: Question and Answer. Questions include: 'Are you submitting a name change with this renewal?', 'Have you completed 2 hours of Board-approved continuing education...', 'Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?', 'If you answered yes 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?', 'Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?', '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?', '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.', 'Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?', 'Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?', '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?', '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?', 'Since your initial application or your last renewal, which ever 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?', 'Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination? If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?', 'Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:', 'Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? If you answer "No", please provide an explanation or reason for an exemption request.', 'Do you hold a current, valid certification with the National Commission on Certification of Physician Assistants?' Answers: N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, N, Y.

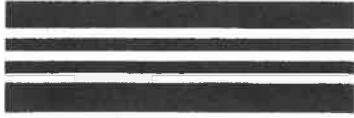
Date Submitted: Monday, December 29, 2014

Education Info

No education records

Employment Information

No employment records



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
**JUDITH ANN DANIELS**

**License No:**  
**MA001063L**

522979\_LIC\_5\_06/29/2015



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@pa.gov](mailto:st-medicine@pa.gov)  
[www.dos.pa.gov/med](http://www.dos.pa.gov/med)  
June 29, 2015

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

JUDITH ANN DANIELS 9849



PITTSBURGH PA 15221-5010

RE: MA001063L

**RE: Continuing Education Audit**

Dear Licensee:

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

Should you have any questions, please contact the Board.

Sincerely,

State Board of Medicine

COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2549  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@pa.gov](mailto:st-medicine@pa.gov)  
[www.dos.pa.gov/med](http://www.dos.pa.gov/med)  
June 15, 2015

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

JUDITH ANN DANIELS  
[REDACTED]  
PITTSBURGH PA 15221-5010

RE: MA001063L

Dear Licensee:

You have been randomly selected for audit of the continuing education hours claimed for the renewal of your physician assistant license through December 31, 2014. The State Board of Medicine requires that you maintain current NCCPA (National Commission on Certification of Physician Assistants) certification in order to be in compliance with the continuing education requirements of the Board. Details outlining the continuing education requirements can be found on the Board's website at [www.dos.pa.gov/med](http://www.dos.pa.gov/med).

You must now submit **verification** of your current NCCPA certification. Verification can be obtained at the NCCPA website. **Do not submit** registration receipts, course agendas, or certificates for courses completed to earn the NCCPA certification, etc. **THE DOCUMENTATION SUBMITTED WILL NOT BE RETURNED.**

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

Failure to satisfactorily comply with this audit request will result in a referral to the Professional Compliance Office, which may result in disciplinary proceedings under **PA Code §18.145 of the State Board of Medicine, Section 36 (d) 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 a copy of current NCCPA certification to verify that I am in compliance for the licensure period 1/1/13 through 12/31/14.
- I am exempt from the continuing education requirement for the 1/1/13 through 12/31/14 licensure period and have attached the documentation necessary to verify this exemption.

[REDACTED]  
Signature (Required)

06/24/2015  
Date

JUN 26 2015



**Judith Daniels is currently certified.**

Judith Daniels is currently certified by NCCPA and holds identification number 1018534, which will remain valid until December 31, 2016. This PA was initially certified or regained certification on January 20, 2014.

Thank you for utilizing the Verify PA Certification service as your primary source for verification of certification.

- [Download PDF](#)
- [Email Document](#)
- [Mail Document](#)

The information obtained from this website is to be used solely for the purpose of verification of a physician assistant's certification and may not be used for solicitation or any other purposes.

1018534

OR

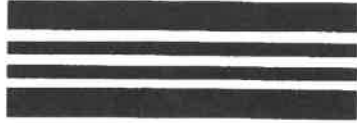
Pennsylvania  
United States



Judith  
Daniels

JUN 26 2015





**TARGET SHEET**

**Board: Medicine**

**Date Created:**  
09/16/2009

**Licensee Full Name:**  
JUDITH ANN DANIELS

**License No:**  
MA001063L

MISC	522979
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STATE BOARD OF MEDICINE

Mailing Address  
P O Box 2649  
Harrisburg, PA 17105-2649

Courier Mail  
2601 North Third Street  
Harrisburg, PA 17110

Telephone: 717-783-1400  
Fax: 717-787-7769  
E-mail: [st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
Website: [www.dos.state.pa.us/med](http://www.dos.state.pa.us/med)

REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

Complete the following information and check the appropriate block below:

Current Information

Last Name: DAWIEKS

First Name: JUDITH Middle Initial: A

License Number: MA0010632

Social Security Number: [REDACTED]

Change of Name

You must submit a copy of a legal document verifying the name as it is currently listed in the Board's records and also the new name. The following are acceptable name change verification documents:

- (1) marriage certificate;
- (2) divorce decree which indicates the retaking of your maiden name;
- (3) other legal document indicating the retaking of a maiden name;
- (4) notarized copy of a passport;
- (5) notarized copy of a social security card;
- (6) for a legal name change, a copy of the court document must be provided.



New Name:

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Change of Address

Old Address: [REDACTED]

Street Address: [REDACTED]  
City: PITTSBURGH State: PA Zip Code: 15221

New Address: [REDACTED]

Street Address: [REDACTED]  
City: PITTSBURGH State: PA Zip Code: 15221

Email Address: [REDACTED] @VA.GOV

**FEE:** To obtain a duplicate license reflecting the change of name and/or address, you must return this application and a \$5.00 fee, check or money order, payable to "Commonwealth of PA". Without the \$5.00 fee, the change(s) will be made but no duplicate will be issued. 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.

