Medicine- Medical Physician and Surgeon-Accredited School Graduate



AA0000937266

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

						PERSONAL INF	ORMATIC	N					
Last Na	me	СНІ	EN				First Na	me	BEATR	ICE			
Middle I	Name	ALL	IS				Suffix						
Full Nar	ne	BEA	ATR	ICE ALL	IS CHEN		•		•				
SSN					Date Of Birth		Age			41	Gender		FEMALE
						ADDRESS D	ETAILS						
Street A	Address												
City/Sta	te/Zip		PIT	TSBURG	SH PA 1522	21							
County			Alle	gheny						Country	Unite	ed Sta	ites
						CONTACT D	ETAILS						
Phone r	number						Mobile Ph	one nu	mber				
Primary	Email /	Addre	ess		@gmail.co	m	Secondar	y Email	Address				
						CHECKLIST	TITEMS						
Checklis	st name				Status					Submitted	l Date	Expir	ation Date
Applica	ation				Pending	Review				10/	31/2018	3	
Applica	ation F	ee			Complete	ed				10/	31/2018	3	
Child A	Child Abuse CE Completed LEGAL QUESTION						10/	31/2018	3				
					_	LEGAL QUE	STIONS						
Questio	ons							Answ	er	Documer Uploaded		ile Nan	ne
1 A	re you	sub	mitt	ing a nar	ne change v	vith this renewal?			N	No	,		
2 F	irst Na	me								No	,		
3 N	/liddle l	Nam	е							No	,		
4 L	ast Na	me								No	,		
2 First Name 3 Middle Name				on maiden naiden ment			No						
h re	old, or egistra	have tion	e yo or o	ou ever ho ther auth	eld, a licens	e currently renewing e, certificate, permit practice a profession?	,		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10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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)

Name:BEATRICE ALLIS CHEN	
Address Info Street Address Email: @gmail	l.com
Phone Fax	
CityPittsburgh	
StatePA	
Zipcode15221	
Country82	
CountyAllegheny	
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	N
reporting?	
Do you hold, or have you ever held, a license, certificate,	
permit, registration or other authorization to practice a	N
profession or occupation in any state or jurisdiction?	
If you answered yes to the above questions, please	
provide the profession and state or jurisdiction.	
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	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	

Address Info Email:	
Street Address gmai	l.com
Phone	7
Fax	
CityPittsburgh	
StatePA	
Zipcode15221	
Country82	
CountyAllegheny	
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	land and the second
license, certificate or registration issued to you in any	N
profession in any other state or jurisdiction?	
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	N
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.	
Since your initial application or last renewal, whichever is	11
later, have you withdrawn an application for a license,	
certificate or registration, had an application denied or	N
refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession	
in any other state or jurisdiction?	
•	
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	N
any state, territory or country?	
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	N
reported the complaint, email or fax the docket number to	1
the Board. (email at st-medicine@state.pa.us or fax at	
717-787-7769)	

Since your initial application or last renewal, whichever is	N
later, have you had your DEA registration denied,	
revoked or restricted?	
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	
proces, and to your processor and and an arrange of the contract of the contra	N
or restricted by any medical assistance agency for cause?	
Do you maintain current medical professional liability	Y
insurance in the Commonwealth of Pennsylvania?	1
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 Em	ail @email.com	
Phone		
Fax	/ }	
CityPittsburgh		
StatePA		
Zipcode15221		
Country 82		
County Allegheny		
Survey Respons	e Summiny	
Quenton Respon	or 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	

are you submitting a name change with this renewal? [ave you completed your current CE requirements?] [ave you completed your current CE requirements?] [ave you hold, or have you ever held, a license, certificate, permit, registration or other athorization to practice any health-related profession in any state or jurisdiction? [ave you answered yes to the above question, please provide the profession and state or risdiction.] [ave you initial application or last renewal, whichever is later, have you had disciplinary activates a gainst a professional or occupational license, certificate, permit, registration or other athorization to practice a profession or occupation issued to you in any state or jurisdiction of ave you agreed to voluntary surrender in lieu of discipline? [ave you agreed to voluntary surrender in lieu of discipline?] [ave you agreed to voluntary surrender in lieu of discipline?] [ave you intitial 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 rofessional or occupational license, certificate, permit or registration in any state or risdiction? [ave your initial application or last renewal, whichever is later, have you been convicted bound guilty, pled guilty or pled nolo contendere), received probation without verdict or occlerated rehabilitative disposition (ARD), as to any criminal charges, felony or insdemeanor, including any drug law violations? Note: You are not required to disclose any RD or other criminal matter that has been expunged by order of a court. [ave your initial application or last renewal, whichever is later, have you had your DEA agistration denied, revoked, suspended or restricted by a Medical Assistance agency, fedicare, third party payor or another authority? [ave your initial application or your last renewal, whichever is later, have you been cha	n N N
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to you hold, or have you ever held, a license, certificate, permit, registration or other uthorization to practice any health-related profession in any state or jurisdiction? You answered yes to the above question, please provide the profession and state or risdiction. Ince your initial application or last renewal, whichever is later, have you had disciplinary activation to practice a profession or occupational license, certificate, permit, registration or other uthorization to practice a profession or occupation issued to you in any state or jurisdiction or ave you agreed to voluntary surrender in lieu of discipline? To you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction? The professional or occupational license, certificate, permit or registration in any state or jurisdiction? The professional or occupational license, certificate, permit or registration, had any application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a rofessional or occupational license, certificate, permit or registration in any state or insidiction? The professional or occupational license, certificate, permit or registration in any state or insidiction? The professional or occupational license, certificate, permit or registration in any state or residency or inside a publication or last renewal, whichever is later, have you been convicted ound guilty, pled guilty or pled nolo contendere), received probation without verdict or occlerated rehabilitative disposition (ARD), as to any criminal charges, felony or insidemeanor, including any drug law violations? Note: You are not required to disclose any RD or other criminal matter that has been expunged by order of a court. The your initial application or last renewal, whichever is later, have you had your DEA gistration denied, revoked or restricted by a Medical Assistance agency, fedicare, third party payor or another authority? The	N on on or N N N N N N N N N N N N N N
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eccupational license, certificate, permit or registration in any state or jurisdiction? ince 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 risdiction? Ince 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 excelerated rehabilitative disposition (ARD), as to any criminal charges, felony or excelerated rehabilitative disposition (ARD), as to any criminal charges, felony or any RD or other criminal matter that has been expunged by order of a court. The original professional application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted? Ince your initial application or your last renewal, whichever is later, have you had provider rivileges denied, revoked, suspended or restricted by a Medical Assistance agency, fedicare, third party payor or another authority? Ince your initial application or your last renewal, whichever is later, have you ever had ractice privileges denied, revoked, suspended, or restricted by a hospital or any health care cility? Ince your initial application or your last renewal, whichever is later, have you been charged to hospital, university, or research facility with violating research protocols, falsifying research, rengaging in other research misconduct? Ince your initial application or last renewal, whichever is later, have you engaged in the itemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or abstances that may impair judgment or coordination? Ince your initial application or your last renewal, whichever is later, have you been the subjection of s	N N N N N N N N N N N N N N N N N N N
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 rofessional or occupational license, certificate, permit or registration in any state or risdiction? Ince 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 occelerated rehabilitative disposition (ARD), as to any criminal charges, felony or hisdemeanor, including any drug law violations? Note: You are not required to disclose any RD or other criminal matter that has been expunged by order of a court. To you currently have any criminal charges pending and unresolved in any state or jurisdiction ince your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted? The provided ince your initial application or your last renewal, whichever is later, have you had provider rivileges denied, revoked, suspended or restricted by a Medical Assistance agency, fedicare, third party payor or another authority? The your initial application or your last renewal, whichever is later, have you ever had ractice privileges denied, revoked, suspended, or restricted by a hospital or any health care cality? The your initial application or your last renewal, whichever is later, have you been charged thospital, university, or research facility with violating research protocols, falsifying research, rengaging in other research misconduct? The renewal protocols, hallucinogenics or other drugs or abstances that may impair judgment or coordination? The provided in the subject of the subject of the protocol of the protoco	N N N N N
cound guilty, pled guilty or pled nolo contendere), received probation without verdict or ceclerated rehabilitative disposition (ARD), as to any criminal charges, felony or usedemeanor, including any drug law violations? Note: You are not required to disclose any RD or other criminal matter that has been expunged by order of a court. To you currently have any criminal charges pending and unresolved in any state or jurisdiction ince your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted? The ince your initial application or your last renewal, whichever is later, have you had provider rivileges denied, revoked, suspended or restricted by a Medical Assistance agency, fedicare, third party payor or another authority? The ince your initial application or your last renewal, whichever is later, have you ever had ractice privileges denied, revoked, suspended, or restricted by a hospital or any health care recility? The your initial application or your last renewal, whichever is later, have you been charged to hospital, university, or research facility with violating research protocols, falsifying research, rengaging in other research misconduct? The ince your initial application or last renewal, whichever is later, have you engaged in the attemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or abstances that may impair judgment or coordination? The ince your initial application or your last renewal, whichever is later, have you been the subjection or your initial application or your last renewal, whichever is later, have you been the subjection or your initial application or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you be	n? N N N
ince your initial application or last renewal, whichever is later, have you had your DEA egistration denied, revoked or restricted? ince your initial application or your last renewal, whichever is later, have you had provider rivileges denied, revoked, suspended or restricted by a Medical Assistance agency, fedicare, third party payor or another authority? ince your initial application or your last renewal, whichever is later, have you ever had ractice privileges denied, revoked, suspended, or restricted by a hospital or any health care cility? ince your initial application or your last renewal, whichever is later, have you been charged be hospital, university, or research facility with violating research protocols, falsifying research, rengaging in other research misconduct? ince your initial application or last renewal, whichever is later, have you engaged in the attemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or abstances that may impair judgment or coordination? ince your initial application or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subjection or your last renewal, whichever is later, have you been the subject to the your last renewal.	N
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ince your initial application or your last renewal, whichever is later, have you been the subject	
	ct N
yes, please submit a copy of the entire Civil Complaint, which must include the filing date are date you were served. PLEASE NOTE: If you previously reported the complaint to the oard you will only need to provide the docket number here:	ad _i
ave you completed 2 hours of Board-approved continuing education in child abuse cognition and reporting?	Y
to you maintain current medical professional liability insurance in the Commonwealth of ennsylvania?	Y
you answer "No", please provide an explanation or reason for an exemption request.	
lease provide the zip code of your primary employer/practice location. This data is being ollected 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
Monday, November 14, 2016	
ducation Info No education records	

