



AA0000937266

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	CHEN			First Name	BEATRICE		
Middle Name	ALLIS			Suffix			
Full Name	BEATRICE ALLIS CHEN						
SSN	██████	Date Of Birth	██████	Age	41	Gender	FEMALE
ADDRESS DETAILS							
Street Address	████████████████████						
City/State/Zip	PITTSBURGH PA 15221						
County	Allegheny				Country	United States	
CONTACT DETAILS							
Phone number	██████████			Mobile Phone number			
Primary Email Address	██████████@gmail.com			Secondary Email Address			
CHECKLIST ITEMS							
Checklist name	Status			Submitted Date	Expiration Date		
Application	Pending Review			10/31/2018			
Application Fee	Completed			10/31/2018			
Child Abuse CE	Completed			10/31/2018			
LEGAL QUESTIONS							
Questions	Answer			Document Uploaded	File Name		
1	Are you submitting a name change with this renewal?			N	No		
2	First Name				No		
3	Middle Name				No		
4	Last Name				No		
5	You must submit a copy of a legal document verifying the name (s). 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) For a "legal" name change, a copy of the court document must be provided.				No		
6	With the exception of the one you are currently renewing, 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	No		

7	Please provide the profession and state or jurisdiction.		No	
8	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	No	
9	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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	No	
11	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	No	
12	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
14	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	No	
15	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
16	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	No	
17	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?		No	
18	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
19	Have you previously reported the complaint to the Board?		No	
20	Provide the docket number:		No	
21	Upload a copy of the entire Civil Complaint, which must include the filing date and the date you were served.		No	
22	Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	Y	No	
23	Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?		No	
24	Have you registered with the Pennsylvania Prescription Drug Monitoring Program?	Y	No	

25	I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.	N	No	
26	Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y	No	
27	Upload an explanation or reason for an exemption request.		No	
28	Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/med . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2020.	Y	No	

CONFIRMATION

All fees are non-refundable. Please check to continue with your transaction. (10/31/2018 10:28:46)

Person Info Name: BEATRICE ALLIS CHEN Address Info Street Address [REDACTED] Email: [REDACTED]@gmail.com Phone [REDACTED] Fax [REDACTED] City Pittsburgh State PA Zipcode 15221 Country 82 County Allegheny	
Survey Response Summary Question Response Summary	
Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	N
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	N
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor,	N

including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Date Submitted: Tuesday, October 21, 2014	

Education Info
No education records
Employment Information
No employment records

Person Info Name: BEATRICE ALLIS CHEN Address Info Street Address [REDACTED] Email: [REDACTED]@gmail.com Phone [REDACTED] Fax [REDACTED] City Pittsburgh State PA Zipcode 15221 Country 82 County 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 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: BEATRICE ALLIS CHEN

Address Info

Street Address [REDACTED] Email [REDACTED]@gmail.com
 Phone [REDACTED]
 Fax [REDACTED]
 City Pittsburgh
 State PA
 Zipcode 15221
 Country 82
 County Allegheny

Survey Response Summary

Answer Response Summary

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.	15213

Date Submitted: Monday, November 14, 2016

Education Info

No education records

Employment Information

No employment records



TARGET SHEET

Board: Medicine

Date Created:

07/13/2004

Licensee Full Name:

BEATRICE ALLIS CHEN

License No:

MD424836

APPL

2203572

ACGME Post Graduate Training:

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PGY1 Hospital: MAGEE-WOMENS HOSPITAL OF UPMC From: 06/20/02 to: 06/19/03

PGY2 Hospital: MAGEE-WOMENS HOSPITAL OF UPMC From: 06/20/03 to: 06/19/04

 Answer the following questions. If "YES" is answered to #2 through #8, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	YES	NO
1) Do you hold licensure or certification (active or inactive, current or expired) to practice in any other jurisdiction? If yes, list each one.		✓
2) Have you ever withdrawn an application for a license, had an application denied or refused, or agreed not to reapply for a license in another state, territory or country? A license includes a registration or certification.		✓
3) Has any disciplinary action been taken against your license or certificate in another state, territory or country?		✓
4) Have you been convicted, found guilty, or pleaded guilty or not guilty, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?		✓
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory or country?		✓
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		✓
8) Are you, or are you ever been, addicted to the consumption and use of alcohol or to the habitual use of narcotics or other habit-forming drugs? (Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>Malpractice Complaint</u> which must include the filing date and the date you were served.		✓

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the Federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 24 Pa. C.S. 4904 (a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDH-IPDHI must include the licensee's social security number.

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

[Redacted Signature]

5/27/04

SIGNATURE OF APPLICANT

DATE

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

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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: Beatrice Allis Chen

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) 0 month(s).

SIGNATURE:  Date: 6/1/04

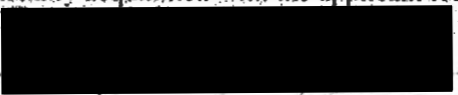
Print or type name as signed above: Johanna Aguan

State in which licensed: Pennsylvania License Number: M0426270

Name of Applicant: Beatrice Allis Chen

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) 0 month(s).

SIGNATURE:  Date: 6/1/04

Print or type name as signed above: M KOUTERIE

State in which licensed: Pennsylvania License Number: M0411736

Return Completed Form to Applicant

MD 35

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

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

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING

Accredited Medical School Graduates
TO BE COMPLETED BY APPLICANT

NAME: CHEN BEATRICE ALLIS
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: MAGEE-WOMENS HOSPITAL

NAME OF SPONSORING INSTITUTION: UNIVERSITY OF PITTSBURGH MEDICAL CENTER

LOCATED IN: PITTSBURGH PA
City State

1st Year from 06/20/02 to 06/19/03 Specialty OB/GYN Level(PGY) 1

2nd Year from 06/20/03 to 06/19/04 Specialty OB/GYN Level(PGY) 2

→ "I certify that BEATRICE ALLIS CHEN successfully completed will successfully complete this
(Name of Applicant)

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 BEATRICE ALLIS CHEN
completed the training."

[Seal of Hospital] Signature of Program Director [Signature]
Date: 6-8-04

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

11/11/2002 11:58:11 AM [C:\Program Files\Microsoft Office\Office\EXCEL]

Microsoft Office Excel - Graduate Medical Training

Date Taken	Checking Type	Owned by	Entry Date	Complete Date	Completed By
05/20/2002	Application	Accredited School Graduat	05/02/2002	05/20/2002	ssmith
Checking Item	Complete Date	User ID	Accounting Fee ID	Checking Status	
Application	05/20/2002	ssmith		Complete	
Application Fee \$30	05/02/2002	brlong	1675770	Complete	
Exam Results	05/20/2002	ssmith		Not Applicable	
Control License	05/20/2002	ssmith		Not Applicable	
Control Court Documents	05/20/2002	ssmith		Not Applicable	

Remarks Check Use

[New] [Alt] [Done]

/ last



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

IND-55

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619858, Dallas, TX 75261-9858 - Telephone (817) 868-4041

Date: 07/08/2004

Recipient:

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

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Copy: 1

Examinee: Chen, Beatrice Allis
All Number:

Examinee ID#: 5-074-634-6
Date of Birth: [REDACTED]

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

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/19/2000	Pass	237	(179)	94	(75)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
11/26/2001	Pass	244	(174)	93	(75)	

USMLE STEP 3

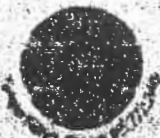
State Board	Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
			Total	MP	Total	MP	
PENNSYLVANIA	12/19/2002	Pass	235	(182)	95	(75)	

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

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JUL 9 2004

Person ID: 0530974



CDS

4.01.05

13428772

Page: 1 of 1

TouchType®

Authenticity of USMLE Transcripts

An original, printed transcript of United States Medical Licensing Examination results is printed using black ink on blue security paper and is produced only by the Educational Commission for Foreign Medical Graduates, Federation of State Medical Boards, or National Board of Medical Examiners. The Transcription Committee will review transcripts for authenticity and any suspected falsification or forgery of a USMLE transcript may result in appropriate legal action. The Transcription Committee will accept a photocopy of a transcript if the word **VALID** will appear. When Royal Mail is applied to the face of the transcript, it will appear. Also, when photocopied, a portion of the word **UNOFFICIAL COPY, NOT AN ORIGINAL** will appear. The word **UNOFFICIAL COPY, NOT AN ORIGINAL** will appear on the back of the transcript.