FOA-201 (12/8/5)

TARGET SHEET

LICENSE NUMBER	AA-001063-L
NAME	DANIE
CARTRIDGE NUMBER	
CODE	APPL

8POA 1437

COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

Official Use Only											

11/06/15.00/8-25-87

APPLICATION FOR CERTIFICATION AS A PHYSICIAN ASSISTANT

**FEE:** \$15.00 - Make check payable to the Commonwealth of Pennsylvania.  
Fee is not refundable.

APPLICANT INFORMATION:

**NAME:** Daniels Judith Ann  
Last First Middle (Maiden)

**ADDRESS OF RESIDENCE:** [Redacted]  
Street Address  
Pittsburgh PA 15221  
City State Zip Code

**SOCIAL SECURITY NUMBER:** [Redacted] **DATE OF BIRTH:** [Redacted]

**PHYSICIAN ASSISTANT PROGRAM:** Hahnemann University Physician Assistant Program  
Name of Program  
Broad & Vine Ste. Philadelphia, PA  
Address of Program

REQUEST YOUR PHYSICIAN ASSISTANT PROGRAM TO SEND A CERTIFIED COPY OF YOUR TRANSCRIPT TO THIS BOARD ALONG WITH THE COMPLETED CERTIFICATION OF PHYSICIAN ASSISTANT PROGRAM.

Are you nationally certified as a physician assistant?  yes  no  
If yes, ask the NCCPA to send a verification letter of your national certification to this Board.

If no, are you scheduled to take the next NCCPA examination?  yes  no  
If yes, list date that you are scheduled: October 21-24, 1987

**NOTE:** If you are scheduled, and graduated this year, you may work as a physician assistant under direct supervision upon approval from this Board.

**Name of Supervising Physician:** Kenneth Goodrich, M.D. License # MD-024058

**Beginning date of employment:** July 30, 1987

APPLICATION FOR CERTIFICATION  
AS A PHYSICIAN ASSISTANT

COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

CERTIFICATION OF PHYSICIAN ASSISTANT PROGRAM

Applicant complete:

NAME: Daniels Judith Ann  
Last First Middle (Maiden)

SOCIAL SECURITY NUMBER: [REDACTED]

The following is to be completed and signed by the present Director of the Physician Assistant Program from which the applicant graduated.

I hereby certify that JUDITH A. DANIELS was  
admitted on August 26, 1985, to the Physician Assistant Program  
associated with Hahnemann University. He/She  
successfully completed the program on June First, 1987.

His/her scholastic standing and practical performance were satisfactory during  
his/her course of study.

I hereby certify that the above statement is true and correct and affix my hand  
and seal of the institution this Third day of August, 1987.

(School Seal)

[Signature]  
Director of Physician Assistant Program  
Hahnemann University

Name of Institution  
Broad & Vine Streets  
Philadelphia, PA 19102-1192  
City State

COMPLETED CERTIFICATION SHOULD BE SENT DIRECTLY TO THE BOARD.

NOTE - A CERTIFIED COPY OF THE TRANSCRIPT SHOULD BE ATTACHED.

List all states, territories, and countries in which you have ever possessed a license/certificate/registration to practice as a physician assistant (active or inactive).

ANSWER THE FOLLOWING QUESTIONS. IF YOU RESPOND YES TO ANY OF THESE QUESTIONS, PROVIDE FURTHER INFORMATION ON A SEPARATE 8 1/2 x 11 SHEET OF PAPER:

Are you, or have you ever been, addicted to the intemperate use of alcohol or the habitual use of narcotics or other habit-forming drugs? [REDACTED]

Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or other country? NO

Have you ever had an application for a license/certificate/registration denied in another state, territory or jurisdiction of the United States or any other country? NO

Have you ever possessed a license to practice as a physician assistant or other professional license, or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions? NO

AFFIDAVIT

State of Pennsylvania  
County of Allegheny

I JUDITH A. DANIELS being duly sworn according to law, depose and say I  
(name of applicant)  
am the person completing this application, that I am of good moral character, and that all statements therein are true and complete to the best of my knowledge and belief.

[REDACTED]  
(signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME THIS  
28th DAY OF July, 1987

Donald R. Reisch  
Signature of Notary

MY COMMISSION EXPIRES: Oct 10, 1987

[NOTARY SEAL]

DONALD R. REISCH, NOTARY PUBLIC  
WILKESBORO, ALLEGHENY COUNTY  
MY COMMISSION EXPIRES OCT. 10, 1989  
Member, Pennsylvania Association of Notaries

1974

1985 FALL SEMESTER

1986 SPRING SEMESTER

1987 SPRING SEMESTER

1988 SPRING SEMESTER

UNDERGRADUATE ACADEMIC RECORD  
TRANSFER CREDIT: SEPT '74 - MAR '75

TO: PHAA 150  
PHAA 102

1986 SPRING SEMESTER  
PHARMACOLOGY & THERAPY  
GENL MEDICINE ROTATION

PHAA 103  
PHAA 105  
PHAA 106

SOCIAL SCIENCE-TRANSFER  
HUMANITIES - TRANSFER  
ENGLISH - TRANSFER  
MATHEMATICS - TRANSFER  
TOTAL

3.0  
3.0  
3.0  
3.0  
15.0

PHAA 103  
PHAA 105  
PHAA 106

1985 FALL SEMESTER  
PEDIATRICS ROTATION  
OBST & GYNE ROTATION  
PSYCHIATRY ROTATION

PHAA 104  
PHAA 210

INSTITUTION: ALLEGHENY CO COLLEGE  
SOCIAL SCIENCE-TRANSFER  
ELECTIVES - TRANSFER  
ENGLISH - TRANSFER  
NATURAL SCIENCE-TRANSFER  
TOTAL