No employment records

Employment Information



TARGET SHEET

Board: Medicine

Date Created: 07/13/2004

Licensee Full Name: BEATRICE ALLIS CHEN

License No: MD424836

APPL

2203572

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 #1-1983-184007/17-787-2381 #1-1980dictimbelif-state, pa. us Constitute Delivery Address SEATE BOARD OF MEDICAL ECEIVED DIRECT 2601 NORTH THIRD STREET

HARRISBURG, PA 17110



OFFICIAL USE ONLY

MT 11996		ohle Make check nave	Me M ible to the "Commonwealth of Pennsylvania,"
	of \$20.00 will be charged		order returned unpoid by your bank, regardless of th
Please print or type			
NAME:	CHEN	BEATRICE	ALLIS
	Last	lirst	Middle
Permanent Address			
		Street	Name of Administration in the Contract of the
All refrespondence and the lecone will be numbed to this address	PITTSBURGH	PA	15232
notes the Board of a change	Cary	State	Zip Code
Email address	e pitt.	edu	
Date of Birth:	Soci	al Security Number:	
lf your medical/lice	nsure records are list	ed under another nam	e or names list below
LIST MEDICAL SO VANVECSITY OF	HOOL(S) ATTENDI MICHIG AN	ED:	DATES OF ATTENDANCE From: 8/98 to 6/02 Mo & Yr Mo & Yr From: to
Date of Graduation	6/7/02		Mo & Yr. Mo & Yr.
() FLEX - indica	amination(s) passed: ite state where taken: BOARD - PART I	Date taken	n: Component 1 Component 2 PART III
() LMCC - Cana	EP I STE	P 2 STEP 3	

ACGME Post Graduate Training:

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

PGY2 Hospital: MAGRE-WOMENS HOSP ITAL OF UPPIC 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
() Do you hold licenshie or contidination (active or inactive, stright or expired) to practice in any other jurisdiction? If yes, list care in a		1
2) Have you ever withdrawn an application for a license, had an application denied or refused, or acted not to reapply for a license in another state, territory or country. A license includes a registration or certification.		V
3) Has any disciplinaty action been taken against your license of metalicate in smother state, territory or country:		V
() Have you been convicted, found durity, or pleaded dufity or not statements, or received probation without verdict as to any felony or anothernment, including any drug law violation, in any state of federal course.		V
i Since May 19, 2002, have you been arrested for oriminal bomisses, assistant assault; sexual oftenses or drug oftenses in any stare, togritary or country?	1. 1.354	/
n Rave you had practice privileges denied, levoked of restricted in a haspital or other health care facility, is have you been charged by a losgital, university, or research facility with violating research or deadly, falsifying research, or engaging in other research miscanduct		1
have you had your DEA registration denied, revoked or testricted or have you had your provider privileges terminated by any medical assistance agenty in cause?		V
Are you, or are you ever been, addition to the intemperate and it almost of the habitual use of narieties of other habit-former due is 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:)		
If Since May 19, 2002, have my malpredice focularity been tracked by your bir yes, the Board recurrential yes about a cay of the our residual complaint which must in the the filling date and the date years to some		V

SIGNED STATEMENT

Note that disclosing your social security number on this application is thandaged in rester for the Nate Road of Moderne to corrols with the transcentents of the Tederal Social Security Act pertaining to child support enforcement as implemented in the Commonwealth of Permaybastia at 23 Part. 8, 4 in 1 star. In order to enforce domestic child support orders, the Commonwealth's Incensing learned must provide to the Department of Public Welfare information provided by DPW about the Incense, social security number. Additionally, disclosing the number is quantities in quantities 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 SPDRATMENT must include the Lorence is not all 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 this false statements are made subject to the penalties of 18 Pa. C.S. Section 40/th relating to unswent falsefulcation to implicate and may result in the suspension or researched in the transfer of my fivense. I hereby authorize all frospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agent test and instrumentalities thereis state, federal or foreign) to release to the Pentisylvania State Board of Medicine any information, tiles or records requested by the Board.

1	.7	-7	1	m	i
5/	A	1	1	U	7

SIGNATURE OF APPLICANT

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

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Certification of Moral Character

Name of Applicant.

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

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

I have been personally acquainted with the applicant for 2 yearts) 0 month(s)

Beatrice Alla Chen

medicine in the Commonwealth of Pennsylvania.

SIGNATURE: Print or type name as signed above:	Johanna Agraen
	License Number MOY 20 6 20
Name of Applicant Reutys All	lis Cha
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Return Completed Form to Applicant

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

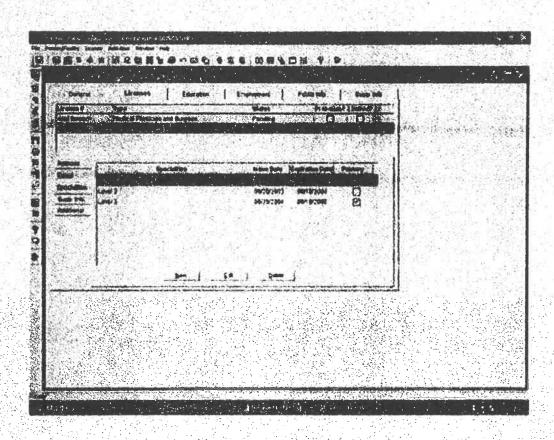
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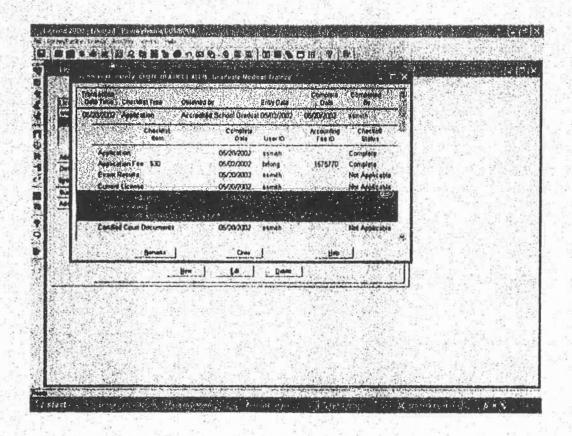
Courier Detivery Address State Board of Medicine 2001 South Third Street Harrisburg, PA 17110

