

Medicine- Medical Physician Asst-  
Temporary to Permanent



AA0000925301

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	GORDON			First Name	STEFANIE		
Middle Name	BOYD			Suffix			
Full Name	STEFANIE BOYD GORDON						
SSN	██████	Date Of Birth	██████	Age	37	Gender	FEMALE
ADDRESS DETAILS							
Street Address	████████████████████						
City/State/Zip	HAVERTOWN PA 19083						
County	Delaware				Country	United States	
CONTACT DETAILS							
Phone number	██████████			Mobile Phone number			
Primary Email Address	██████████@gmail.com			Secondary Email Address			
CHECKLIST ITEMS							
Checklist name	Status			Submitted Date	Expiration Date		
Application	Pending Review			10/28/2018			
Application Fee	Completed			10/28/2018			
Child Abuse CE	Not Received			10/28/2018			
LEGAL QUESTIONS							
Questions	Answer			Document Uploaded	File Name		
1	Are you submitting a name change with this renewal?			N	No		
2	First Name				No		
3	Middle Name				No		
4	Last Name				No		
5	You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.				No		
6	With the exception of the one you are currently renewing, do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?			N	No		

7	Please provide the profession and state or jurisdiction.		No	
8	Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N	No	
9	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
11	Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	N	No	
12	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
14	Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N	No	
15	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
16	Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N	No	
17	Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	■	No	
18	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
19	Have you previously reported the complaint to the Board?		No	
20	Provide the docket number:		No	
21	Upload a copy of the entire Civil Complaint, which must include the filing date and the date you were served.		No	
22	Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y	No	
23	Upload an explanation or reason for an exemption request.		No	
24	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	
25	Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?		No	
26	Do you hold current certification with the NCCPA?	Y	No	

27	Have you registered with the Pennsylvania Prescription Drug Monitoring Program?	Y	No	
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**CONFIRMATION**

<input checked="" type="checkbox"/>	All fees are non-refundable. Please check to continue with your transaction. ( 10/28/2018 15:14:51 )
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