9.0  
12.0  
3.0  
6.0  
30.0

PHAA 103  
PHAA 105  
PHAA 106

1987 SPRING SEMESTER  
GENERAL SURGERY ROTATION  
PRECEPTORSHIP

PHAA 104  
PHAA 210

SCHOOL: OF ALLIED HEALTH PROFESSIONS  
DEG: BACHELOR OF SCIENCE  
JOB: PHYSICIAN ASSISTANT

1985 FALL SEMESTER

PHAA 104  
PHAA 210

1986 SPRING SEMESTER  
GENERAL SURGERY ROTATION  
PRECEPTORSHIP

PHAA 104  
PHAA 210

FUNCTIONAL HUMAN ANATOMY  
PHYSICAL DIAGNOSIS  
PRINC OF MEDICAL SCIENCE  
HISTORY TAKING  
ETHICS & PROF. ISSUES PA

4.0  
1.0  
5.0  
3.0  
2.0

1987 SPRING SEMESTER  
GENERAL SURGERY ROTATION  
PRECEPTORSHIP

PHAA 104  
PHAA 210

CURRENT 12.0  
CUMULATIVE 19.0

1985 SPRING SEMESTER

PHAA 104  
PHAA 210

1986 SPRING SEMESTER  
GENERAL SURGERY ROTATION  
PRECEPTORSHIP

PHAA 104  
PHAA 210

MEDICAL LECTURE SERIES  
EMERGENCY MEDICINE  
CLINICAL LAB DIAGNOSIS  
BIOPSYCHOSSOC ISS PAT CR  
PHARMACOLOGY & THERAPY

8.0  
3.0  
3.0  
2.0

PHAA 104  
PHAA 210

1988 SPRING SEMESTER

PHAA 104  
PHAA 210

CURRENT 19.0  
CUMULATIVE 38.0

1988 SPRING SEMESTER

PHAA 104  
PHAA 210

1988 SPRING SEMESTER

PHAA 104  
PHAA 210

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

ACADEMIC TRANSCRIPT  
MARIEMANN UNIVERSITY  
BIOLOGICAL SCIENCES  
PHARMACY

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

ATL 5RN  
ERN 10.0  
UHR 10.0  
GPTS 50.0  
GPA 2.777

*Thomas H. Hylton*  
OFFICIAL  
UNIVERSITY

03/19/87  
OFFICIAL  
UNIVERSITY

SPOA 1437 (7/87)

COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649

Official Use Only											

1207/13 01/25/88  
APPLICATION FOR CERTIFICATION AS A PHYSICIAN ASSISTANT

**FEE:** \$15.00 - Make check payable to the Commonwealth of Pennsylvania.  
Fee is not refundable.

**APPLICANT INFORMATION:**

**NAME:** DANIELS JUDITH ANN  
Last First Middle (Maiden)

**ADDRESS OF RESIDENCE:** [Redacted]  
Street Address

Pittsburgh PA 15221  
City State Zip Code

**SOCIAL SECURITY NUMBER:** [Redacted] **DATE OF BIRTH:** [Redacted]

**PHYSICIAN ASSISTANT PROGRAM:** Hahnemann University Physician Assistant Program  
Name of Program

SAHP Bldg. 4th Floor, Broad & Vine Streets, Philadelphia, PA  
Address of Program 19102

REQUEST YOUR PHYSICIAN ASSISTANT PROGRAM  
TO SEND A CERTIFIED COPY OF YOUR TRANSCRIPT TO THIS BOARD ALONG WITH THE  
COMPLETED CERTIFICATION OF PHYSICIAN ASSISTANT PROGRAM.

Are you nationally certified as a physician assistant? [ ] yes [X] no  
If yes, ask the NCCPA to send a verification letter of your national certification to this Board.

If no, are you scheduled to take the next NCCPA examination? [X] yes [ ] no

If yes, list date that you are scheduled: October 21, 1987

**NOTE:** If you are scheduled, and graduated this year, you may work as a physician assistant under direct supervision upon approval from this Board.

Name of Supervising Physician: James B. Zangrilli, M.D. License # MD-MV-6399687

Beginning date of employment: September 8, 1987



List all states, territories, and countries in which you have ever possessed a license/certificate/registration to practice as a physician assistant (active or inactive).

ANSWER THE FOLLOWING QUESTIONS. IF YOU RESPOND YES TO ANY OF THESE QUESTIONS, PROVIDE FURTHER INFORMATION ON A SEPARATE 8 1/2 x 11 SHEET OF PAPER:

Are you, or have you ever been, addicted to the inappropriate use of alcohol or the habitual use of narcotics or other habit-forming drugs? [REDACTED]

Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or other country? NO

Have you ever had an application for a license/certificate/registration denied in another state, territory or jurisdiction of the United States or any other country? NO

Have you ever possessed a license to practice as a physician assistant or other professional license, or other authorization to practice a profession, that was suspended or revoked or subjected to other disciplinary conditions? NO

AFFIDAVIT

State of Pennsylvania

County of County

I Judith A. Daniels being duly sworn according to law, depose and say I am the person completing this application, that I am of good moral character, and that all statements therein are true and complete to the best of my knowledge and belief.