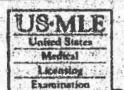
VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates
TO BE COMPLETED BY APPLICANT

year level must be verified. If the training began on or a are required, one at first (PGY 1) year level and one at se	ther July 1, 1987, two (2) years of approved training cond (PCIY 2) year level
2. Training at a first (PGY 1) year must be ACGN previous training). Training at a second (PGY 2) year See listing on back.	
3. If training was completed at more than one hospital, di	uplicate this form and submit to each hospital.
To be completed by the program director at the hospit was in Pennsylvania, information must coincide with second year of training, this form may be completed prior to the completion of the approved training. For not be accepted.	data on graduate license. For applicants still in the and signed by the program director fifteen (15) days
NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED	MAGEE-WOMBUS HASPITAL
NAME OF SPONSORING INSTITUTION: UNIVERSITY	
LOCATEDINI PITTS BURGH	PA State
1st Year from 06 20 0210 06 19 03 Spec	
2nd Year from 06 /20 / 03 to 06/11/04 Spec	cially OB/BYN Level(PUY) &
"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 act complete this training, the Board will be notified."	그 하는 사람들은 사람들은 학교 회사 하지만 하는 말이 그는 그는 모든 현실을 받아 된다고 하셨다.
"I further certify that the above program was ACGME completed the training." Signature of Program Direct	A toronto and a material and
[Seal of Hospital] Date:	Callet Shan was an arrange and the
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 haspital
Program Director's Signature Date:	ury seal]
BETTIRS COMPLETED FORM DIRECTLY TO THE BOARD IS	OFFICIAL HOSPITAL ESALLOPI



HSML CANCEL STATE OF A SECURITION OF THE SECURITIES AND A SECURITIES AND A





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

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

Date of Birth:

Remains for Siege taken by this examinere (and for which results have been reported to date) are shown below. For Steps that span more Then 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 management passing score ("MP") on each scale is shown in parentheses.

13.000000000000000000000000000000000000			Three-Digit S	core 1	we Digit S	core		
	Test Date 06/19/2000	Pass/Fail Pass		MP (179)	Total 94	MP (75)	Comments	
SMLE STEP 1								
Thuise Enemissing (C	4		Three-Digit S	icore 1	lwo-Digit S	icore		
	Test Date 11/26/2001			MP (174)		MP (75)	Constitutions	
SMLESTEP 3								
			Three-Digit S	ال مانفست	Two-Digit S			

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



INTERPRETATION OF RESULTS

USMLE transcripts include a complete results history and nonations 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 is ale on which must scores fall between 140 and 280. The recommended annimum passing score is shown on the front of the transcript next to the graminee's score for each administration. The second majorinum passing score. The level of proferency trajected to meet the resonanced aminimum passing level for each USMLE step is reviewed periodically and is subject to change.

Prince variantations with reported secrets, the Standard Little of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were lessed appearedly using different served terms covering vinidar content. The SEM is usually in the range of 4 to 8 points on the three digit scale and I to 3 points on the two digits scale.

STEP 2 CLINICAL SKILLS (US)

The Clinical Skiller's Stramponent of Step 2 was involved in 2004 and the USMI Estama right has been used test to a flection charge. The Step 2 demination that existed pives to the introduction of Step 2 (Necessariance) to be administred in the Clinical Knowledge (UK) component of Step 2. The table http:

2 CK2 is used for this examination whether taken before or after the introduction of the Step 2 CK component.

Step 2.05 results are reported as those of fact. Had the two discovered that the two discovered in the second base had to a fact of a score of 75 or higher months to pass.

Tonse individuals may be exposed to rate and pass Step 2 CS delice to registering for Step 3. Transcript users can find inflammation on engithfus requirements for all USMLI extantionations in the USMLI Bulletin of left matter and to superiordic CS appliates, available at the USMLI serbonic excess particular units.

ASSOTATIONS APPEARING UNDER COMMENTS:

Circumstances in connection with an admiring time shown in this transcript may result in one or new anneatons is ded not to the score. A description of each "Connecti" is provided below

Indeterminate. Results that consider a third as representing a subjective of the examined a knowledge or competence of sampled by the examination. The amount of the last that and hele indeterminate noty be made on the base of the last that and hele fait are not limited to answerphined measure a contractive and finite in a summation or between administrative at the contract flowers to be examinated at the matter than the contract of the individual flowers and the contract of the individual of the contract.

on Scote Validity is available. If such information is not enclosed with the transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19101 telephone (215) 500-9700

Incomplete. The examines 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 cognized in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Balletin of Internation Information reparding an industry of the irregular behavior and the determination of the Committee's available. It such information is not enclosed with this franscript it may be obtained by contacting the organization from which you received the transcript of the USMLE Secretariat, 3750 Market Street, Philadelphia PA 19403 relephone (215) 590-9700.

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

Test Accommodations. Following review and approval of a traps of the matter examined rest accommodations were provided in the administration of the examination.

ASSOCIATIONS APPEARING AS PROTECT

Car unistances pay in a succession with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or arganization. The "New" will appear at the end of the discussion

BOARD ACTION DATA BANK INCORMATION APPEARING AS "NOTE"

the Board A monthus Bash of the Lederation of State Medical Hander) SMILL contains a from reported to the I SMB by U.S. to covering and disciplinary boards. Canadian la ensing ambornies, the I.S. Arned Forces the U.S. Department of Health and Homes Services and other redentialing courses. To be included in the Data Bank, an action must be a neuter of public record or be besally researable to state medical boards or other entities with treognized authority to resign physician credentials. Certain a tions reported to and released by the board Action Data Bank are not the plinary or otherwise prejudicial in nature. Such actions are reported to chance that resords are complete and to general in presenting instrepresentation or the use of lost or stolencredentials by unauthorized persons. Once reported to the ENAID, an action become a part of the permanent record of the refreshoal physician, and the excitence of such an action may be indicated on the USMLE transcript by a "Note".

7/2004

Beatrice A. Chen

Pittsburgh, PA 15202

moult odu

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RESIDENCY

Hartin Artista in Market Market Artist (1984)

Contraction of the contract of

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

RDUCATION

University of Michigan Medical School, Ann Arbor, Mr. 1998 / 2002 M.D.

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

8.5. In Asian Studies with highest distinction in the Integrated Premiatical Medical Program

BRUBANCIL AND WOME EXPENSENCE

J.O.L. DeLancey, M.D. - University of Michigan Medical School, Obstetries & Gynecology, Ann Arbor, MI - Summer 1999
Research assistant. Studied vaginal width as an indicator of levator are mascla abnormalities on MRI.

Ecology Center of Ann Arbor - Ann Arbor, MI - Summer 1998
Volunteer Internship, compiling database of environmental health indicates in Michigan

Taubman Medical Library - University of Michigan Medical School And Arthur Mt.

Reference office assistant. Also updated and redesigned nursing with projection in Healthwelt org

A.E. Eyler, M.D., M.P.H. - University of Michigan Medical School, Farns, Practice, Ann. Arbor, M.I. Summer 1997

Clinical research. Studied adequacy of foliate in diet of low-income adverscents.

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

Research assistant. Examined gender differences to renal function at each Perfermed renal negligibles and induced controlleral ischemia in rate.

David Dawson, Ph.D. – University of Michigan Medical School, Physiology, Michigan Desert Island Biological Leboratory, Salsbury Crive, Maine & Sustainer 1995 Research assistant. Examined molecular basis for losic effects of mercury or son channels and transporters, such as CFTR and #2AR

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PUBLICATIONS AND PRESENTATIONS

Culturally competent issues in domestic violence, AMVA Partner Violence
 Handbook, University of Michigan Medical School, 2001.

Company of the company of the control of the contro

- Chen BA: DeLancey JOL: "Localized levator are muscle abrogram/dess interassemental technique development and pretimentary findings."
 Poster presentation at the Student Biomedical Research Forem. Are: Aster Ma. November 1999.
- Chen BA, D'Alecy I, "Gender difference in renal function in rats"
 Poster presentation at the Student Burnedical Research Futuer, Ann Artisa, Mil. November 1996
- Schaler JA, Omulepu O, Chen B, Cherukus S, Dawsest D. Microsesias concentrations of inorganic mercury after months and conduction in it Xerrogaus oncytes.
 Abstract published in The Buttern Mount Desert Island Biological Laboratory (35): 1096-15-16.