INTERPRETATION OF RESULTS

USMLE transcripts include a complete results history and notations of any examinations for which the examinee sat and no results were reported, e.g., "Incomplete." On those Step examinations for which numeric scores are reported, two different scales are used. The first is a three-digit score scale on which most scores fall between 140 and 280. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration. The second is a two-digit scale on which a score of 75 is the recommended minimum passing score. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points on the three-digit scale and 1 to 2 points on the two-digit scale.

STEP 2 CLINICAL SKILLS (CS)

The Clinical Skills (CS) component of Step 2 was introduced in 2004 and the USMLE transcript has been modified to reflect this change. The Step 2 examination that existed prior to the introduction of Step 2 CS continues to be administered as the Clinical Knowledge (CK) component of Step 2. The label "Step 2 CK" is used for this examination whether taken before or after the introduction of the Step 2 CS component.

Step 2 CS results are reported as pass or fail. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

Some individuals may be required to take and pass Step 2 CS prior to registering for Step 3. Transcript users can find information on eligibility requirements for all USMLE examinations in the *USMLE Bulletin of Information* and 10-to-periodic CS updates, available at the USMLE website: www.usmle.org.

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

Indeterminate Results that cannot be certified as representing a valid measure of the examinee's knowledge or competence as 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, use of prohibited materials or performance within the examination or between administrations of the same Step. **No score is reported.** Information regarding the nature of the indeterminate score and the determination of the Committee

on Score Validity is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

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

Beatrice A. Chen

Pittsburgh, PA 15232

@pitt.edu

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RESIDENCY

**Obstetrics and Gynecology, Magee-Womens Hospital of UPMC Health System,
Pittsburgh, PA • 2002 - current**

EDUCATION

University of Michigan Medical School, Ann Arbor, MI • 1998 - 2002

M.D.

University of Michigan, Ann Arbor, MI • 1994 - 1998

B.S. in Asian Studies with highest distinction in the Integrated Premedical-Medical Program

RESEARCH AND WORK EXPERIENCE

J.O.L. DeLancey, M.D. - University of Michigan Medical School, Obstetrics & Gynecology, Ann Arbor, MI • Summer 1999

Research assistant. Studied vaginal width as an indicator of levator ani muscle abnormalities on MRI.

Ecology Center of Ann Arbor - Ann Arbor, MI • Summer 1998

Volunteer Internship, compiling database of environmental health indicators in Michigan

Taubman Medical Library - University of Michigan Medical School, Ann Arbor, MI •

February 1998 - August 1998

Reference office assistant. Also updated and redesigned nursing web pages for Healthweb.org

A.E. Eyster, M.D., M.P.H. - University of Michigan Medical School, Family Practice, Ann Arbor, MI • Summer 1997

Clinical research. Studied adequacy of folate in diet of low-income adolescents.

Louis D'Alecy, M.D., D.M.D. - University of Michigan Medical School, Physiology, Ann Arbor, MI • Summer 1997

Research assistant. Examined gender differences in renal function in rats. Performed renal nephrectomies and induced contralateral ischemia in rats.

David Dawson, Ph.D. - University of Michigan Medical School, Physiology, Mount Desert Island Biological Laboratory, Salsbury Cove, Maine • Summer 1995

Research assistant. Examined molecular basis for toxic effects of mercury on ion channels and transporters, such as CFTR and p2AR

RECEIVED DIRECT

PUBLICATIONS AND PRESENTATIONS

- Culturally competent issues in domestic violence, *ACOGA Partner Violence Handbook*, University of Michigan Medical School, 2001
- Chen BA, DeLancey JOI. "Localized levator ani muscle abnormalities: measurement technique development and preliminary findings" Poster presentation at the Student Biomedical Research Forum, Ann Arbor, MI, November 1999
- Chen BA, D'Alecy I. "Gender difference in renal function in rats" Poster presentation at the Student Biomedical Research Forum, Ann Arbor, MI, November 1998
- Schafer JA, Omulepu O, Chen B, Cherukul S, Dawson D. "Maternal concentrations of inorganic mercury after membrane conductance of *Xenopus* oocytes" Abstract published in *The Bulletin, Howard Crosby Island Biological Laboratory*, (25) 1998: 15-16

CERTIFICATIONS AND EXAMINATIONS

- USMLE Step III, December 2002
- USMLE Step II, November 2001
- USMLE Step I, June 2000

HONORS AND AWARDS

- Women's Health Program Award for Excellence and Commitment to Women's Health, National Model Center of Excellence in Women's Health, University of Michigan, 2002
- Phi Beta Kappa, 1998
- University of Michigan Alvin M. and Arvella D. Bentley Scholarship and U.S.A. Dean's Merit Scholarship, 1994

MEMBERSHIPS

American College of Obstetrics and Gynecology, Junior Fellow

State Board of Medicine
P.O. Box 2849
Harrisburg, PA 17105-2849
717-783-1400 or 717-787-2381

July 1, 2004

BEATRICE A CHEN

[REDACTED]
PITTSBURGH PA 15232

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 the Pennsylvania State Board of Medicine has issued a license.

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).
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

7/13
[initials]

PAGE #2

- 10. State Board certification must be received DIRECTLY from the State Medical Board in an official State Board envelope
- 11. Curriculum vitae:
- 12. Fee in the amount of \$35.00 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. National Practitioner Data Bank / Healthcare Integrity and Protection Data Bank Disclosure Information - NPDB & HIPDB
- 14. Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board envelope from the following states:
- 15. Other:



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



TARGET SHEET

Board: Medicine

Date Created:
06/29/2006

Licensor Full Name:
BEATRICE ALLISCHEN

Licensor No:
MD121816

MISC

2203572

SPOA 1415 (12/01)
Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-1400

Courier Delivery Address
State Board of Medicine
12 Pine Street, 1st Floor
Harrisburg, PA 17101

MT 1790207825020

CHEN, APPL

* THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE LICENSE - DO NOT USE TO RENEW
* THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING

Amount 30.00
Date 5/2/02

APPLICATION FOR A GRADUATE LICENSE
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS 4215

Application Fee: \$30.00 *not refundable*. Make check payable to the "Commonwealth of Pennsylvania." NOTE: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

TO BE COMPLETED BY APPLICANT:
Please Print or Type

NAME: Chen Beatrice Allis
LAST FIRST MIDDLE MIDDLE

ADDRESS: [REDACTED]
STREET

Ann Arbor Michigan 48104-1627
CITY STATE ZIP CODE

SOCIAL SECURITY # [REDACTED] DATE OF BIRTH: [REDACTED]
MONTH/DAY/YEAR

NAME & ADDRESS OF MEDICAL SCHOOL: University of Michigan Medical School
DATES OF ATTENDANCE: 8/98 - 6/02
DATE OF GRADUATION: 6/7/02

NAME & ADDRESS OF HOSPITAL(S): _____
DATES OF PREVIOUS TRAINING: _____
SPECIALTY: _____

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: University Health Center of Pittsburgh HS--000288--L

ADDRESS OF HOSPITAL: 121 Meyran Ave., Rm. 201 Loeffler Bldg., Pittsburgh PA 15260

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

DATES OF TRAINING REQUESTED: 06/20/02 TO 06/20 06/19/03
BEGINNING DATE-MONTH-DAY-YEAR ENDING DATE-MONTH-DAY-YEAR

NAME OF PROGRAM DIRECTOR: WILLIAM R. CROMBLAND, M.D.