[REDACTED]

(signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME THIS 16<sup>th</sup> DAY OF November, 19 87

Regina C. Bierce  
Signature of Notary

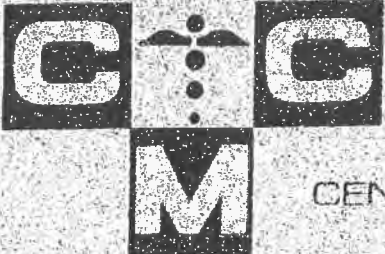
MY COMMISSION EXPIRES: Nov 8, 1990

JAN 15 3 51 PM '88  
PITTSBURGH

[NOTARY SEAL]  
REGINA A. BIERCE, NOTARY PUBLIC  
PITTSBURGH, ALLEGHENY COUNTY  
MY COMMISSION EXPIRES NOV. 8, 1990  
PENNSYLVANIA ASSOCIATION OF NOTARIES



0 8 0 0 5 0



CENTRAL MEDICAL CENTER & HOSPITAL  
1200 Centre Avenue, Pittsburgh, PA 15219

(412) 562-3000

December 23, 1987

Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
P.O. Box 1753  
Harrisburg, PA 17105-1753

To Whom It May Concern:

Enclosed is an application from Ms. Judith Daniels, PA-C, who has been employed here at Central Medical Center and Hospital for the past three months. I would like to formally request that James G. Zangrilli, M.D. assumes the responsibility for acting as her supervising physician. Secondly, please remove the name of Kathleen Valentovich, PA-C, from Dr. Zangrilli's certificate as a supervising physician.

If you have any questions, or request any further information, please do not hesitate to contact me at 562-3288.

Sincerely,  
  
Jude Torchia  
Assistant Vice President  
Ambulatory Services

JT:sw

Enclosure

• 8 0 0 5 0 • 3 0 1



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICAL EDUCATION AND LICENSURE

P.O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105 2649  
(717) 287-2281

August 26, 1987

Judith A. Daniels

Pittsburgh, PA 15221

This letter will acknowledge receipt of your application for certification as a physician assistant in the Commonwealth of Pennsylvania.

Your application has been evaluated by the State Board of Medical Education and Licensure, however, state certification cannot be granted until you are certified by the National Commission on Certification of Physician Assistants. Under the Board's Rules and Regulations, you may perform services as a physician assistant only under the direct supervision of a registered supervising physician, if you are scheduled to sit for the next NCCPA examination. When you receive the results of your examination, please forward to this Board your certificate number and date of certification. We will then be able to complete the processing of your application for state certification.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

Loretta M. Frank  
Administrative Secretary

LM:11b  
cc: Supervising Physician

0 9 0 0 5 0 0 3 0 1

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN'S ASSISTANTS, INC.  
2845 HENDERSON MILL ROAD, N.E.  
ATLANTA, GEORGIA 30341  
(404) 493-9100

TO: STATE OF PENNSYLVANIA  
BOARD OF MEDICAL  
EDUCATION & LICENSURE  
P.O. BOX 2649  
HARRISBURG, PA 17105

RE: JUDITH ANN DANIELS, PA-C

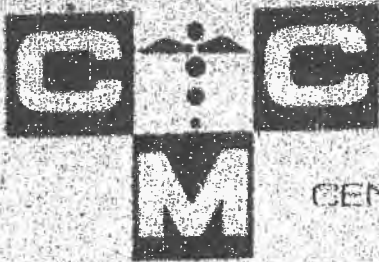
IT IS AFFIRMED THAT THE ABOVE-REFERENCED INDIVIDUAL SUCCESSFULLY COMPLETED THE PHYSICIAN ASSISTANT NATIONAL CERTIFYING EXAMINATION ADMINISTERED OCTOBER 23, 1987 AND WAS GRANTED NCCPA CERTIFICATE NO. 881131 ON JANUARY 22, 1988.

THIS INDIVIDUAL GRADUATED FROM THE PHYSICIAN'S ASSISTANT TRAINING PROGRAM AT HAHNEMANN MEDICAL COLLEGE-PA ON JUNE 1, 1987.

THE EXPIRATION DATE OF CERTIFICATE NO. 881131 IS JUNE 1, 1990. CERTIFICATION STATUS IS CURRENT AND IN GOOD STANDING.

*Claire P. Woobley*

CLAIRE P. WOUBLEY  
REGISTRAR  
DATE: 02/10/88



CENTRAL MEDICAL CENTER & HOSPITAL  
200 Centre Avenue, Pittsburgh, PA 15219

OCCUPATIONAL MEDICINE SERVICES  
M 773 961

(412) 562-3260

February 11, 1992

Bureau of Professional and  
Occupational Affairs  
P.O. Box 1753  
Harrisburg, PA 17105-1753

Dear Sir/Madam:

As a supervising physician registered in the State of Pennsylvania, I am requesting that you please replace the name of Ms. Judith Daniels, PA-C with the name of Ms. Stephanie Buman, PA-C as one of the Physician Assistants that I will be supervising.

Thank you for your attention to this matter, and feel free to call me if you should have any questions.