CERTIFICATIONS AND EXAMINATIONS

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

HUNDRS AND AWARDS

The start of the secretarian sources for the start of the second sections of

- Women's Health Program Award for Excellence and Commissioned to Vivinesis
 Health, National Model Center of Excellence in Winesen's Health, Universely of
 Michigan x 2002
- Phi Beta Kappa 1998
- University of Michigan Ahrin M. and Arvella D. Bentley Schelarship and LS&A Dear's Ment Scholarship • 1994

HE HRERSHIPE

American College of Obstatrica and Opnecology, Junior Fallow

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

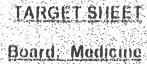
July 1, 2004

BEAT	FRICE	ACHEN
PITI	SBUR	GH PA 15232
Dear	Docto	in de la companya de Managanta de la companya de la comp
listed	belo	checked below are required to complete your application. Additional information is within it necessary. You may not practice in the Commonwealth on 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 envelops
13	7.	LMCC score certification <u>must be received DIRECTLY</u> from the Medical Council of Canada in an official agency envelope
de	8.	USMLE scores must be received DIRECYLY from the Federation of State Medical Boards, Inc. in an official agency envelope.

PAGE #2

	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.
19	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.	Ollier:

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



Dato Created; 06/29/2006

Liconson Full Name. BEATHER ALLIS CHES

<u>Liconso No.</u> 111) 12 18 16

MISC

2203572

Department of State Buteau of Professional and Occupational Alfairs STATE BOARD OF MEDICINE

Mailing Address P O Box 2649 Hamsburg PA 17105-2649

Couries Mail 2005 Nicola Than Street Harrstnay, PA 17710

Telephone 717/183 1400
Fax: 717/167/769
E-mell: at mell: neggalate pairs
Webaile www.dos.state.paics-med

REQUEST FOR CHANGE OF NAME AND/OR ADDRESS

Comp	plete the following information and check the appropriate block below:
Curre	ont Information
Last	Name Chie William
	Name: (S.E.A.) R. I. C.E. Middle Initial: A.
	왕이는 하는 이 경찰을 다시 한 사람들이 되어가 되지 않고 그지나 살아가 하시는데 나가 되었다면 하다.
Licen	se Number 19 0 14 2 4 8 3 6
Socia	il Security Number:
	<u> </u>
Π_{i}	Change of Name
	You must submit a copy of a legal document vitilying your new name. The following are pacaptable name change visiboation documents.
	(1) marriago cordicida
	(2) divorce decree which indicates the relating of your maden name (3) other legal decureent indicates the relating of a maxion name
	(4) lot a logal name change, a copy of the court decidnent must be provided
	New Name
	Tage Madie
K I	Change of Address
	Old Address
	Striggt Address
	City Pillyworth State PA 10 Code 15 332
	New Address:
1-4	Strapt Address
est.	City Pittsburgh State 10 Zuccede 15 221

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

A processing lee of \$20.00 will be charged for any check or money order returned once dies, year bank regardless of the reason for non-payment.

SPOA 1415 (12/01)

Regular Halling Address Sists Board of Medicine F.Q. Box 2649. Harrisburg, PA 17105-2649 717-785-1400 Courie: Delivery Address State Buard of Medicine LZ: Fine Street, 1st Floor Hourisburg: PA: 13101 MT/794466 CHEM/APPL

> Amount <u>30, 00</u> Date 5/2/02

*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

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

\$20.00 will be charged for any check or money order returned unpaid by your bank; regardless of the reason for non-payment,

Application Fee: \$30.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania," NOTE: A processing fee of

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TO BE COMPI Please Prin	LETED BY APPLICANT t or Type	0,5		
NAME:	Chen	Beatrice	Allis	
	_ LAST - 12 st	FIRST	MILIPLE	MATOEN
ADDRESS:	STREE			
	Ann Arbor		Michigan	48104-1627
SOCIAL SECU	CITY RITY #	DATE O	F BIRTH:	21 P. CODE PONTRALIMENTA TEMP
Universi	ess of Medical sch ty of Michigan	OOL DATES OF	ATTENDANCE	DATE OF GRADUATION 6/7/02
Medic	al School			
NAME & ADDR	ESS-OF HOSPITAL(S)	DATES OF P	REVIOUS TRAINING	SPECIALTY
TO BE COMP	LETED BY HOSPITAL	LOCATED IN PENN	SYLVANTA:	
NAME OF HOS	PITAL: University	Health Center of	Pittsburgh	HS000288÷-L
ADDRESS OF	HOSPITAL 121 Mey	an Ave., Rm. 201	Loeffler Bldg., Pi	ttsburgh PA 15260
YEAR IN TRAINING:				LEVEL IN TRAINING (PGY) \
DATES OF TR	MAINING REQUESTED:	OG/ZOJOZ BEGINNINA DATE-I	TO	06/20 06/19/03 ENTINU DATE-KONTH-LAT-YEAR
NAME OF PRO	GRAM DIRECTOR	WILLIAM R	, CHOMBLEND,	ame mo a
SIGNATURE C	OF PROGRAM DIRECTOR	<u> Milliam) l</u>	Le coubles	eling MX
SIGNATURE	EXEC. DIR., GME:	Charlen	X Corper	

Answer the following questions If "YES" is answered to any () ([h]) provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below

	Yes	No
Do you hold a license to practice medicine and surgery (active inactive, current or expired) in any state, territory or country? 'yes', list all states below:		X
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 another state; territory or country?		X
. Has any disciplinary action been taken against your license in anoth state, territory or country?	er	X
. Have you been convicted, found guilty, or pleaded guilty or no contenders, or received probation without verdict as to any felony wisdemeanor, including any drug law violation, in any state or feder court?	or	X
/ Have you had practice privileges denied, revoked or restricted in hospital or other health care facility?	à	X
Have you had your DEA registration denied, revoked or restricted or ha you had your provider privileges terminated by any medical assistar agency for cause?		X
. Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-formi drugs? (NOTE: You may answer "NO" if you are currently a participant or have successfully completed the requirements of the Board's Heal Monitoring Program:)	in	

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.

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discrepancy letters will be emailed directly to the hospital

VERIFICATION OF MEDIC For Graduates of Accredited Medic	ALEDUCATION :				
SECTION I To be complete	d by applicant:				
Name and the second second	Beatrice First		Allis	dle	
Name of medical school:	niversity of Mi	chigan Medical	School		
Location: Ann Arbor	, Michigan				
SUBMIT THIS VERIFICAT REQUEST YOUR SCHOOL SCHOOL ENVELOPE.	TON OF MEDICAL TO RETURN COMP	EDUCATION FORM LETED FORM DIR I	M TO YOUR N ECTLY TO TH	MEDICAL SCHOOL S	OOL AND OFFICIAL
SECTION 2 To be completed	d by Dean or Registrar	of medical school:			
Name of medical student: 6	notrice al	lio Chen			
Date student began to attend t	his medical school:	Juguat 18 1 Month/DayA	998		
Date of graduation: <u>しんわ</u> らして	3 = Regureme 3 = Cradua	nts let Lion Ceremon	y		
[Seal of School]	Signature of	he above information			
		Haywani, R	1736	Apa Lago	<i>2</i> 00 a ∵
Upon completion, school mu in official school envelope. I	ist return this comple DO NOT RETURN T	ted form directly to			the property of the property o
Regular Mailing Address State Board of Medicine P.O. Box 2649		Courier State Bo	Delivery Address ard of Medicine Street, 1st Floor	*********	***



UNIVERSITY OF MICHICAN MEDICAL SCHOOL

OFFICE OF THE DEAN 1301 CATHERINE SCIENCE BLDG 1 =

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P. Bor Soffa
Manusking Bonnsylvania

7105-2449

Beatrice A. Chen ...

nn Arbor ML48104-1627

@umich.edu

Education

Starting June 20, 2002 University Health Center, Magee-Womens Hospital

Pitisburgh, 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

994 - 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

Honors and Awards

February 2002 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

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

Merit Scholarship

Work experience

Summer 1999 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 and 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 Taubman Medical Library, University of Michigan

August 1998 Ann Arbor, Michigan

Reference office assistant. Also updated and redesigned hursing web pages for

HealthWeb.org.

A.E. Eyler, M.D., M.P.H., University of Michigan Medical School - Family Summer 1997 **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 nephrectoniles 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 β2AR.

.67

- Projects

April 2000

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

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.

Chapter delegate at the House of Delegates meeting at the AMWA National Conference.

Authored and passed a resolution on dioxins and medical waste incineration.