SIGNATURE OF PROGRAM DIRECTOR: [Signature]

SIGNATURE, EXEC. DIR., GME: [Signature]

Answer the following questions. If "YES" is answered to any **020182-0242** 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.		X
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?		X
3. Has any disciplinary action been taken against your license in another state, territory or country?		X
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?		X
5. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?		X
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?		X
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.)		

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.

Signature of Applicant: _____

Date: 3/26/02

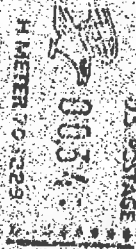
DISCREPANCY LETTERS WILL BE EMAILED DIRECTLY TO THE HOSPITAL



UNIVERSITY OF MICHIGAN MEDICAL SCHOOL
OFFICE OF THE DEAN
1100 MEDICAL SCIENCE BLDG.
1300 CATHARINE
ANN ARBOR, MICHIGAN 48106-0621

*John Board of Medicine
P.O. Box 26449
Kansas City, Pennsylvania*

17105-26449



17105-26449 93



Beatrice A. Chen

Ann Arbor, MI 48104-1627

@umich.edu

Starting June 20, 2002

University Health Center, Magee-Womens Hospital
Pittsburgh, Pennsylvania

Will begin an Obstetrics and Gynecology residency program in June 2002

1998 - present

University of Michigan Medical School

Ann Arbor, Michigan

M.D. anticipated June 7, 2002

1994 - 1998

University of Michigan

Ann Arbor, Michigan

B.S. (Asian Studies) with highest distinction in the Integrated Pre-medical/Medical program; May 1998

Fall 1997

National Chengchi University

Taipei, Taiwan

Council for International Education-Exchange study abroad program. Took courses in Mandarin Chinese, Taiwanese sociology, and Chinese watercolor painting.

February 2002

Honors and Awards

2002 Women's Health Program Award for Excellence and Commitment to Women's Health from the National Model Center of Excellence in Women's Health, University of Michigan

1998

Phi Beta Kappa

1995 - 1998

James B. Angell Scholar

1995 - 1998

Class honors

1995

William J. Branstrom Freshman Prize

1994

University of Michigan Alvin M. and Arvella D. Bentley Scholarship and LS&A Dean's Merit Scholarship

Summer 1999

Work experience

J.O.L. DeLancey, M.D., University of Michigan Medical School - Obstetrics & Gynecology

Ann Arbor, Michigan

Research assistant. Studied vaginal width as an indicator of levator ani muscle abnormalities on MRI.

Summer 1998

Ecology Center of Ann Arbor

Ann Arbor, Michigan

Volunteer internship, compiling database of environmental health indicators in Michigan.

February 1998

August 1998

Taubman Medical Library, University of Michigan

Ann Arbor, Michigan

Reference office assistant. Also updated and redesigned nursing web pages for HealthWeb.org.

Summer 1997

A.E. Eyler, M.D., M.P.H., University of Michigan Medical School - Family Practice

Ann Arbor, Michigan

Clinical research. Studied adequacy of folate in diet of low-income adolescents.

Summer 1996

Louis D'Alecy, M.D., D.M.D., University of Michigan Medical School - Physiology*Ann Arbor, Michigan*

Research assistant. Examined gender differences in renal function in rats. Performed renal nephrectomies and induced contralateral ischemia in rats.

Summer 1995

David Dawson, Ph.D., University of Michigan Medical School - Physiology
*Mount Desert Island Biological Laboratory, Salsbury Cove, Maine*Research assistant. Examined molecular basis for toxic effects of mercury on ion channels and transporters, such as CFTR and β 2AR.

2001

Wrote a section on culturally competent issues in domestic violence for the AMWA Partner Violence Handbook, University of Michigan Medical School, published 2001.

April 2000

Organized UAAMSA's participation in the Healthy Asian American Project's Women's Health Day. Presented and taught breast self exams.

1999-2000

Webpage designer for AMWA chapter at the University of Michigan.

1999-2000

Taught basic Chinese in UAAMSA's Chinese for Docs program.

November 1999

Chapter delegate at the House of Delegates meeting at the AMWA National Conference. Authored and passed a resolution on dioxins and medical waste incineration.

Publications and Presentations

Chen BA, Share KJ, Gorenflo DW, Eyster AE. "Folate intake among low-income adolescent women." Under revision.

November 1999

Chen BA, DeLancey JOL. "Localized levator ani muscle abnormalities: measurement technique development and preliminary findings." Poster presentation at the Student Biomedical Research Forum, Ann Arbor, Michigan.

November 1996

Chen BA, D'Alecy L. "Gender differences in renal function in rats." Poster presentation at the Student Biomedical Research Forum, Ann Arbor, Michigan.

1996

Schafer JA, Omulepu O, Chen B, Cherukuri S, Dawson D. "Micromolar concentrations of inorganic mercury alter membrane conductance of *Xenopus* oocytes." Abstract published in The Bulletin: Mount Desert Island Biological Laboratory, (35), 1996: 15-16.**Professional Memberships/Organizations**

2001

Life Sciences Orchestra, University of Michigan
Violinist.

2001 - present

American College of Obstetrics and Gynecology

1998 - 2001

American Medical Student Association

1998 - 2001

American Medical Women's Association
Treasurer, 1999-2000.

1998 - 2001

Medical Students for Choice

1998 - 2001

Physicians for Social Responsibility
Co-coordinator, 1999-2000.

1998 - 2001

United Asian American Medical Student Association
Treasurer, 1999-2000.

1995 - 1999

Descendants of the Monkey God - University of Michigan Asian American Student Coalition Performing Arts Troupe
Acting, writing and music (violin and guitar)

1994 - 1998

Taiwanese American Students for Awareness
Treasurer, 1995-6. Vice-president, 1996-7.

**STATE BOARD OF MEDICINE
RENEWAL APPLICATION**

MT 170060
CHEN

BEATRICE ALLIS CHEN
UNIVERSITY HEALTH CENTER
DEPT. OF MED. EDUCATION
SUITE 503 MEDICAL ARTS BUILDING
3708 FIFTH AVENUE
PITTSBURGH PA 15213

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

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

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s)
	✓	1. Do you hold a license to practice this profession in any other state or jurisdiction? List
	✓	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
	✓	3. Since your initial application or your last renewal, have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?
	✓	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
	✓	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	✓	6. Since your initial application or your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	✓	7. Since your initial application or your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	✓	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

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

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	09/20/2005	06/19/2006	Level 4	Obstetrics and Gynecology	15000265	UNIVERSITY HEALTH CENTER
Renewal						

Signature of Licensee (Mandatory):

[Redacted Signature]

Date 4/17/06

Medical School Graduation Date

6/6/2002

SSN

[Redacted SSN]

ATTACHMENTS FOR RENEWING

- FEE - \$15.00 check payable to COMMONWEALTH OF PENNSYLVANIA. With your Pennsylvania check for your payment, a \$20.00 fee will be assessed for a returned payment.
- LATE FEE - \$5.00 per month, or part of a month. Late renewal fee will be assessed if submitted after the expiration date.
- PGY 2 LEVEL - Copy of your USMLE Step 1 and 2 scores OR FLEX 1 scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- PGY 3 LEVEL or above - Copy of your USMLE Step 1 scores OR FLEX 1 and 2 scores OR National Board Part 1, 2 and 3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license with restrictions. THE CURRENTLY EXPIRING DATE

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

617
 MT 170960
 CHEN

RENEWAL APPLICATION

BEATRICE ALLIS CHEN
 UNIVERSITY HEALTH CENTER
 DEPT. OF MED EDUCATION
 SUITE 603 MEDICAL ARTS BUILDING
 3708 FIFTH AVENUE
 PITTSBURGH PA 15213

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

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

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	IF YES to 2-8 - provide details AND attach certified copies of legal document(s)
	✓	1. Do you hold a license to practice this profession in any other state or jurisdiction? List:
	✓	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
	✓	3. Since your initial application or your last renewal, have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?
	✓	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded not contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
	✓	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	✓	6. Since your initial application or your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	✓	7. Since your initial application or your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	✓	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint which must include the filing date and the date you were served.