Sincerely,

  
James G. Zangry, M.D.  
Medical Director

102/370

TARGET SHEET

MA - 001063 - L

LICENSE NUMBER

NAME

DANIE MISC

CODE

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

OFFICIAL USE ONLY

MA 001063 L

DANIEL R NEW

THIS IS YOUR RENEWAL NOTICE

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

JUDITH ANN DANIELS

PITTSBURGH, PA 15221

YOUR CURRENT CERTIFICATION TO PRACTICE AS A PHYSICIAN ASSISTANT WILL EXPIRE ON DECEMBER 31, 1996. TO RENEW THROUGH DECEMBER 31, 1998 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$25.00 MADE PAYABLE TO THE "COMMONWEALTH OF PA." RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY FEE OF \$5.00 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1996. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED 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. IF YOU HAVE A CHANGE IN NAME, PLEASE ATTACH A COPY OF THE LEGAL DOCUMENT.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE RENEWAL NOTICE OR WITHIN 10 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.

YES NO

- ( )  1. DO YOU HOLD A CERTIFICATE/LICENSE TO PRACTICE AS A PHYSICIAN ASSISTANT IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE
- ( )  2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR CERTIFICATE IN ANOTHER STATE, TERRITORY OR COUNTRY?
- ( )  3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND GUILTY OR PLEADED GUILTY OR NOLU CONTENDERE, OR RECEIVED PROBATION WITHOUT VERDICT AS TO ANY FELONY OR MISDEMEANOR, INCLUDING ANY DRUG LAW VIOLATION, IN ANY COURT?
- ( )  4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY?
- ( )  5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

IF YOU WANT YOUR PENNSYLVANIA CERTIFICATION PLACED ON "INACTIVE" STATUS, PLACE AN "X" IN THE (BLANK) TO THE RIGHT. NO FEE IS REQUIRED. YOU ARE STILL REQUESTED TO ANSWER THE QUESTIONS ABOVE.

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS

DO YOU HOLD A CURRENT, VALID CERTIFICATE WITH THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS, INC. (NCCA)?

SIGN AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NAME OF PHYSICIAN ASSISTANT SCHOOL

*Annapolis University*

YEAR OF GRADUATION

1987

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT SUBJECT TO PA. C.S. SECTION 1011 RELATIVE TO UNLAWFUL FALSIFICATION TO ANY CERTIFICATE

DATE

12-1-96



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

MA 001063 L

DANIEL R NEW

\*\*\*THIS IS YOUR RENEWAL APPLICATION - FEE IS \$40.00\*\*\*

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

SUZETTE ANN DANIELA  
[REDACTED]  
HARRISBURG, PA 17101

ON CURRENT CERTIFICATION TO PRACTICE AS A PHYSICIAN ASSISTANT WILL EXPIRE ON DECEMBER 31, 1998. TO RENEW THROUGH DECEMBER 31, YOU MUST COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$40.00 PAID TO THE COMMONWEALTH OF PA. AN INDIVIDUAL WHO IS REQUIRED FOR EACH RENEWAL. BEFORE YOUR CERTIFICATE NUMBER ON THE FRONT OF THE PAYMENT. A FEE OF \$4.00 PER MONTH WILL BE DEDUCTED FOR ANY PHYSICAL PORTFOLIO AFTER DECEMBER 31, 1998. A \$90.00 PROSECUTOR FEE WILL BE ASSESSED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. DELAYING OR AN OBTAINING CERTIFICATION MAY SUBJECT TO DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.

IF YOU HAVE A CHANGE OF NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-REGISTERED NAME AND ADDRESS ABOVE. A NAME CHANGE WITHOUT NOTIFICATION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE, DIVORCE DECREE OR OTHER OFFICIAL DOCUMENT.

IF DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY WHICH IS REPORTED TO THE BOARD ON THE ANNUAL APPLICATION OR WHICH IS KNOWN OR KNOWN TO YOU, INDICATE IN HOW.

PLEASE PRINT YOUR CURRENT ADDRESS AND DATE HEREIN. IF YOU ANSWER "YES" TO ANY QUESTIONS 1-7, YOU MUST PROVIDE COMPLETE DETAILS OF ALL APPLICABLE 172A & 173B VIOLATIONS. ADDITIONAL CERTIFICATES DOCUMENTS MUST BE ATTACHED. PLEASE DO NOT WRITE ABOVE QUESTIONS BUT DISPLAY THE PROVISIONS OF THE PENNSYLVANIA.

PLEASE ANSWER THE FOLLOWING QUESTIONS, YES OR NO:

- 1.  Do you hold a certification/licensure (active or inactive) issued or renewed to practice as a physician assistant in any other jurisdiction? If yes, list each one.
- 2.  Since your last renewal, has another state, territory or country taken any disciplinary action (including voluntary surrender of a license or certification) 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 guilty, received probation or received a suspended sentence or received any other punishment (including acquittal or dismissal) with respect to any criminal offense, including any state violation, or do you have any criminal charges pending and unresolved in any state or federal court? (A summary criminal conviction should not be considered as a criminal offense.)
- 4.  Since your last renewal, have you voluntarily, knowingly, or under duress, applied for a license or certification in another state, territory or country? A license or certification includes a registration.
- 5.  Since your last renewal, have you had practice privileges (direct, indirect, supervisory, consulting or supervisory) in any or all states in a hospital or any health care facility?
- 6.  Since your last renewal, have you had your own professional business, service or independent or have you had your own private business (including any medical, advertising, agency or other)?
- 7.  Do you hold a current, valid certification with the National Commission on Certification of Physician Assistants?

CHECK HERE IF YOU WISH TO PLACE YOUR PENNSYLVANIA PHYSICIAN ASSISTANT CERTIFICATION ON AN "INACTIVE" STATUS. IF YOU ARE REQUIRED TO PLACE YOUR CERTIFICATE INACTIVE, HOWEVER, YOU MUST ANSWER THE ABOVE QUESTIONS AND SIGN AND DATE BELOW.