November 1999

Publications and Presentations

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

November 1999

Chen BA, DeLancey JOL. "Localized levator and muscle abnormalities: measurement fechnique 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

2001

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

Professional Memberships/Organizations

Life Sciences Orchestra, University of Michigan Violinist

2001 - present

American College of Obstetrics and Gynecology

1998 - 2001 1998 - 2001 American Medical Student Association

10 11 Tr

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

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

STATE BOARD OF MEDICINE RENEWAL APPLICATION

MT179960 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 expension date and called below and received status. No fee is required. QUESTIONS MUST STILL BE ANSWERED

THE FOLLOWING QUESTIONS MUST BE ANSWERED

THE P	LLLUM	TO QUESTIONS MOST DE ATTWERE Upper province of the province of
YES	NO	If YES to 2-6 - provide details AND attach certified copies of legal document(s)
250		1. Do you hold a license to practice this profession in any other state or paradeten?
START!	7. 7	
		2. Since your initial application or your fast renewal, have you that describinty weten taken agreed your
		license in any state or jurisdiction?
46.	/	3. Since your initial application or your last renewal, have you withdrawn an application is a keanse, had are
		application for a license denied or refused, or agreed not to reapply for a license er any state or preside bon?
		4. Since your initial application or your last renewal, have you been connected found guidy or pleaded ricks
	/	conforders, in received probation without verdict as to any fellowy or meldemeanut, including any thing law
		violations, or any criminal charges newling and urvesolved in any state of prisortion?
19943	1	5. Since May 19, 2002, have you been arrosted for commat homicide, aggravated assault, sexual offenses.
		or drug offenses in any state, territory, or country?
	1	6. Since your initial application or your last renewal, have you had peached provinges decreed received by
	-	restricted in a hospital or other health rain facility?
	/	7. Since your initial application or your last renewal, train you had accorded the design design design freeze or
		restricted or have you had your provider provinges terminated by any medical assistance aspectly for care?
		8: Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires
	1	that you submit a copy of the entire Civil Complaint which must include the filing date and the date you
7.4		wgre served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.
	15 15	Warring Harrison Conservation to the control of the

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

	Beginning Data	Ending Date	Level	Specially	Hospit	4	Hospital Name	
	00/20/2005			Obstelles and Cynecistry			CONTROLLA	
Renewal		-111-	2.5.450		7	1.	Control of the second s	Wat 15
Signature	of Licensee (Ma	ndatory):		is a region of the		thate	1/11/16	
Medical S	School Graduation	Date 14/	1012	the real of Streethers	SSN			

k (f. 1988) sakan kang palikan kang beragai mengan mengalah dan kang kang beragai belikah dalah di kebebagi beb

ATTACHMENTS FOR RENEWING

- FEE \$15.00 check payable to 'COMMONWEALTH'OF THE NASYLVATEA' WHE YOU WANTED AN POLYCROPHEN A \$10.00 be with assessed for a returned payment
- · LATE FEE . \$5.00 per month, or part of a month. Late range les une te assessed I touth a best after the assessment the
- PGY 2 LEVEL Copy of your USMLE Step 1 and 2 works ON FEEL Factor of National Reset Part 1 and 2 secret CR an authorise combination as indicated in the regulations
- PGY 3 LEVEL or above Copy of your USM I. Step 1 series OH FEE cand to access the few read that it is a read that it

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

MT179960 CHEN

RENEWAL APPLICATION

BEATRICE ALLIS CHEN UNIVERSITY HEALTH CENTER DEPT OF MED EDUCATION SUITE 503 MEDICAL ARTS BUILDING 3708 FIFTH AVENUE PITTSBURGH PA 16213

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

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THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-6 - provide details AND sitsch certified copies of legal document(s).
	1	Do you hold a license to practice this profession in any other state or pulsadiction? List:
	/	2. Since your initial application or your last renewal, have you had discoplinary action taken against your likense 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 detied or refused, or agreed not to reapply for a license in any state or jurisdiction?
	V	4. Since your initial application or your last renewal, have you been convexed, found guilty or pleated noto contenders, 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 junisdiction?
	/	5. Bince 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 facety?
	1	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?
	/	 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 data and the data 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	Obstatrics and Gynecology	H50002861	UNIVERSITY REALTH CENTER
1	Renewal	06/20/05	00/14/00	4/	h i		

Signature of Licensee (Mandatory):

Date 5/13/05

SSN

ATTACHMENTS FOR RENEWING:

- FEE \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA" White your license number on your payment. A \$20.00 fee and the essessed for a returned payment.
- . LATE FEE \$5.00 per month, or part of a month. Late renewal fee will be assessed if postmerhed after the experience date
- PGY 2 LEVEL Copy of your USMLE Step 1 and 7 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 serves Off National Board Parts 1.13 scores Off an exceptable combination as indicated in the regulations OR a copy of your unrestricted incerse WIRCH SHOWS THE CERTIFICATE CATTERNS LIATE.

OFFICIAL DOCUMENT

READ THE FOLLOWING INFORMATION GARPELLLY CONCERNING YOUR LICENSE

1 SION THE WALLET CAND AND CENTRICATE WHERE INDICATED 2. DETACH THE WALLET CARD AND CERTIFICATE AT PERFORATION

BEATRICE ALLIS CHEN

Parente de la company de la co

PITTSBURGH PA 15232

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Opcupational Affairs
PO Box 2649 Harrisburg PA 27105-2649

License Type

Medical Physician and Surgeon

BEATRICE ALLIS CHEN

PITTSBURGH PA 15232

License Number

MD424836

04-493742

Licenso Status

Active

Initial License Date

07/13/2004

Expiration Date

12/31/2008

Signature

orneriessioner of Professional and Occupational Affairs

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

MT179960 CHEN

RENEWAL APPLICATION

BEATRICE ALLIS CHEN
UNIVERSITY HEALTH CENTER
DEPT OF MED EDUCATION
SUITE 401 MEDICAL ARTS BUILDING
3708 FIFTH AVENUE
PITTSBURGH PA 15213

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

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s).
	X	Do you hold a license to practice this profession in any other state or jurisdiction? List
	7	*A se Binco your missi application or your last renawal, have you had disaplinary action taken against your ficense in any state or junisdiction?
	P	3. Since your initial application or your last renewal, have you will drawn 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 pleated note contendere; or received probation without verdict as to any felony or misdomeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
	Ø	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?
	VO	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?
	Ø	7. Since your initial application or your last renewal, have you had your DEA regulation denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?
	Ø	 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 Nume
Current	6/20/2003	6/19/2004	2	Obstetrics and Gynecology	H\$000288L	UNIVERSITY HEALTH CENTER
Renewal	0/20/04	6/19/05	.3	OBTOIN	1130002881	U MINETH CILLIER

Signature o	Licensee	(Mandatory)
	111/2		

Date 5/11/04

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			- 4	

ATTACHMENTS FOR RENEWING:

- FEE \$15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA" Write your license number on your payment A \$70.00 ten 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 acceptability combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.



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Pederation of Slate Medical Bourds of the U.S., Inc. P.O. Box 619830, Dallar, Texas /5261 \$650 Telephone: (817) 571-2949

STEP 3 SCORE REPORT

Chen, Beatrice Allis USMLE ID: 5-074-634-6 Test Date; December 19, 2002

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 1, 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 us. Invised practice of medicine, with an emphasis on padent management in ambulatory-care settings. Result. The examination are reported to medical licensing authorities in the United States and its forritories for use in anting 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.

PAGE,	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.
	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 200. A score of 182 is recommended by USMLB to pass Step 3. The standard error of measurement (SBM) for this scale is approximately seven points.
9.	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.

TV rest score is influenced both by your geiners' indicating of clinical inducine and by the agricitie but of their elected for this Siep I generalization. The Standard for a of Measurement (SEM) provided so fully of the variation in secures that would be expected to over if an examinate wave least specifiedly using althorous situ of items so variable similar content.



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*).

3780 Market Street, Philadelphia, Pennsylvania 19104-3190

Telephone: (215) 390-9700

STEP I 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 examiners understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of sate and affective patient care. Step 1 is designed to assess whether an examiner 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 scionces undergirding the safe and competent practice of medicine in the piesent, but also the scientific principles required for mainferience 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 purisdictions.
237	This score is determined by your prerall performance on Step 1. For recent administrations, the focus and standard deviation for first-time examinees from U.S. and Canadian incideal 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) ³ 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.

EYour score is influenced both by your general understanding of the basic homeolical scores and the specific set of items selected for the Step 1 examination. The SEM provides an estimate of the range within which your scores much be expected to vary by except 1300 series tested repeatedly using similar tests.

USIMLE United States Medical Licensing Beamination

UNITED STATES MEDICAL LICENSING EXAMINATION M

Students and graduates of U.S. and Canadian medical schools are registered for Step 2 by the NATIONAL BOARD OF MEDICAL EXAMINERS (NBMR) 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.