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

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	06/20/2004	06/19/2005	3	Obstetrics and Gynecology	H50002861	UNIVERSITY HEALTH CENTER
Renewal	06/20/05	06/19/06	4	" "	" "	" "

Signature of Licensee (Mandatory):

[Redacted Signature]

Date 5/13/05

SSN

[Redacted SSN]

ATTACHMENTS FOR RENEWING:

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

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION CAREFULLY CONCERNING YOUR LICENSE
1. SIGN THE WALLET CARD AND CERTIFICATE WHERE INDICATED
2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION

BEATRICE ALLIS CHEN

PITTSBURGH PA 15232

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

04-493742

License Type
Medical Physician and Surgeon

License Status
Active



Initial License Date
07/13/2004

BEATRICE ALLIS CHEN
PITTSBURGH PA 15232

License Number
MD424836

Expiration Date
12/31/2006

Basel L. Merenda
Commissioner of Professional and Occupational Affairs

Signature

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

577
 MT 179960
 CHEN

RENEWAL APPLICATION

BEATRICE ALLIS CHEN
 UNIVERSITY HEALTH CENTER
 DEPT OF MED EDUCATION
 SUITE 401 MEDICAL ARTS BUILDING
 3709 FIFTH AVENUE
 PITTSBURGH PA 15213

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

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

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s). List
	X	1. Do you hold a license to practice this profession in any other state or jurisdiction?
	X	2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any state or jurisdiction?
	X	3. Since your initial application or your last renewal, have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?
	X	4. Since your initial application or your last renewal, have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
	X	5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses, or drug offenses in any state, territory, or country?
	X	6. Since your initial application or your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	X	7. Since your initial application or your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	X	8. Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>filing date</u> and the <u>date you were served</u> .

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

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	6/20/2003	6/19/2004	2	Obstetrics and Gynecology	HS000208L	UNIVERSITY HEALTH CENTER
Renewal	6/20/04	6/19/05	3	OB/GYN	HS000208L	UNIVERSITY HEALTH CENTER

Signature of Licensee (Mandatory):

Date 5/11/04

SSN:

ATTACHMENTS FOR RENEWING:

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

USMLEUnited States
Medical
Licensing
Examination**UNITED STATES MEDICAL LICENSING EXAMINATION™**Federation of State Medical Boards of the U.S., Inc.
P.O. Box 619850, Dallas, Texas 75261-9850
Telephone: (817) 571-2949**STEP 3 SCORE REPORT**

Chen, Beatrice Allie

Test Date: December 19, 2002

USMLE ID: 6-074-634-6

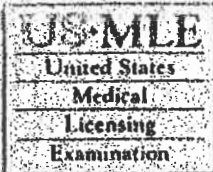
The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLBX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the safe and revised practice of medicine, with an emphasis on patient management in ambulatory-care settings.

Results: The examination results are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
233	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 210 and 19, respectively, with most scores falling between 140 and 260. A score of 182 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) ¹ for this scale is approximately seven points.
95	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 182 on the scale described above, is recommended by USMLE to pass Step 3. The SEM ¹ for this scale is approximately two points.

¹Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items involving similar content.

RECEIVED
MAY 2 2004



UNITED STATES MEDICAL LICENSING EXAMINATION™

Students and graduates of U.S. and Canadian medical schools are registered for Step 1 by the NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
3750 Market Street, Philadelphia, Pennsylvania 19104-3190
Telephone: (215) 590-9700

STEP 1 SCORE REPORT

Chen, Beatrice A

Test Date: June 19, 2000

The USMLE is a single examination program for all applicants for medical licensure in the United States. The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 1 is designed to assess whether an examinee understands and can apply key concepts of the basic biomedical sciences, with an emphasis on principles and mechanisms of health, disease, and modes of therapy. The inclusion of Step 1 in the USMLE sequence is intended to ensure mastery of not only the basic medical sciences undergirding the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 1 on the test date shown above.

PASS	This result is based on the minimum passing score set by USMLE for Step 1. Individual licensing authorities may accept the USMLE recommended pass/fail result or may establish a different passing score for their own jurisdictions.
237	This score is determined by your overall performance on Step 1. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 215 and 20, respectively, with most scores falling between 175 and 255. A score of 179 is set by USMLE to pass Step 1. The standard error of measurement (SEM) for this scale is six points.
94	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 179 on the scale described above, is set by USMLE to pass Step 1. The SEM for this scale is two points.

Your score is influenced both by your general understanding of the basic biomedical sciences and the specific set of items selected for this Step 1 examination. The SEM provides an estimate of the range within which your score might be expected to vary for chance if you were tested repeatedly using similar tests.



UNITED STATES MEDICAL LICENSING EXAMINATION™

Students and graduates of U.S. and Canadian medical schools are registered for Step 2 by the NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
3750 Market Street, Philadelphia, Pennsylvania 19104-3190
Telephone: (215) 590-9700

STEP 2 SCORE REPORT

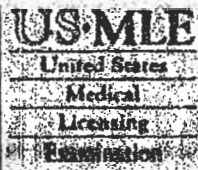
Chen, Beatrice Allis
USMLE ID: 5-074-634-6

Test Date: November 26, 2001

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

PASS	This result is based on the minimum passing score set by USMLE for Step 2. Individual licensing authorities may accept the USMLE recommended pass/fail result or may establish a different passing score for their own jurisdictions.
244	This score is determined by your overall performance on Step 2. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 210 and 23, respectively, with most scores falling between 140 and 260. A score of 174 is set by USMLE to pass Step 2. The standard error of measurement (SEM) for this scale is eight points.
93	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 174 on the scale described above, is set by USMLE to pass Step 2. The SEM for this scale is two points.

Your score is influenced both by your general understanding of clinical science and the specific set of items selected for this Step 2 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.



UNITED STATES MEDICAL LICENSING EXAMINATION™

Federation of State Medical Boards of the U.S., Inc.

P.O. Box 019950, Dallas, Texas 75261-9950

Telephone: (817) 571-2949

STEP 3 SCORE REPORT

Chen, Beatrice Allis

Test Date: December 19, 2002

USMLE ID: 6-074-634-6

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

PASS	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
235	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 210 and 19, respectively, with most scores falling between 140 and 260. A score of 182 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) [†] for this scale is approximately seven points.
95	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 182 on the scale described above, is recommended by USMLE to pass Step 3. The SEM [†] for this scale is approximately two points.

[†]Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.



TARGET SHEET

Board: Medicine

Date Created:

09/29/2008

Licensee Full Name:

BEATRICE ALLISCHEN

License No:

51X008138

APPL

2643107

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

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

VX008748

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:

C. MEN
LAST FIRST MIDDLE
PC 424836

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

JACKSON
LAST FIRST MIDDLE
MA 053591
MA PENNPA

PRACTICE ADDRESS: 933 LIBERTY AVE

HARRISBURG

PA

17222

PRACTICE TELEPHONE: 717 491 0771

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION.

