



TARGET SHEET

Board: Medicine

Licensee Full Name:
JOANNE STONE

License No:
MD459536

3418888_LIC_1_10/18/2016

MD 459536

(6/2015)

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

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

**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE
WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED
MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)**

Submit the \$35 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE. Check or money order must be in U.S. funds.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

**TO BE COMPLETED BY APPLICANT
(Please print or type)**

NAME:	Last STONE	First JOANNE	Middle
ADDRESS:	Street [REDACTED]		
City	NEW YORK	State	NY
		ZIP	10128
DATE OF BIRTH:	Month [REDACTED]	Day [REDACTED]	Year [REDACTED]
	SOCIAL SECURITY NUMBER: [REDACTED]		
EMAIL ADDRESS:	[REDACTED]@mssm.edu		
PHONE NUMBER:	[REDACTED]		
If your medical/licensure records are listed under another name or names, please list below: [REDACTED]			
APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):		<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAVE YOU PREVIOUSLY HELD A PA MEDICAL TRAINING LICENSE?	<input type="checkbox"/> YES - LICENSE NO. _____		<input checked="" type="checkbox"/> NO

FEB 25 2016

input

APPLICATION FOR UNRESTRICTED LICENSE - AMERICAN																																				
NAME OF APPLICANT:		Last Stone			First Joanne			Middle																												
NAME & ADDRESS OF MEDICAL SCHOOL																																				
1. NAME OF MEDICAL SCHOOL:		College of Physicians & Surgeons-Columbia University																																		
ADDRESS OF SCHOOL:		630 W 168th St, New York, NY 10032																																		
DATE OF ATTENDANCE:		<table border="1"> <tr> <td>FROM</td> <td>Month</td> <td>Day</td> <td>Year</td> <td>TO</td> <td>Month</td> <td>Day</td> <td>Year</td> <td>DATE OF GRADUATION:</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td>07</td> <td>01</td> <td>1983</td> <td></td> <td>06</td> <td>30</td> <td>1987</td> <td></td> <td>06</td> <td>30</td> <td>1987</td> </tr> </table>											FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year		07	01	1983		06	30	1987		06	30	1987
FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year																									
	07	01	1983		06	30	1987		06	30	1987																									
2. NAME OF MEDICAL SCHOOL:																																				
ADDRESS OF SCHOOL:																																				
DATE OF ATTENDANCE:		<table border="1"> <tr> <td>FROM</td> <td>Month</td> <td>Day</td> <td>Year</td> <td>TO</td> <td>Month</td> <td>Day</td> <td>Year</td> <td>DATE OF GRADUATION:</td> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>											FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year												
FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year																									
EXAMINATION INFORMATION																																				
CHECK LICENSING EXAMINATION(S) PASSED:		<input type="checkbox"/> FLEX			STATE WHERE TAKEN _____			DATE TAKEN COMPONENT 1: _____ COMPONENT 2: _____																												
		<input type="checkbox"/> NATIONAL BOARD			PART I:		PART II:		PART III:																											
		<input type="checkbox"/> USMLE			STEP 1:		STEP 2:		STEP 3:																											
		<input type="checkbox"/> LMCC - CANADIAN																																		
		<input type="checkbox"/> STATE BOARD			INDICATE STATE WHERE TAKEN:			<u>New York</u>																												
ACGME POST GRADUATE TRAINING																																				
PGY 1 HOSPITAL:		Long Island Jewish Medical Center					FROM: (MM/DD/YYYY) 06/01/1987		TO: (MM/DD/YYYY) 06/30/1988																											
PGY 2 HOSPITAL:		Long Island Jewish Medical Center					FROM: (MM/DD/YYYY) 07/01/1988		TO: (MM/DD/YYYY) 06/30/1989																											
Other HOSPITAL:		Mount Sinai Medical Center					FROM: (MM/DD/YYYY) 07/01/1989		TO: (MM/DD/YYYY) 06/30/1993																											

IF YOU NEED TO LIST ADDITIONAL POST GRADUATE TRAINING, PLEASE MAKE COPIES OF THIS FORM.