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P			100
		- Table 1	
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A . 12.78	100		0.00
200		4. 45.4	432

This result is hased on the minimum passing score sat by USMLE for Stop 2. Individual licensing authorities may accept the USMLE recommended pass/fail result or may establish a different passing score for their own jurisdictions.



This store 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 USMLI3 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 USMILE to pass Step 2. The SBM¹ for this scale is two points.

² Your score is influenced both by your general understanding of clinical of lence and the specific set of items selected for this Sien 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 thems covering similar content.



UNITED STATES MEDICAL LICENSING EXAMINATION M

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

P.O. Box \$12050, DaBas, Texas \$2161-9820

Teleprone: (817) 571-2949

STEP 3 SCORE REPORT

Chen, Beatrice Allis

USMLE ID: 5-074-634-6

Test Date: December 19, 2002

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 ticensing 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 lecensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

		passing score recommended by USMLB for Step 3. ccept the USMLE-recommended pass/fail result or for their own jurisdictions.
	This score is determined by your	overall performance on Step 3. For recent
235	administrations, the mean and standar Canadian medical schools were appro- falling between 140 and 260. A score	deviation for first-time examinees from U.S. and imately 210 and 19, respectively, with most scores of 182 is recommended by USMLB to pass Step 3. M) for this scale is approximately seven points.

		The state of the s
- 8	第二個指導,2014年中華美	This gode is also determined by your avorall norformance on the avoning four A same of
	Service Services	Time scole is also determined by your pretain pertaintance by the examination. A score of
1	A SECTION ASSESSMENT	TS on this scale which is entitivalent to a scare of 182 on the scale described above is
	OR	the section which is education to a section of the metic accounted monde, in
- 2	发表的表示。 	recommended by USMLE to pass Step 3. The SEM for this scale is approximately two
8	在产。第一上的	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.
- 8	The state of the s	Aninto 1

TYour 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 examinate were lesied repeatedly using different sets of items covering similar content.



Board: Medicine

Date Created: 09/29/2008

Licensee Full Name: BEATRICE ALLIS CHEN

License No:

APPL 2643107

Begular Mailing Address STATE BOARD OF MEDIC:NE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381

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COUNTEY DELIVERY Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

VX608147

APPLICATION FOR REGISTRATION AS A SUPERVISING PHYSICIAN

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

FEE \$35 (c) for each application with one primary and one substitute physician assistant supervisor. An additional \$2 (c) 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.

stoon approval of the approximan, the Binut was abuse an approval offer for the or many supervisor and provide a list of all substitute supervisors. These documents will be sent to the purpary supervisor at the address provided and page one of the approximan.

"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 PRYSICIAN NAME/	LICENSE NUMBER	WQ 1246°G
PHYSICIAN ASSISTANT NAME/LICENSE NU LALE SULL		MA-053591 MA-053591 MA-RENDING
mucher augusts 131 11802		
ortsb.ren		[921-2
PRACTICE TELEPHONE (412) 4741	등급 중심하게 하다 다양하게 하는 것으로	
	ERVISING PHYSICIAN MUST C	OMPLETE THIS SECTION.
List your specialtes CBJLICICS	16mellector, 2	BSPECIALLY JAMES PLANNIA
Disyou hold a membership in any America	in Boards of Medical Specialities*	YES
if year list Boardist KEARO		
and the second s	Samuel and the second second	and the second control of the second of the
Do you haid hospital staff provinges? YE	그림을 보면 보면 있는 것은 것이 없는 것이 없는 그렇게 되었다.	
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	įN.	SEP C 8 208 2

VERIFICATION

I will cheet and usercise supervision over the named physician assistant maccontance with the rices and regulations of the State Board of Medicane. I verify that I have reversed the Medical Practice Aid and Regulations of the State Board of Medicane. I recognize that I am obligated to comply with all the provisions of the Aid 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 his professional and improvision for the performance of the one sold the care and heatment of the physician assistants patients.

i verify that the statements in this application and writer agreement are fine and horsect to the best of my kerwindigs retaimation and benefit Linderstand that have statements are mude surject in the countries of thirta. One become 450-4 relabely to unswering landwaters to authorities and may result in the suspension or reconstruction of my requirement.

The physician assistant identified in this application will only work with the restrict supervising physician and substitute physician assistant authorized by standard from this application. This physician are stand will only provide reed as serviced to patients under the care of the principly and substitute supervisions maded in this application.

Signature of Primary Supervising Physician	that Co
Signature of Physician Angletant	CPI 3 2 cer
Name of Substitute Physician Assistant Supervisor	MILLINE P. CRININ, MP
License # WD Dipo 717 L Signature:	Data 1/1/20
Name of Substitute Physician Assistant Supervisor	
Signatore	Date
Name of Substitute Physician Assistant Supervisor	
Signature	Date
Name of Substitute Physician Assistant Supervisor	
License # Signature	Date

NOTE

WRITTEN AGREEMENT

BENTULL CHON, MV NAME OF PRIMARY SUPERVISING PHYSICIAN

HEALITER PACK SCALL LA C

NAME OF PRIVATE AN ASSISTANT

INSTRU form of tisted or	ICTIONS: Please provide the following information for questions to act 2 on 8 to 1 vot 3 shear was answer to be a supplied to a contract on the attachment. The otherwise on this agreement must see state of a lease contract 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
	List the name, address, and practice setting (i.e. hospital, private practice, group practice, otc.) where the physician assistant will serve PANNITE PAYOUTHOR OF VILLETIA.
	Will the physician assistant proscribe and dispense drugs/therapeutic devices? YES NO. If yes, list below any categories that the physician assistant will NOT be permitted to
	proscribe/dispense
	If yes, will Schedule II, III, IV and/or V controlled substances be prescribed and dispensed? YES NO.

The Regulations of the State Board of Osteopathic Medicine do not permit assistant to prescribe or dispense drugs when printicing under the super osteopathic physician.

- F. The Physician Assistant will provide comprehensive reproductive and gynocological health care to our patient population in our downtown Pittsburgh health center. Duties and responsibilities include:
 - A Provider modical services, contraceptive and gynecological according to the standards and guidelines of Blanned Parenthood Federation of America and the prosocols of Planned Parenthood of Weytern Pennsylvania.
 - B Interprete laboratory texts and ordery additional diagnostic tests when indicated for gymeological conditions. Makes appropriate referrals for additional inclical findings for evaluation.
 - C. Understands and participates in the referral following process.
 - Describe with the Medical Directive for all absorbed kynecological conditions
 - Prescribes medications according to PPLA guidelines protocols and collaborative agreement with the state
 - Provides tealing and supervision for medical assistance and medical record staff
 of assigned of the location
 - (i) Initiates or assists in the delivery of compounts care in accordance with established proceedings.
 - HE Complies with all CLIA and OSHA regulations
 - Learnies out the things of testing personnel in a laboratory certosoping moderate complexity testing when met motion inverselyes is subsected.
 - J. Rusties chair locations as needed
 - K. Aftends professional meetings and othicational semions
 - F. Participates in PUWP's Risk Madia/retions Girally: Associates programs
 - M Performs other duties as assigned
 - Whitewhodge of and participation is the PPWP (polity) and Risk Mesapersent Program
- 2. Our PA will provide all of the primary health care services to our papers population, with regular supervision, consultation, and clear review from our medical director, according to slate law and PPWP protocols. The PA will also follow a regimented training program under both the most sat derestor and other languaged and level chinicians here at PPWP.



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

P O Box 2649 Harrisburg PA 171(V) 2649 www.cos state photo

September 29, 2008

BEATRICE ALUS CHEN PITTSBURGH PA 15222

RE HEATHER LERIH JACKSON

Dear Ductor

Your application to supervise a physician assistant has head 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 need. The regulations authorize the physician assistant under appropriate direction and supervision by a physician assistant supervision to appropriate direction and supervision by a physician assistant supervision to appropriate direction about the physician's data gathering abilities in order to assist the objection in reaching decisions and restricting care plans for the physician's patients.

If you desire your physician assistant to provide services beyond those actuded in this 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 Perinsylvania 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 number. See Avis Rent A Car Systems is Commonwealth Departuring of State, 548 A 2d 402 (Pa. Crowth, 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 anses in the context of promulgating regulations or in the context of a disciplinary action. See Morrison 5. State Board of Medicine, 618 A 2d 1098 (Pa. Chwith. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

In assessing whether thin particular service is one which a appropriate for delegation under this regulations, the physician must comply with the Board's delegation regulations contained at 49 FA Casto. Section 18 401—18 402 which is also available on our web site. The physician relative responsibility for the medical service performed, whether performed personally or delegated to another process. Determine the level of skill and knowledge necessary to be safe performance of the processor. Before the medical community's acceptor practices, review the medical theration and review the practice with experts in the field. Assess the competency of the individual with will proceed the service. Ascertas whether performing the proceedure on the particular patient counters any special risk. Provide supervision and monitoring appropriate to the difficulty of the procedure, the skill of the delegative and the risk to the particular patient.