List your specialties: OB/GYN, GYN, & SPECIALTY FAMILY PLANNING

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

If yes, list Board(s): BOARD ELIGIBLE

Do you hold hospital staff privileges? YES NO

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

UPMC MAGILL WOMAN'S HOSPITAL 200 MARKET ST, PH, PA



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.

[Redacted Signature]

Signature of Primary Supervising Physician

9/2/08
Date

[Redacted Signature]

Signature of Physician Assistant

SEPT 3, 2008
Date

Name of Substitute Physician Assistant Supervisor: MITCHELL D. REININ, MD

License #: MD 050 717 L

Signature: [Redacted Signature]

Date: 9/3/08

Name of Substitute Physician Assistant Supervisor

License #

Signature

Date

Name of Substitute Physician Assistant Supervisor

License #

Signature

Date

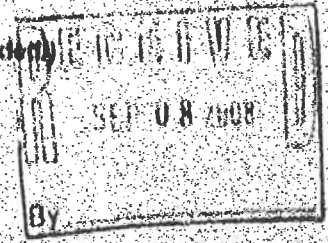
Name of Substitute Physician Assistant Supervisor

License #

Signature

Date

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



WRITTEN AGREEMENT

PEARCE, CHEN, MD
NAME OF PRIMARY SUPERVISING PHYSICIAN

HEATH, JACKSON, D.A.C.
NAME OF PHYSICIAN ASSISTANT

INSTRUCTIONS: Please provide the following information for questions 1 and 2 on this form and attach to this form. Number each section on the attachment. The information on this agreement must be identical to all agreements 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

PLANNED PARENTHOOD OF VIRGINIA, PA
933 LIBERTY AVE. RICHMOND, VA 23220

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

NARCOTICS

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.



1. The Physician Assistant will provide comprehensive reproductive and gynecological health care to our patient population in our downtown Pittsburgh health center. Duties and responsibilities include:

- A. Provides medical services, contraceptive and gynecological, according to the standards and guidelines of Planned Parenthood Federation of America and the protocols of Planned Parenthood of Western Pennsylvania.
- B. Interprets laboratory tests and orders additional diagnostic tests when indicated for gynecological conditions. Makes appropriate referrals for additional medical findings for evaluation.
- C. Understands and participates in the referral follow-up process.
- D. Consults with the Medical Director for all abnormal gynecological conditions.
- E. Prescribes medications according to PFWA guidelines, protocols and collaborative agreement with the state.
- F. Provides training and supervision for medical assistants and medical record staff at assigned clinic location.
- G. Initiates or assists in the delivery of emergency care in accordance with established procedures.
- H. Complies with all CLIA and OSHA regulations.
- I. Carries out the duties of testing personnel in a laboratory performing moderate complexity testing when wet mount microscopy is indicated.
- J. Rotates clinic locations as needed.
- K. Attends professional meetings and educational seminars.
- L. Participates in PPWP's Risk Management Quality Assurance programs.
- M. Performs other duties as assigned.
- N. Knowledge of and participation in the PPWP Quality and Risk Management Program.

2. Our PA will provide all of the primary health care services to our patient population, with regular supervision, consultation, and chart review from our medical director, according to state law and PPWP protocols. The PA will also follow a regimented training program under both the medical director and other long-tenured mid-level clinicians here at PPWP.



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

P. O. Box 2849
Harrisburg, PA 17105-2849
www.dos.state.pa.us

September 29, 2008

BEATRICE ALLIS CHEN
[REDACTED]
PITTSBURGH PA 15222

RE: HEATHER LEIGH JACKSON

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. 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 48 P.A. 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 [REDACTED]

PRIMARY PHYSICIAN [REDACTED]

SUBS 1

APPROVED

PENDING

FEE

\$ 35.00

APPLICATION

etc

WRITTEN AGREEMENT

etc

PRACTICE LOCATION IS HOSPITAL Y OR N

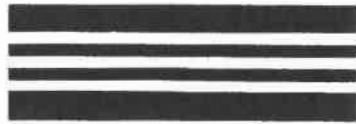
PRESCRIPTION PRIV Y OR N

RESTRICTIONS LISTED Y OR N

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

APPROVAL LTR ISSUED 9-29-08

WA NUMBER MX 008198



TARGET SHEET

Board: Medicine

Date Created:
05/18/2010

Licensee Full Name:
BEATRICE ALLIS CHEN

License No:
MX010300

APPL

2790835

49-106 (REV. 9/09)

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.

FEES - \$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.** **PLEASE NOTE:** If this application is not completed within six months, updates of certain sections will be required. If the application process has not been completed within one year from the date it was received, applicants will be also be required to submit an updated application and **another application processing fee.**

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.

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 Chen FIRST Beatrice MIDDLE _____ LIC NO. MD- 424836

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

LAST Chapman FIRST Patricia MIDDLE _____ LIC NO. MA- 0007224

PRACTICE ADDRESS 933 Liberty Avenue
CITY Pittsburgh STATE PA ZIP CODE 15222

PRACTICE TELEPHONE (412) 434-8957

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties Obstetrics + Gynecology

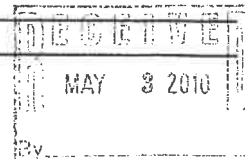
Do you hold a membership in any American Boards of Medical Specialties? YES NO _____

If yes, list Board(s) American Board of Obstetrics and Gynecology

Do you hold hospital staff privileges? YES NO _____

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

Magge Womens Hospital



WRITTEN AGREEMENT

Beatrice Chen, MD
NAME OF PRIMARY SUPERVISING PHYSICIAN

Pamela Chapman, PA-C
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.**

Planned Parenthood of Western PA.
933 Liberty Avenue, Pgh, PA 15222
Facility Setting: Planned Parenthood health center

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

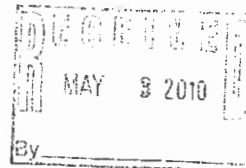
YES X NO _____

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

<i>Narcotics</i>		

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

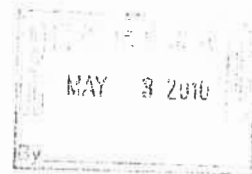
YES _____ NO _____



1. Functions/tasks to be delegated to the physician assistant:

- a. Provide gynecological exams including STD testing, Pap tests and breast exams.
- b. Interprets laboratory tests and order additional diagnostic tests when indicated.
- c. Make appropriate referrals for medical findings requiring further evaluation.
- d. Prescribe medications according to PPFA guidelines and collaborative agreement.
- e. Initiate or assist in the delivery of emergency care in accordance with established procedures.
- f. Carry out duties of testing personnel in a laboratory performing moderate complexity testing when wet mount microscopy is indicated

2. The supervising physician will ensure that the physician assistant is fully trained on all functions and tasks listed in item 1. Ms. Chapman will be employed to work three days a week, and one or two of those days each week she will work directly with either the supervising physician, Dr. Chen, or the substitute supervising physician, Dr. Creinin. On those days the supervising or alternate physician will see any clients needing or requesting to see a physician and review the medical records of the clients seen by Ms. Chapman. At all times, either the supervising physician or the substitute supervising physician will be available by phone and email for consultation with Ms. Chapman and to review medical regimens.





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
April 23, 2010

BEATRICE ALLIS CHEN
[REDACTED]
PITTSBURGH PA 15221

9849

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

EVALUATOR: KRISTA

RE: PATRICIA CHAPMAN, PA-C

Dear Doctor:

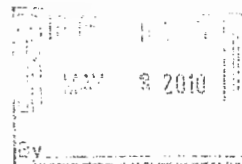
The Board is in receipt of your request to update your written agreement. The following is required so your request can be re-evaluated.