FEB 25 2016

MD

LT
(6/2015)

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: <u>Medicine (MPM) New York</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Have you had your DEA registration denied, revoked or restricted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number <u>Already sent</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that these statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

_____ Date 4/27/16
 Signature of Applicant
Joanne Stoney, MD
 Printed Name of Applicant

MAY 09 2015

ACCREDITED - AMERICAN

4/13

APPLYING FOR ACCREDITED:		<input checked="" type="checkbox"/> MD <input type="checkbox"/> MT	EVALUATOR:	LORI TAYLOR	SS#	12
APPLICANT'S NAME:		JOANNE STONE				
APPLICANT'S SPECIALTY:		OBSTETRICS AND GYNECOLOGY				
LICENSED IN OTHER STATE(S):		NEW YORK (ACTIVE) NEW JERSEY (EXPIRED)				
MEDICAL SCHOOL NAME:		COLLEGE OF PHYSICIANS & SURGEONS - COLUMBIA UNIV.				
DATE OF GRADUATION:		05/13/87				
TRAINING:	PGY 1 HOSPITAL:	LONG ISLAND JEWISH MED CENTER	DATES: 7/1/1987 TO 6/30/1988			
	PGY 2 HOSPITAL:	LONG ISLAND JEWISH MED CENTER	DATES: 7/1/1988 TO 6/30/1989			
EXAMS:	USMLE 1: _____	NBME 1: <input checked="" type="checkbox"/> _____	FLEX 1: _____	LMCC 1: _____		
	USMLE 2: _____	NBME 2: <input checked="" type="checkbox"/> _____	FLEX 2: _____	LMCC 2: _____		
	USMLE 3: _____	NBME 3: <input checked="" type="checkbox"/> _____				
BOARD SPECIALTY CERTIFICATION:		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
NAME OF SPECIALTY BOARD:		AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY				
DISCIPLINARY INFORMATION:		ANSWERED YES TO QUESTION(S):			12	
SUBMITTED COPIES OF:		<input type="checkbox"/> COURT DOCUMENTS				
		<input checked="" type="checkbox"/> CIVIL COMPLAINT(S)			# ATTACHED	1
		<input type="checkbox"/> ACTION TAKEN BY ANOTHER JURISDICTION				
REASON FOR BOARD REVIEW:		HAS A MEDICAL MALPRACTICE PAYMENT ON THE DATABANK REPORT FROM 2011				
DATABANK SHOWS ACTION:		<input checked="" type="checkbox"/> NPDB/HIPDB				
BOARD MEETING REVIEW:		<input checked="" type="checkbox"/> APPROVED			<input type="checkbox"/> DISAPPROVED	
COMMENTS:		BOARD MEETING DATE: 10/18/16				
ADMINISTRATOR'S SIGNATURE:		<i>Suzanne Zende</i>				DATE: 10/18/16

MD

(6/2015)

U

PENNSYLVANIA STATE BOARD OF MEDICINE						
VERIFICATION OF MEDICAL EDUCATION (For Graduates of American/Canadian Medical Schools)						
SECTION 1 - TO BE COMPLETED BY APPLICANT						
NAME:	Last STONE	First JOANNE	Middle			
NAME OF MEDICAL SCHOOL:	COLLEGE OF PHYSICIANS & SURGEONS-COLUMBIA UNIVERSITY					
LOCATION:	NEW YORK, NY					
Submit the verification of medical education form to your medical school and request the school return the completed form directly to the Board in an official school envelope.						
SECTION 2 - TO BE COMPLETED BY DEAN OR REGISTRAR OF MEDICAL SCHOOL						
NAME OF MEDICAL SCHOOL:	Columbia University College of Physicians and Surgeons					
NAME OF MEDICAL STUDENT:	Last STONE	First JOANNE	Middle			
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month 09	Day 01	Year 83			
DATE OF GRADUATION:	Month 05	Day 13	Year 87			
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT						
SIGNATURE OF DEAN/REGISTRAR:	<i>Carmen C. Siena Assistant Dir. of Reg. & Student Affairs</i>					
DATE:	Month 03	Day 01	Year 16			
(Seal of School)	<p>Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.</p> <p>DO NOT RETURN THIS FORM TO THE APPLICANT</p>					
<p><u>Regular Mailing Address</u> STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381</p>			<p><u>Courier Delivery Address</u> STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>			

RECEIVED
MAR 4 2016
By _____

RECEIVED DIRECT

RECEIVED SAS-HSD
2016 FEB 25 P 4:44
COLUMBIA UNIVERSITY

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
(Graduates of American/Canadian Medical Schools)

SECTION 1 - TO BE COMPLETED BY APPLICANT

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

SECTION 2 - TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE GRADUATE TRAINING OCCURRED

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director thirty (30) days prior to the completion of the approved training. Forms postmarked or signed prior to the thirty days will not be accepted.