SIGNATURE [REDACTED]

DATE 10/17/98

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

MA - 001063 - L

DANIEL R NEW

\*\*\*THIS IS YOUR RENEWAL APPLICATION - FEE IS \$40.00\*\*\*

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

JUDITH ANN DANIELS

[REDACTED]  
PITTSBURGH, PA 15221

YOUR CURRENT CERTIFICATION TO PRACTICE AS A PHYSICIAN ASSISTANT WILL EXPIRE ON DECEMBER 31, 2000. TO RENEW THROUGH DECEMBER 31, 2002 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$40.00 MADE PAYABLE TO THE COMMONWEALTH OF PA. AN INDIVIDUAL FEE IS REQUIRED FOR EACH RENEWAL. RECORD YOUR CERTIFICATE NUMBER ON THE FRONT OF THE PAYMENT. A LATE FEE OF \$5.00 PER MONTH WILL BE REQUIRED FOR ANY RENEWAL POSTMARKED AFTER DECEMBER 31, 2000. A \$20.00 PROCESSING FEE WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER RETURNED UNPAID BY YOUR BANK, REGARDLESS OF THE REASON. PRACTICING ON AN EXPIRED CERTIFICATION MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALTIES.

IF YOU HAVE A CHANGE OF 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.

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

ANSWER THE FOLLOWING QUESTIONS, SIGN AND DATE BELOW. IF YOU ANSWERED "YES" TO ANY QUESTIONS 2-6 YOU MUST PROVIDE COMPLETE DETAILS ON AN ATTACHED 8 1/2 X 11 SHEET OF PAPER. COPIES OF APPLICABLE DOCUMENTS MUST BE ATTACHED. FAILURE TO PROVIDE PROPER DOCUMENTS WILL DELAY THE PROCESSING OF THE RENEWAL.

YES NO

\*\*\*ANSWER THE FOLLOWING QUESTIONS, SIGN AND DATE\*\*\*

- ( ) (✓) 1. DO YOU HOLD A CERTIFICATE/LICENSE (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) TO PRACTICE AS A PHYSICIAN ASSISTANT IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE.
- ( ) (✓) 2. SINCE YOUR LAST RENEWAL, HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY SURRENDER OF A LICENSE OR CERTIFICATE), 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 OR CERTIFICATE, HAD AN APPLICATION FOR A LICENSE OR CERTIFICATE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE OR CERTIFICATE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE OR CERTIFICATE INCLUDES A REGISTRATION.
- ( ) (✓) 5. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED, SUSPENDED, RESTRICTED OR SURRENDERED IN LIBU OF DISCIPLINE 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 ASISTANCE AGENCY FOR CAUSE?
- ( ) (✓) 7. DO YOU HOLD A CURRENT, VALID CERTIFICATION WITH THE NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS?

CHECK HERE IF YOU WISH TO PLACE YOUR PENNSYLVANIA PHYSICIAN ASSISTANT CERTIFICATION ON AN "INACTIVE" STATUS. NO FEE IS REQUIRED TO PLACE YOUR CERTIFICATE INACTIVE; HOWEVER, YOU MUST ANSWER THE ABOVE QUESTIONS AND SIGN AND DATE BELOW.

SIGNATURE

[REDACTED SIGNATURE]

DATE

12/21/00



TARGET SHEET

Board: Medicine

Date Created:

10/03/2003

Licensee Full Name:

ANTHONY H VAGNUCCI

License No:

MX0294261

APPL

1937810

# WRITTEN AGREEMENT CHANGE FORM

TO BE COMPLETED WHEN REPORTING A CHANGE IN STATUS - DUPLICATE AS NEEDED

PRIMARY SUPERVISOR NAME, ADDRESS, AND LICENSE NUMBER:

Anthony Vagnucci, MD  
Western Psychiatric Institute and Clinic  
[REDACTED]  
Pittsburgh, PA 15213

MD-029426-1

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WORKING UNDER YOUR AGREEMENT:

- If applying under the Medical Board a new supervisor application must be submitted

Philip Johnston, PA-C  
MA-000478-1

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT YOU ARE DELETING:

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE DELETING:

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE ADDING:

- If the primary supervisor is an MD, \$5.00 is required for each additional substitute.

*See attached lists & checks*

THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PROTOCOL?

YES  
 NO

WILL THERE BE ANY CHANGE TO DRUG LIST (MEDICAL ONLY)?

YES  
 NO

IF "YES" WAS ANSWERED - THE FOLLOWING MUST BE ATTACHED:

- A CURRENT WRITTEN AGREEMENT
- LIST OF JOB DUTIES
- DRUG LIST (PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR

[REDACTED]

DATE 9-4-03

SIGNATURE OF PHYSICIAN ASSISTANT

[REDACTED]

DATE 9-4-03

SIGNATURE OF NEW SUBSTITUTE

DATE \_\_\_\_\_

[REDACTED]  
Anthony Vagnucci, M.D.  
Primary Supervising Physician  
MD-029426-L

Phillip Johnston, PA-C  
(State) [REDACTED]

Add the following substitute supervising physicians:

PHYSICIAN'S NAME	PHYSICIAN'S MD NUMBER	PHYSICIAN'S SIGNATURE
1. Berger, Rachel, M.D.	MD-066953-L	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
2. [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
6. Schorzman, Cindy, M.D.	MD-419658	[REDACTED]
7. Sicuti, Gina, M.D.	MD-071938-L	[REDACTED]
8. Veight, Laura, M.D. <i>Veigt</i>	MD-419478	[REDACTED]

The current written agreement and drug list are remaining the same.