Our records do not show any written agreement exists between yourself and the above-captioned physician assistant. Please provide proof of this agreement by submitting copies of your original approval letters issued by the Board. The PA needs to cease practicing immediately until this agreement has been determined to exist.

NOTE: PLEASE RETURN A COPY OF THIS LETTER WHEN SUBMITTING THE ABOVE INFORMATION. THE REQUESTED CHANGES MAY NOT BE IMPLEMENTED UNTIL THE BOARD HAS GRANTED APPROVAL.

Sincerely,

State Board of Medicine





933 Liberty Avenue
Pittsburgh, PA 15222

t: 412.434.8957
f: 412.434.8974
www.ppp.org

Bridgeville
Johnstown
Moon Township
Pittsburgh
Somerset

Kimberlee S. Evert, M.P.H.
President & CEO

Beatrice Chen, M.D.
Medical Director

Board of Directors
Elizabeth Teti, Chair
Harold Smollar, Vice Chair
Louanne Bally, Treasurer
Jamini Davies, Secretary

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Milton A. Washington
Farley W. Whetzel

April 28, 2010

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

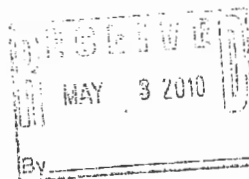
Dear Krista:

Please find enclosed an Application for Registration as a Supervising Physician from Dr. Beatrice Chen for Patricia Chapman, PA-C. Earlier this month, Dr. Chen mistakenly submitted a Written Agreement Change Form to establish this arrangement instead of submitting the required application form. The response received from the State Board of Medicine pointed out our error and we are now submitting the correct forms.

Thank you for your assistance.

Sincerely,

Kimberlee Evert, MPH
President and CEO





COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
April 23, 2010

BEATRICE ALLIS CHEN
[REDACTED]
PITTSBURGH PA 15221

9849

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

EVALUATOR: KRISTA

RE: PATRICIA CHAPMAN, PA-C

Dear Doctor:

The Board is in receipt of your request to update your written agreement. The following is required so your request can be re-evaluated.

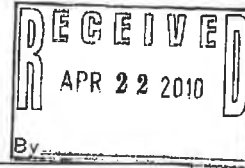
Our records do not show any written agreement exists between yourself and the above-captioned physician assistant. Please provide proof of this agreement by submitting copies of your original approval letters issued by the Board. The PA needs to cease practicing immediately until this agreement has been determined to exist.

NOTE: PLEASE RETURN A COPY OF THIS LETTER WHEN SUBMITTING THE ABOVE INFORMATION. THE REQUESTED CHANGES MAY NOT BE IMPLEMENTED UNTIL THE BOARD HAS GRANTED APPROVAL.

Sincerely,

State Board of Medicine

WRITTEN AGREEMENT CHANGE FORM



A. PRIMARY SUPERVISOR NAME, ADDRESS, WRITTEN AGREEMENT NUMBER (MX):
Beatrice A. Chen, MD License # *MD 424836*
Magee Womens Hospital
300 Halket Street, PAH 15213

B. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) CURRENTLY WORKING UNDER YOUR AGREEMENT:
Pat Chapman - License # MA 0007224

C. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) YOU ARE DELETING:

D. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE ADDING:
Mitchell Creinin, MD License # *MD 0527174*
Magee Womens Hospital
300 Halket Street, PAH: PA 15213

E. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE DELETING:

*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 DUTIES? YES NO

WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES? YES NO

IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE CONTROLLED SUBSTANCE THAT WILL BE PRESCRIBED AND DISPENSED.

NOTE: Physician Assistants are not permitted to prescribe/dispense Schedule I controlled substances.

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 DELETING PRACTICE LOCATIONS? YES NO

SIGNATURE OF PRIMARY SUPERVISOR _____ DATE *4/12/10*

SIGNATURE OF PHYSICIAN ASSISTANT _____ DATE *4-12-10*

SIGNATURE OF NEW SUBSTITUTE _____ DATE *4/12/10*

49-106 (REV. 9/09)

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. PLEASE NOTE:** If this application is not completed within six months, updates of certain sections will be required. If the application process has not been completed within one year from the date it was received, applicants will be also be required to submit an updated application and **another application processing fee.**

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.

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:

Chen Beatrice MD-424836
LAST FIRST MIDDLE LIC NO.

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Chapman Patricia MA-000722L
LAST FIRST MIDDLE LIC NO.

PRACTICE ADDRESS 933 Liberty Avenue
Pittsburgh PA 15222
CITY STATE ZIP CODE

PRACTICE TELEPHONE 412 434-8957

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties Obstetrics + Gynecology

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

If yes, list Board(s) American Board of Obstetrics and Gynecology

Do you hold hospital staff privileges? YES X NO

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

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.

_____ 5/13/10
 Signature of Primary Supervising Physician Date
 _____ 4-28-10
 Signature of Physician Assistant Date

Name of Substitute Physician Assistant Supervisor Mitchell Creinin, MD
 License # 052717L
 Signature _____ Date 5/12/10

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

Beatrice Chen, MD
NAME OF PRIMARY SUPERVISING PHYSICIAN

PATRICIA CHAPMAN, PA-C
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.**

Planned Parenthood of Western PA.
933 Liberty Avenue, Pgh, PA 15222
Facility Setting: Planned Parenthood health center

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

YES X NO _____

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

<i>Narcotics</i>		

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

YES _____ NO X

1. Functions/tasks to be delegated to the physician assistant:

- a. Provide gynecological exams including STD testing, Pap tests and breast exams.
- b. Interprets laboratory tests and order additional diagnostic tests when indicated.
- c. Make appropriate referrals for medical findings requiring further evaluation.
- d. Prescribe medications according to PPFA guidelines and collaborative agreement.
- e. Initiate or assist in the delivery of emergency care in accordance with established procedures.
- f. Carry out duties of testing personnel in a laboratory performing moderate complexity testing when wet mount microscopy is indicated

2. The supervising physician will ensure that the physician assistant is fully trained on all functions and tasks listed in item 1. Ms. Chapman will be employed to work three days a week, and one or two of those days each week she will work directly with either the supervising physician, Dr. Chen, or the substitute supervising physician, Dr. Creinin. On those days the supervising or alternate physician will see any clients needing or requesting to see a physician and review the medical records of the clients seen by Ms. Chapman. At all times, either the supervising physician or the substitute supervising physician will be available by phone and email for consultation with Ms. Chapman and to review medical regimens.



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
May 5, 2010

BEATRICE ALLIS CHEN 9849
PITTSBURGH PA 15222

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

EVALUATOR: KRISTA

RE: PATRICIA CHAPMAN, 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.

- Please provide original signatures for the primary supervisor, the physician assistant and the substitute supervisor on page 2 of the application. The Board does not accept copied signatures.
- Please complete the second part of question four on page 3 of the application regarding the PA prescribing/dispensing controlled substance schedules II-V.