We trust this information will assist you in exercising professions congeneral respecting the appropriate attribution of your physician assistant

Second

State Board of Medicary

Enclosures

PHYSICUM ASSISTANT			
PRIMARY PHYSICIAN			
• sugs	A	PPROVED	PENDING
FEE		3.4	
APPLICATION		CIC.	
WRITTEN AGREEMENT			
PRACTICE LOCATION IS HOSPITAL	YORN		
PRESCRIPTION PRIV	YORN		
RESTRICTIONS USILD	(YOR N		
APPROVED FOR SCHED 2:45	YOR(N)		

APPROVALETRISSUED 939.08 WARUMBER MX 008148

TARGET SHEET

Board: Medicine

Date Created: 05/18/2010

<u>Licensee Full Name:</u> 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

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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.

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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

Chen	Beatrice	JMBER:	LIC NO.	MD- 424836
PHYSICIAN ASSISTANT NAME	E/LICENSE NUMBER:			
Charman	Patricir	7 WOOLE		MA- 000 722 L
PRACTICE ADDRESS 93	3 Liberty	Avenue		
Pittsburgh		PA	zav coni	5222
PRACTICE TELEPHONE (4)			300,000	
PI	RIMARY SUPERVISING I	PHYSICIAN MUST CO	MPLETE THIS SE	CTION:
List your specialties O	bstetrics + C	Synecology		
Do you hold a membership in If yes, list Board(s) Ane.			YES X and Gynea	
Do you hold hospital staff priv	/lieges? YES_X	NO		
If you have hospital staff privi	lleges, indicate the hospital		i	designed in the control of the contr
		,		MEDELLA EN
				MAY 3 2010
		1	=	

49-106 (REV. (9/09)

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.

t 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 felsification 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.

	4/28/10
Signature of Primary Supervising Physician	Date
Signifiure of Phyllician Asalstant	4-28-11) Date
Name of Substitute Physician Assistant Supervisor	Mitchell Creinin, ini
License #_05 27/7 L	
Signature	Date 4/28/10
Name of Substitute Physician Assistant Supervisor	
License #	
Signature	Dete
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.)

49-106 (REV. (9/09)

WRITTEN AGREEMENT

	Beatrice Chen, MD	PAMICIA CHAPMON, ATC
1	NAME OF PRIMARY SUPERVISING PHYSICIAN	NAME OF PHYSICIAN ASSISTANT
INSTI form. listed	RUCTIONS: Please provide the following inform Number each section on the attachment. The on page 2.	nation for questions 1 and 2 on 8 1/2 x 11 sheets and attach to this information on this agreement must be identical for all supervisors
1.		lelegated to the physician assistant.
2.		place and manner of supervision and direction you
	300	e attached
3.	List the name, address, and practice, etc.) where the physician a	ctice setting (i.e. hospital, private practice, group issistant will serve.
	Planned Perenthood	of Western PA.
	Facility Setting:	Planned Perenthood health certer
4.	Will the physician assistant prescrit	pe and dispense drugs/therapeutic devices?
	YES X NO	
	If yes, list below any categories th prescribe/dispense.	at the physician assistant will NOT be permitted to
	Narcotics	
	lf yes, will Schedule II, III, IV an dispensed?	d/or V controlled substances be prescribed and
	YESNO	
		(a) (a
		MAY 9 2010

- 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.
 - 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.

MAY 8 2010



COMMONWEALTH OF PENNSYLVANIA STATE BOARD OF MEDICINE P. O. BOX 2849 HARRISBURG, PENNSYLVANIA 17105 st-medicine@state.se.us www.dos.state.ps.us/med April 23, 2010

BEATRICE ALLIS CHEN
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.ppwp.org

State Board of Medicine

April 28, 2010

Bridgeville Johnstown

P.O. Box 2649 Harrisburg, PA 17105-2649

Moon Township Pittsburgh Somerset Attn: Krista Dear Krista:

Kimberlee S. Evert, M.P.H.

Beatrice Chen, M.D. Medical Director

Board of Directors Elizabeth Teti, Chair Harold Smollar, vice Chair Louanne Baily, Treasurer Jamini Davies, Secretary

> Amesh Adalja Regina Anderson Jacob Bacharach Carole Bailey Donna Bauman Vicki Beatty Rebecca Foster Tess Harper Carole King Susan Kurtz Cynthia Llefeld Beatriz Luna Karen Peterson Patricia Schroder Phyllis Stevens Julie Zeigler

Olrector Emeritus Eliese Cutler Gordon D. Fisher Sue Liken Barbara Logan Karen Oberg Mrs. Charles E. Stone, Jr.

Susanne C. Wean Mrs. L. Stanton Williams

Advisory Committee Judith P. Brand, Esq. Charles R. Burke, Esq. Douglas P. Dick David McL. Hillman Charlie Humphrey Bill Rackoff Richard W. Reed, Jr.

Pat Siger Harry A. Thompson, II Carey T. Vinson, M.D., M.P.M. Milton A. Washington Farley W. Whetzel

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.pp.us www.dos.state.ps.us/med April 23, 2010

BEATRICE ALLIS CHEN
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.

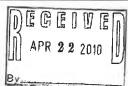
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Sincerely,

State Board of Medicine

WRITTEN AGREEMENT CHANGE FORM



MX): e # MO4	24836
TLY WORKING UN	DER YOUR AGREEMENT
DELETING:	
ense # M	00527114
all instructions	outlined on the
YES	NO
YES	NO
CONTROLLED SUI	STANCE THAT WILL
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se acriedule i con	trolled substances.
se scriedule i con	trolled substances.
YES	NO
	NO
	NO NO
YES	NO NO
YES	NO NO NO
YES YES YES	NO NO NO
YES YES YES	NO X
YES YES O	NO NO
YES YES D	NO X NO
	E DELETING: D OR OS) YOU ARE D OR OS) YOU ARE O OR OS) YOU ARE All instructions YES CONTROLLED SUE

49-106 (REV. (9/09)
Regular Malling 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

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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 PHY	<u>SICIAN NAME/LICENSE NUM</u>	BER:		
CheN	Beatrice			MD- 424836
Day	FIRST	MIDDLE	LIC NO.	
PHYSICIAN ASSISTANT NAME	E/LICENSE NUMBER:			
ChAPMAN	Patricia			MA- 000 722L
LASY	FIRST	MIDDLE		LIC NO.
PRACTICE ADDRESS 93	3 Liberty	Avenue		
Pittsburgh	STREET	PA	1:	5222
PRACTICE TELEPHONE (4)		STATE	ZIP CODE	
	-	•		5 %
_	RIMARY SUPERVISING PH		OMPLETE THIS SE	CTION:
List your specialtiesO2	bstetrics + 6	ynecology		
		,	. /	
Do you hold a membership in	D424 00 00	No. 200 Co. 241	YES_X	NO
If yes, list Board(s) <u>Ame</u> .	nean Board of	Obstetrics	and Gynec	ology
Do you hold hospital staff private	vileges? YES_X	NO		
If you have hospital staff privi	ileges, indicate the hospital r	name(s).		
Magee	Warnens Hosp	or tal		
7				

49-106 (REV. (9/09)

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 unsworm 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
Signature of Physician Assistant	Date
Name of Substitute Physician Assistant Supervisor/	nitchell Creinia, inn
License # 05 2717 L	
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.)

49-106 (REV. (9/09)

WRITTEN AGREEMENT

IST	RUCTIONS: Please provide the following info	formation for questions 1 and 2 on 8 1/2 x 11 sheets and attach to the firm the information on this agreement must be identical for all supervisor			
stec	. Number each section on the attachment. T I on page 2.	The information on this agreement must be identical for all supervisor			
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	306	e. attached			
	Provide details regarding the tim will provide the physician assista	ne, place and manner of supervision and direction yount.			
	3	see attached			
	List the name, address, and practice, etc.) where the physician	ractice setting (i.e. hospital, private practice, ground assistant will serve.			
	Planned Parenthood of Western PA.				
		1e, POH, PA 15222			
	Facility Setting:	Planned Porenthood health certer			
	Will the physician assistant preso	cribe and dispense drugs/therapeutic devices?			
	YES_X NO				
	If yes, list below any categories prescribe/dispense.	that the physician assistant will NOT be permitted to			
	Narcotics				

- 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 F. O. BOX 2649 HARRISBURG, PENNSYLVANIA 17105 st-medicine@state.pa.us www.dos.state.pa.us/med May 5, 2010

BEATRICE ALLIS CHEN

9849

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

Fax: 717-787-7769

PITTSBURGH PA 15222

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

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.