Anthony Vagstad, MD  
Primary Supervising Physician  
MD Number: MD-22947-1



Philip Johnston, PA-C  
(State)

Add the following substitute supervising physicians:

PHYSICIAN'S NAME	PHYSICIAN'S MD NUMBER	PHYSICIAN'S SIGNATURE
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
5. Miller, Mark	MD-028368-E	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
7. Ortiz, Eugene	MD-072251-1	[REDACTED]
8. Pathak, Praveen C	MD-419361	[REDACTED]
9. Perrotta, Charles	MD-032751-1	[REDACTED]

# WRITTEN AGREEMENT CHANGE FORM

TO BE COMPLETED WHEN REPORTING A CHANGE IN STATES - DUPLICATE AS NEEDED

PRIMARY SUPERVISOR NAME, ADDRESS AND LICENSE NUMBER

Anthony Yaghoobi MD  
MD 029436-1  
Western Psychiatric Institute of U.Clar., 3811 Centre Blvd., Pittsburgh, PA 15261

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT AT THE END OF YEAR AGREEMENT

- If applying under the Medical Board's new agreement, applicants must be paid a fee.

Philip Johnston PA-C  
PA 000479-1

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT NEW AREA LICENSE

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE DELETING

*See attached list*

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE ADDING

- If the primary supervisor is an MD, SS 00000000000000000000000000000000

## THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PROJECTS?

WILL THERE BE ANY CHANGE TO DRUG USE AGREEMENT?

## IF "YES" WAS ANSWERED, THE FOLLOWING MUST BE ATTACHED:

- A CURRENT WRITTEN AGREEMENT
- LIST OF JOB DUTIES
- DRUG LIST (IF PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR 

DATE *7/2/03*

SIGNATURE OF PHYSICIAN ASSISTANT 

DATE *7/2/03*

SIGNATURE OF NEW SUBSTITUTE

DATE

Substitute Physicians for the School of Law Practice, February 1968 - 1974

Hilken Gorry, MD	MD 02/07/68
Jay Soares, MD	MD 02/09/68
Barbara Johnson, MD	MD 02/09/68
Alan Rahn, MD	MD 02/09/68
Adelle Towers, MD	MD 02/09/68
Madhavan Thirumala, MD	MD 02/09/68
Peter Murray, MD	MD 02/09/68





TARGET SHEET

Board: Medicine

Date Created:

10/03/2003

Licensee Full Name:

ANTHONY H VAGNUCCI

License No.:

MX029426

APPL

1944657

Primary Supervisor  
MD-029436-1

Judith Daniels, PA  
(State)

Add the following substitute supervising physicians

PHYSICIAN'S NAME	PHYSICIAN'S MD NUMBER	PHYSICIAN'S SIGNATURE
1. Berger, Rachel, M.D.	MD-082955-1	
[REDACTED]		
[REDACTED]		
[REDACTED]		
[REDACTED]		
6. Schorhan, Cindy, M.D.	MD-019658	
7. Suarez, Gina, M.D.	MD-071938-1	
8. Veight, Laura, M.D. <i>Veight</i>	MD-019478	

# WRITTEN AGREEMENT CHANGE FORM

TO BE COMPLETED WHEN REPORTING A CHANGE IN STATUS - DUPLICATE AS NEEDED

PRIMARY SUPERVISOR NAME, ADDRESS AND LICENSE NUMBER

Anthony V. Giambrone, MD  
MD 01946-1  
Western Psychiatric Institute and Clinic, 351 O'Hara Street, Pittsburgh, PA 15261

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WORKING UNDER HIS OR HER SUPERVISION

\* If applicable, list the Medical Board's name and the physician assistant's name and license number.

Rudith Daniels, P.A.C.  
MA 00106-1

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WHO IS DELETING

LIST ANY SUBJECTS TO PHYSICIANS TO BE DELETED

*None*

LIST ANY SUBJECTS TO PHYSICIAN ASSISTANT ARE ADDED

\* If the primary supervisor is an MD, list the subject's name and license number.

THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PATIENTS?

YES  
 NO

WILL THERE BE ANY CHANGE TO DRUG LIST (CONTROL DRUGS)?

YES  
 NO

IF "YES" WAS ANSWERED, THE FOLLOWING MUST BE ATTACHED:

- \* A CURRENT WRITTEN AGREEMENT
- \* LIST OF JOB DUTIES
- \* DRUG LIST (PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR

*[Signature]*

DATE

*3/1/82*

SIGNATURE OF PHYSICIAN ASSISTANT

*[Signature]*

DATE

*3/1/82*

SIGNATURE OF NEW SUBSTITUTE

DATE

Substitute Physicians to be called for John Deane's (AIA 1001051)

Eileen Gorry, MD	MD 067111
Jali Soares, MD	MD 010710-1
Barbara Johnson, MD	MD 038125-1
Alan Ralim, MD	MD 020014-1
Adele Towers, MD	MD 010311-1
Madhavan Thuppal, MD	MD 050701-1
Peter Murray, MD	MD 050403-1



**TARGET SHEET**

**Board: Medicine**

**Date Created:**

12/26/2003

**Licensee Full Name:**

ANTHONY H VAGNINI

**License No:**

MX029426

APPL	1944657
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100027426

# WRITTEN AGREEMENT CHANGE FORM

TO BE COMPLETED WHEN REPORTING A CHANGE IN STATUS - DUPLICATE AS NEEDED

PRIMARY SUPERVISOR NAME, ADDRESS AND LICENSE NUMBER

Anthony Vagnucci, MD  
Western Psychiatric Institute and Clinic

Pittsburgh, PA 15261

MD 029426-1

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WORKING UNDER YOUR AGREEMENT

\* If applying under the Medical Board's new regulations, apply for a new license by substitute.