**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 17105-2649
www.dos.state.pa.us

May 18, 2010

BEATRICE ALLIS CHEN

[REDACTED]
PITTSBURGH PA 15222

RE: PATRICIA A CHAPMAN

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

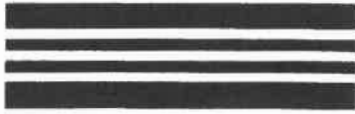
✓ PHYSICIAN ASSISTANT PATRICIA CHAPMAN MA000722L

✓ PRIMARY PHYSICIAN BEATRICE CHEN MD424836

SUBS 1

	APPROVED	PENDING
FEE	<u>05/05</u>	_____
APPLICATION ORIG SIGS	<u>05/18</u>	<u>05/05</u>
ANSW 2ND PT OF Q4		
WRITTEN AGREEMENT	<u>05/05</u>	_____
PRACTICE LOCATION IS HOSPITAL	Y OR <input checked="" type="radio"/> N	
PRESCRIPTION PRIV	<input checked="" type="radio"/> Y OR N	
RESTRICTIONS LISTED	<input checked="" type="radio"/> Y OR N	
APPROVED FOR SCHED 2,3,4 5	Y OR <input checked="" type="radio"/> N	

WA NUMBER: MX 010300



TARGET SHEET

Board: Medicine

Licensee Full Name:
BEATRICE ALLIS CHEN

License No:
MX010300

2790835_LIC_1_05/24/2012

WRITTEN AGREEMENT CHANGE FORM

A. PRIMARY SUPERVISOR NAME, ADDRESS, WRITTEN AGREEMENT NUMBER (MX): <i>Beatrice Chen, MD 933 Liberty Avenue Pittsburgh, PA 15222 MX010300</i>					
B. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) CURRENTLY WORKING UNDER YOUR AGREEMENT: <i>Patricia Chapman MA-000722L</i>					
C. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) YOU ARE DELETING: 					
D. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE ADDING: <i>Rachel Kapkin MD 440231</i>					
E. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE DELETING: <i>Mitchell Creinin, MD 052717L</i>					
*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 DUTIES?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>		<input checked="" type="checkbox"/>	YES	NO
	<input checked="" type="checkbox"/>				
YES	NO				
WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>		<input checked="" type="checkbox"/>	YES	NO
	<input checked="" type="checkbox"/>				
YES	NO				
IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE CONTROLLED SUBSTANCE THAT WILL BE PRESCRIBED AND DISPENSED.					
NOTE: Physician Assistants are not permitted to prescribe/dispense Schedule I controlled substances.					
SCHEDULE II <input type="checkbox"/>					
SCHEDULE III <input type="checkbox"/>					
SCHEDULE IV <input type="checkbox"/>					
SCHEDULE V <input type="checkbox"/>					
IS THE ADDRESS OF THE PRACTICE LOCATION CHANGING?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>		<input checked="" type="checkbox"/>	YES	NO
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ARE YOU ADDING PRACTICE LOCATIONS?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border-bottom: 1px solid black; width: 50px;"></td> <td style="border-bottom: 1px solid black; width: 50px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>		<input checked="" type="checkbox"/>	YES	NO
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YES	NO				

SIGNATURE OF PRIMARY SUPERVISOR

DATE 3/10/12

SIGNATURE OF PHYSICIAN ASSISTANT

DATE 3/6/12

SIGNATURE OF NEW SUBSTITUTE

DATE 3/13/12

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

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

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***This form is to be completed when reporting a change to an existing, approved Medical physician assistant supervisor written agreement. A separate form must be completed for each MX number. All signatures must be original. Please duplicate this form as needed.**

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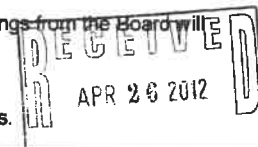
- **ADD:** Complete Sections A, B, and D. All signatures are required. **FEE** - \$5 fee for each additional substitute supervisor. Check/money orders should be made payable to the "Commonwealth of PA." **A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your financial institution regardless of reason for non-payment.**
- **DELETE:** Complete Sections A, B, and E. The signature of the primary supervisor and physician assistant are required.

• **ADDING/DELETING A PHYSICIAN ASSISTANT:**

- **ADD:** If you are requesting to supervise a new physician assistant, you must complete and submit the Application for Registration as a Supervising Physician.
- **DELETE:** Complete Sections A and C. The signature of physician assistant or the primary supervisor is required.

• **CHANGES IN PROTOCOL:**

- All changes require completion of Sections A, B, and F. The signatures of the primary supervisor and physician assistant are required.
- **Changing Job Duties:**
 - **ADD:** Provide a list of all the added duties to be delegated to the physician assistant. Describe the manner of supervision and the direction you will provide the physician assistant.
 - **DELETE:** Submit a list of all the deleted duties.
- **Changing Prescribing/Dispensing Privileges:**
 - On an 8 ½ X 11 sheet of paper, submit a list of all categories that the physician assistant **WILL NOT** prescribe/dispense.
 - Select the Schedules the physician assistant will prescribe/dispense.
- **Changing Practice Address Currently on File With the Board:**
 - Submit the name and address of the location (**NOTE: All future mailings from the Board will be sent to this address.**)
- **Adding/Deleting Practice Locations:**
 - Submit a list of the names and addresses of the new/deleted locations.



NOTE: PHYSICIAN ASSISTANTS CANNOT HAVE MORE THAN 3 PRIMARY SUPERVISORS AT A HEALTH CARE FACILITY. PRIMARY SUPERVISORS CANNOT SUPERVISE MORE THAN 4 PHYSICIAN ASSISTANTS.

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C. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) YOU ARE DELETING: 					
D. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE ADDING: <i>Sharon Achilles, MD. 432224</i>					
E. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD OR OS) YOU ARE DELETING: <i>Mitchell Creinin, MD 052717L</i>					
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SIGNATURE OF PRIMARY SUPERVISOR	DATE <u>2/28/12</u>
SIGNATURE OF PHYSICIAN ASSISTANT	DATE <u>3-6-12</u>
SIGNATURE OF NEW SUBSTITUTE	DATE <u>3-8-12</u>

Regular Mailing Address

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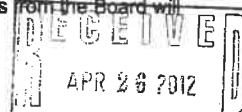
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TARGET SHEET

Board: Medicine

Licensee Full Name:
BEATRICE ALLIS CHEN

License No:
MX014486

3065264_LIC_1_01/17/2013

49-106 (REV. 9/09)

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

MX014186

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

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PRIMARY SUPERVISING PHYSICIAN NAME/LICENSE NUMBER:

Chen *Beatrice* *Allis* *MD-424836*
LAST FIRST MIDDLE LIC NO.

PHYSICIAN ASSISTANT NAME/LICENSE NUMBER:

Daniels *Judith* *Ann* *MA-001063L*
LAST FIRST MIDDLE LIC NO.

PRACTICE ADDRESS *933 Liberty Avenue*
Pittsburgh *PA* *15222*
CITY STATE ZIP CODE

PRACTICE TELEPHONE *(412) 434-8957*

PRIMARY SUPERVISING PHYSICIAN MUST COMPLETE THIS SECTION:

List your specialties *Obstetrics & Gynecology*

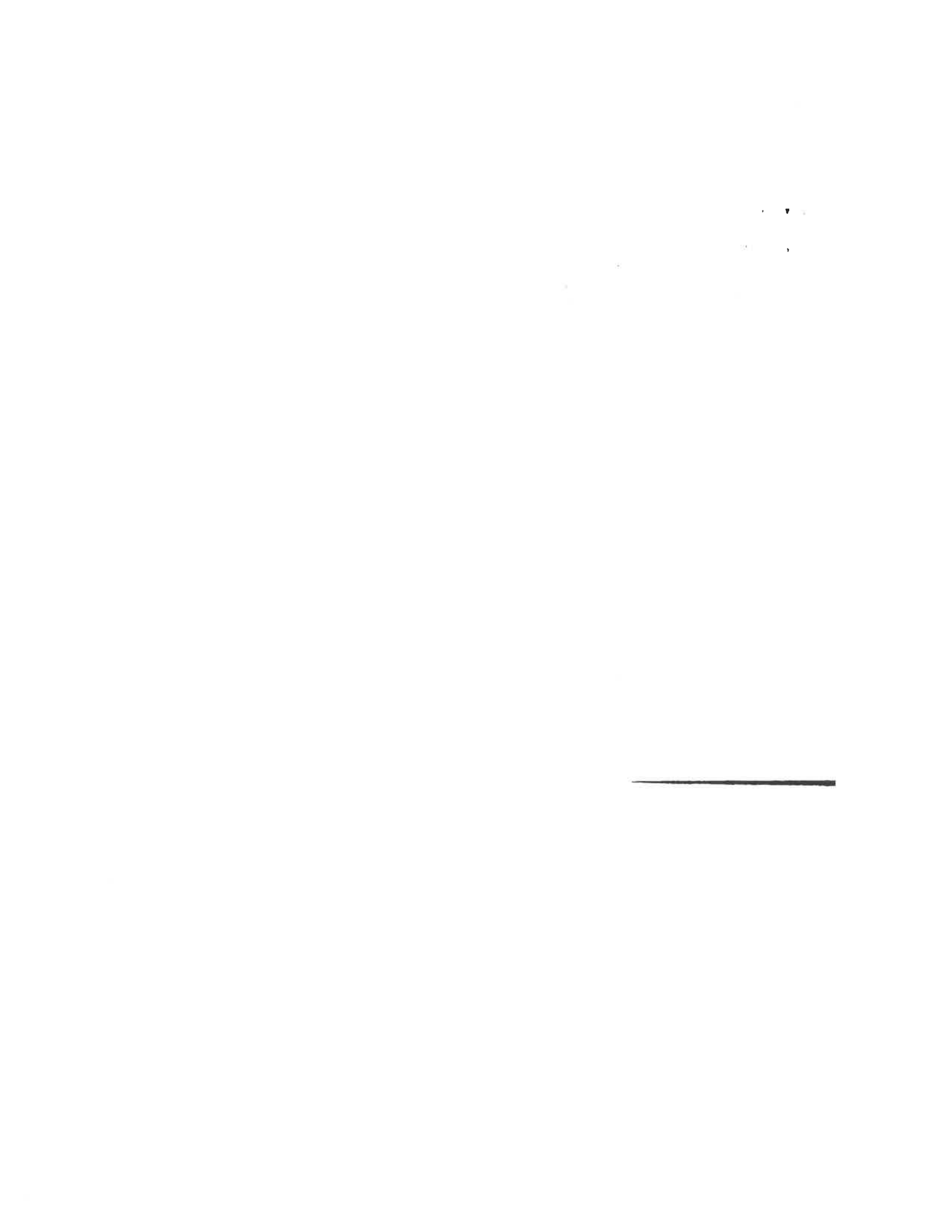
Do you hold a membership in any American Boards of Medical Specialties? YES NO

If yes, list Board(s) *American Board of Obstetrics & Gynecology*

Do you hold hospital staff privileges? YES NO

If you have hospital staff privileges, indicate the hospital name(s).
Magu-Womms Hospital of UPMC

NOV 05 2012



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 10/31/12

Signature of Physician Assistant _____ Date 10/30/2012

Name of Substitute Physician Assistant Supervisor Sharon Achilles

License # MD432224

Signature _____ Date 10/30/12

Name of Substitute Physician Assistant Supervisor Rachel Rapkin

License # MD440231

Signature _____ Date 10/31/12

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.)

11
12

—————

WRITTEN AGREEMENT

Dr. Beatrice A. Chen

NAME OF PRIMARY SUPERVISING PHYSICIAN

Judith A. Daniels

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.**

Planned Parenthood of Western PA
933 Liberty Avenue, Pittsburgh, PA 15222

- 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.

<u>Schedule I controlled</u>		
<u>SUBSTANCE</u>		

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

YES NO

NOV 05 2012
 RECEIVED

1000

1000

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

The PA, Judy Daniels, will evaluate patients through Dr. Beatrice Chen following the guidelines of Planned Parenthood of Western Pennsylvania. The Physicians will also evaluate the patient when he/she or the PA believes it is necessary. Specific functions include:

- Medical screening and evaluation
- Physical Examination including temperature, blood pressure, cardiac and lung auscultation, assessment of airway, breast exam and pelvic bimanual exam, collection of specimens
- Provider performed microscopy
- Insertion and removal of contraceptive implants
- Endometrial Biopsy
- Chemoablation of condyloma
- Gestational sizing
- Abdominal and transvaginal ultrasound
- IV Access
- Intra-operative monitoring using EKG machine and pulse oximeter
- Immediate post-operative patient care consisting of observation and monitoring patient's vital signs, managing post-operative medical care and administering post-operative medications
- Supervision of the recovery area
- Ordering, prescribing, dispensing and administering medications and therapeutics will be performed within her scope of practice and as directed by the Supervising Physician.
- Implement an emergency protocol during center hours and after hours. Direct and assist with CPR until outside assistance is obtained
- Refer patients for specialist evaluation

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

1. The Physician shall be immediately available for consultation to the PA through direct communication or by email, telephone, or telecommunications. When the Physician cannot be available, she must communicate this to the clinician and the Substitute Physician so that the Substitute Physician can respond to a request to consultation within 30 minutes. The Substitute Physician will be Sharon Achilles, MD.
2. The Physician will be present and available for:
 - a. Reviewing the standards of medical practice,
 - b. Establishing and updating standing orders and drug and other medical protocols as required,
 - c. Periodic updating of medical diagnosis and therapeutics,
 - d. Countersigning patient records within a reasonable time not to exceed 10 days, unless countersignature is required sooner by regulation, policy within the medical care facility or the requirements of a third-party payor.

NOV 05 2012





COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
December 15, 2012

BEATRICE ALLIS CHEN
[REDACTED]
PITTSBURGH PA 15222

9849

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

EVALUATOR: 1702 - JON

RE: JUDITH DANIELS

Dear Doctor:

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

che ¹⁻¹⁷⁻¹²
Fee in the amount of \$5.00, made payable to the "Commonwealth of Pennsylvania." Fee breakdown is as follows: \$35 primary and one substitute supervisor, \$5 for each additional substitute supervisor. 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.**

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.

PHYSICIAN ASSISTANT Daniels, Judith - MA-0010632

PRIMARY PHYSICIAN Chen, Beatrice - MD 424836

SUBS 2 (85)

	APPROVED	PENDING
FEE	_____	_____
APPLICATION	<u>12-15-12</u> ✓	_____
WRITTEN AGREEMENT	<u>12-15-12</u> ✓	_____
PRACTICE LOCATION IS HOSPITAL	<u>Y</u> OR N	
PRESCRIPTION PRIV	<u>Y</u> OR N	
RESTRICTIONS LISTED	<u>Y</u> OR N - no sch I	
APPROVED FOR SCHED 2,3,4 5	<u>Y</u> OR N	

WA NUMBER: MX 014486

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/med

January 17, 2013

BEATRICE ALLIS CHEN
[REDACTED]
PITTSBURGH PA 15222

9849

RE: JUDITH ANN DANIELS

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



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

12/24/2018

License Information

BEATRICE ALLIS CHEN

Pittsburgh, Pennsylvania 15213

Board/Commission: State Board of Medicine

Status Effective Date: 07/13/2004

LicenseType: Medical Physician and Surgeon

Issue Date: 07/13/2004

Specialty Type:

Expiration Date: 12/31/2020

License Number: MD424836

Last Renewal: 10/31/2018

Status: Active

Prerequisite Information

Licensee	Relationship	License Type	License Number	License Status	Associated Date	License Expiration Date
BEATRICE ALLIS CHEN	Self Automatic	Written Agreement	MX010300	Active		
BEATRICE ALLIS CHEN	Self Automatic	Written Agreement	MX014486	Active		
BEATRICE ALLIS CHEN	Self Automatic	Written Agreement	MX008148	Inactive		

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.