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 PATRICU	a CHAP	MAN MA	0007226
PRIMARY PHYSICIAN BEARICE	E CHEN	1 MDY2	1836
# SUBS			1
		APPROVED	PENDING
FEE .		_05/05_	
APPLICATION OPUG SIGS		05/18	05/05
AUSW 2ND PTOFQY			
WRITTEN AGREEMENT		05/05	
PRACTICE LOCATION IS HOSPITAL	Y ORN		E
PRESCRIPTION PRIV	YOR N	,	
RESTRICTIONS LISTED	YOR N		
APPROVED FOR SCHED 2,3,4 5	YOFN		
WA NUMBER: MX <u>010360</u>	_		



Board: Medicine

<u>Licensee Full Name:</u> BEATRICE ALLIS CHEN

License No: MX010300

2790835_LIC_1_05/24/2012

WRITTEN AGREEMENT CHANGE FORM

A. PRIMARY SUPERVISOR NAME, ADDRESS, WRITTEN AGREEMENT NUMBER (N	IX):
Beatrice Chen, MD 933 Liberty Avenue	WO103008
1103000 7771	
B. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) CURRENT Patricia Chapman	LY WORKING UNDER YOUR AGREEMENT:
MA-000 722L	
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 Kachel Kapkin MD)	OR OS) YOU ARE ADDING:
440231	
E. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD	OR OS) YOU ARE DELETING:
Mitchell Creinin MD	
0527176	
*If you answer yes to any of the following questions, please follow a	Il instructions outlined on the
instruction page.	
	\checkmark
F. WILL THERE BE ANY CHANGE IN JOB DUTIES?	
	YES NO
WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES?	×
PRIVILEGES?	YES NO
IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE C BE PRESCRIBED AND DISPENSED.	ONTROLLED SUBSTANCE THAT WILL
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?	X
	YES NO
ARE YOU ADDING PRACTICE LOCATIONS?	
	YES NO
ARE YOU DELETING PRACTICE LOCATIONS?	YES NO
	TES NO
	2 10 /2
SIGNATURE OF PRIMARY SUPERVISOR	_DATE_3/0/12
CIONATHIDE OF BUYCIOIAN ACCIOTANT	711113
SIGNATURE OF PHYSICIAN ASSISTAN	DATE 3678
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

WRITTEN AGREEMENT CHANGE FORM INSTRUCTIONS

*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.

ADDING/DELETING A SUBSTITUTE SUPERVISOR:

- o 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.
- o <u>DELETE</u>: 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.
- o DELETE: Complete Sections A and C. The signature of physician assistant or the primary supervisor is required.

CHANGES IN PROTOCOL:

- o 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.
- o 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.

11565

APR 26 2012

- 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 a
- 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.

WRITTEN AGREEMENT CHANGE FORM

PASSURAN /IN ISLL	010300	
B. NAME AND LICENSE NUMBER OF THE PHYSICIAN ASSISTANT (MA) CURRENT Patricia Chapman	ILY WORKING UND	ER YOUR AGREEMENT:
MA-000722L		
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 Sharon Achilles, MD	OR OS) YOU ARE	ADDING:
432224		
E. LIST THE NAME AND LICENSE NUMBER OF THE SUBSTITUTE PHYSICIAN (MD Mitcheld Creinin, MD	OR OS) YOU ARE I	DELETING:
052717L		
*If you answer yes to any of the following questions, please follow a instruction page.	all instructions o	outlined on the
		X
F. WILL THERE BE ANY CHANGE IN JOB DUTIES?	YES	NO
WILL THERE BE ANY CHANGE TO THE PRESCRIBING/DISPENSING PRIVILEGES?		<u> </u>
	YES	NO
IF CHANGING THE PRESCRIBING/DISPENSING PRIVILEGES, CHECK THE (BE PRESCRIBED AND DISPENSED.	CONTROLLED SUB	STANCE THAT WILL
NOTE: Physician Assistants are not permitted to prescribe/dispens	e Schedule I cont	rolled substances.
SCHEDULE II		
SCHEDULE III		
SCHEDULE IV		
SCHEDULE V		٠,
IS THE ADDRESS OF THE PRACTICE LOCATION CHANGING?		X
	YES	NO
ARE YOU ADDING PRACTICE LOCATIONS?		X
	YES	NO
ARE YOU DELETING PRACTICE LOCATIONS?		<u>×</u>
	YES	NO
		- (
SIGNATURE OF PRIMARY SUPERVISOR	DA	TE 2/28/12
SIGNATURE OF PHYSICIAN ASSISTANT	DA	TE 3-678
SIGNATURE OF NEW SUBSTITUTE	DA	TE 3-1-12

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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- 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 Dutles:
 - 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.
- o 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.
- o Changing Practice Address Currently on File With the Board:
 - Submit the name and address of the location (NOTE: All future mailings from the Board be sent to this address.
- **Adding/Deleting Practice Locations:**
 - Submit a list of the names and addresses of the new/deleted locations.

APR 28 7012

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



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

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 Pennsylvanla." 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

Chen Chen Cast	YSICIAN NAME/LICENSE NUM Beatrice FIRST	Allis	LIC NO.	MD- 40	14836
PHYSICIAN ASSISTANT NAM Daniels	IE/LICENSE NUMBER: Judith FIRST	Ann		MA- 00	1063L
PRACTICE ADDRESS 93	33 Liberty Avenue	PA	152	22_	
PRACTICE TELEPHONE	2 134 -8957		(MILEON		
Terrer T	PRIMARY SUPERVISING PH Hebres & Compressions	IYSICIAN MUST CON	IPLETE THIS SE	CTION:	
Λ.	in any American Boards of M	edical Specialties?	YES	NO	
Do you hold hospital staff p	ivileges? YES	NO NO			<u> </u>
	vileges, indicate the hospital				

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49-106 (REV. (9/09)

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.

(K)	10/31/12
Signature of Primary Supervising Physician	10/30/2012
Signature of Physician Assistant	Date
Name of Substitute Physician Assistant Supervisor_	Sharon Achilles
License #MD 432224	
Signature	Date 10/30/12
/ 0	
Name of Substitute Physician Assistant Supervisor_	Rachel Rapkin
License #MD 44723/	
Signature	Date 10/31/12
Signature_	Date 1 (O)//E
Name of Substitute Physician Assistant Supervisor_	
License #	_
Signature	Date
Name of Substitute Physician Assistant Supervisor	NOV 0 5 2012
License #	0 55
LICEITOC IT	5 20
Signature	Date 75

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

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49-106 (REV. (9/09)

WRITTEN AGREEMENT

1.	Describe the functions/tasks to be dele	gated to the physician assistant.
2.	Provide details regarding the time, pla will provide the physician assistant.	ce and manner of supervision and direction γ
3.	List the name, address, and practice practice, etc.) where the physician assistance of Western 933 Liberty Aware Pittsburg	PA
4.	YES_X NO	nd dispense drugs/therapeutic devices? he physician assistant <u>will NOT</u> be permitted
	Solderle T ambuilled SUBHANCE	

.

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.

- The Physician shall be immediately available for consultation to the PA through 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,
 - 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.

ex ex



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
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.

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	, Jud ith	- mr.	3010632
PRIMARY PHYSICIAN Chen	Beatures	- MID 42	4836
# SUBS_2 (\$5)			
	APF	PROVED	PENDING
•			· NCED 5 additional
FEE	·	×	
	17	2-15-12	
APPLICATION	_		
	12	-15-12	
WRITTEN AGREEMENT	\		
PRACTICE LOCATION IS HOSPITAL	B OR(N)		
PRESCRIPTION PRIV	(POR N	_	
RESTRICTIONS LISTED	PORN -N	o scHI	
APPROVED FOR SCHED 2,3,4 5	GOR N		

WA NUMBER: MX 014 486

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

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. Cmwlth. Ct. 1992). Outside the context of its regulations the Board lacks authority to provide you the pre-approval you seek.

In assessing whether the particular service is one which is appropriate for delegation under those regulations, the physician must comply with the Board's delegation regulations contained at 49 PA Code; Section 18.401 – 18.402 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.