Judith Daniels, PA-C  
MA 001063-1

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT YOU ARE DELETING

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE DELETING

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE ADDING

\* If the primary supervisor is an MD, he/she is responsible for each additional substitute.

*See attached list & check*

### THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PROTOCOL

NO  YES

WILL THERE BE ANY CHANGE TO DRUG LIST (MEDICAL USE)

NO  YES

### IF "YES" WAS ANSWERED - THE FOLLOWING MUST BE ATTACHED:

- A CURRENT WRITTEN AGREEMENT
- LIST OF JOB DUTIES
- DRUG LIST (PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR

DATE 7-3-03

SIGNATURE OF PHYSICIAN ASSISTANT

DATE 7-3-03

SIGNATURE OF NEW SUBSTITUTE

DATE

The current written agreement and drug list are remaining the same.

[REDACTED]  
Anthony Vagnucci, MD  
Primary Supervising Physician  
MD Number: MD-029476-1

Judith Daniels, PA-C  
(State)

Add the following substitute supervising physicians:

PHYSICIAN'S NAME	PHYSICIAN'S MD NUMBER	PHYSICIAN'S SIGNATURE
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
✓ 3. [REDACTED]	[REDACTED]	[REDACTED]
✓ 4. Fried [REDACTED]	[REDACTED]	[REDACTED]
5. Ho [REDACTED]	[REDACTED] MD-057061-E	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
7. M [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
9. Miller, Mark	MD-028368-E	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
11. Ortiz, Eugene	MD-072251-E	[REDACTED]
1 [REDACTED]	[REDACTED]	[REDACTED]
13. S [REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



TARGET SHEET

Board: Medicine

Date Created:

07/29/2004

Licensee Full Name:

ANTHONY H VAGNUCCI

License No:

MX029426

APPL	1944657
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# WRITTEN AGREEMENT CHANGE FORM

**TO BE COMPLETED WHEN REPORTING A CHANGE IN STATUS - DUPLICATE AS NEEDED**

PRIMARY SUPERVISOR NAME, ADDRESS, AND LICENSE NUMBER

Anthony Vagnucci, MD  
MD 0294261  
Western Psychiatric Institute and Clinic, 3811 O'Hara Street, Pittsburgh, PA 15213

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT WORKING UNDER YOUR AGREEMENT

- If applying under the Medical Board a new supervisor application must be submitted

Judith Daniels, PA-C  
MA 00106VI

NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT YOU ARE DELETING

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE DELETING

SEE ATTACHED LIST

LIST ANY SUBSTITUTE PHYSICIANS YOU ARE ADDING

- If the primary supervisor is an MD, \$5.00 is required for each additional substitute

## THE FOLLOWING MUST BE CHECKED:

WILL THERE BE ANY CHANGE IN PROTOCOL?

NO

YES

WILL THERE BE ANY CHANGE TO DRUG LIST (MEDICAL ONLY)

NO

YES

## IF "YES" WAS ANSWERED - THE FOLLOWING MUST BE ATTACHED:

- A CURRENT WRITTEN AGREEMENT
- LIST OF JOB DUTIES
- DRUG LIST (PRIMARY SUPERVISOR IS AN MD)

SIGNATURE OF SUPERVISOR

DATE 4/2/04

SIGNATURE OF PHYSICIAN ASSISTANT

DATE 4/2/04

SIGNATURE OF NEW SUBSTITUTE

DATE

**NOTE: PHYSICIAN ASSISTANTS CANNOT HAVE MORE THAN 3 SUPERVISORS  
SUPERVISING PHYSICIANS CANNOT HAVE MORE THAN 2 PAs**



**UPMC** | University of Pittsburgh  
Medical Center

*Western Psychiatric Institute and Clinic*

3631 O'Hara Street  
Pittsburgh, PA 15261-2692

July 22, 2004

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

RE: Judith Daniels, P.A.C.  
MA0010631

Dear Ms. Smith:

Please remove the following substitute supervisors for Judith Daniels, P.A.C. that were previously listed:

- Harisnath Parappall, MD-0608131
- Mather Keshavan, MD-0399821
- J. Philipp Olinier, MD-4635111
- Dabhiwand Wongchaisri, MD-0361941
- Raymond Cho, MD-419196
- Hans Zittel, MD-0208411
- Henrique Patroca, MD-0211931
- Marwan Bloom, MD-0467831
- Rachel Berger, MD-0669511
- Margot Feinloch, MD-0794521
- Walter Kaye, MD-0369591
- Percysson Radfar, MD-0591431
- Hesham Noga, MD-0703231
- David Scott, MD-0211731
- Jonathan Hummelbeck, MD-0419801
- Kadiannada Chongappa, MD-0446111

Thank you for your attention to this matter. Please call me at 412-340-3088 if you have any questions.

Sincerely,

Candice Hervey  
Clinical Administrator

ch:es



TARGET SHEET

Board: Medicine

Date Created:

08/23/2004

Licensee Full Name:

ANTHONY H VAGNUCCI

License No:

MX029426

APPL

1944657