HOSPITAL WHERE TRAINING WAS COMPLETED: Long Island Jewish Med. CTR.

NAME OF SPONSORING INSTITUTION: Albert Einstein COM

LOCATED IN:		CITY <u>New Hyde Park</u>	STATE <u>NY</u>	ACGME ACCREDITED
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	Yes/No
<u>1</u>	<u>7.1.87</u>	<u>6.30.88</u>	<u>OB/GYN</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY	Yes/No
<u>2</u>	<u>7.1.88</u>	<u>6.30.89</u>	<u>OB/GYN</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." If there has been disciplinary or administrative action regarding this applicant, please provide a separate statement outlining the details.

If the hospital has no seal or stamp to affix to this document, I will have the form notarized to verify that it was completed by this hospital.
Adi Katz, MD, FACOG
Associate Residency Program Director
Signature of Program Director _____ Date 8/10/16

(Seal)	Notary Signature _____
	Notary Commission Expiration Date: _____

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2849 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381	Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110
--	---

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

AUG 15 2016

RECEIVED DIRECT



NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
Endorsement of Certification

MD

LT

This document was prepared by
 National Board of Medical Examiners® (NBME®)
 3750 Market Street, Philadelphia, PA 19104-3190 • Telephone (215) 590-9700

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

Date: 02/26/2016

Examinee: Joanne Lynn Stone

Examinee ID: 3347-769-6
 Date of Birth: [REDACTED]

NBME Certification Date: 07/01/1988

Certificate #: 347769

It is certified that the physician named above successfully completed the examination, education and training requirements for certification by the NBME as of the certification date shown above. This record shows only passing scores for each NBME Part examination reported on this document. If applicable, results for all USMLE Steps taken by this examinee (and for which scores have been reported to date) are also shown.

NBME PART I

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores						
			Score	(Min. Pass)	Anat.	Phys	Bioc.	Path	Micr.	Phar.	Beh. Sci.
06/11/1985	Pass	Three-Digit	435	(380)	505	375	450	405	440	490	460
		Two-Digit	77	(75)	81	73	77	75	77	80	78

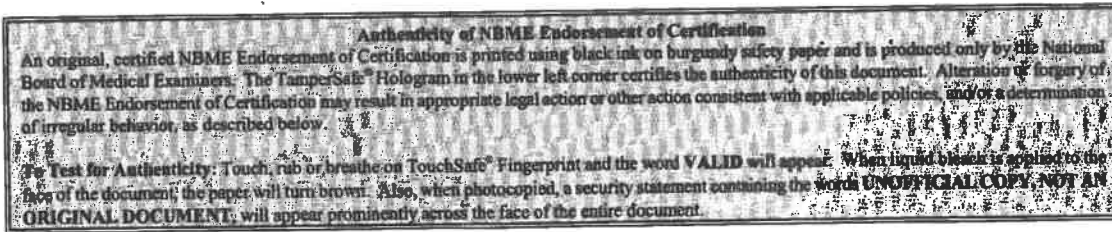
NBME PART II

Test Date	Pass/Fail	Score Scale	Total		Individual Subject Scores					
			Score	(Min. Pass)	Med	Surg	ObGyn	Prev	Pods	Psych
09/23/1986	Pass	Three-Digit	405	(290)	465	400	460	400	440	380
		Two-Digit	78	(75)	80	77	80	77	79	76

NBME PART III

Test Date	Pass/Fail	Score Scale	Total	
			Score	(Min. Pass)
03/02/1988	Pass	Three-Digit	360	(290)
		Two-Digit	77	(75)

FEB 29 2016



INTERPRETATION OF SCORES

NBME Part I and Part II Examinations Prior to June 1991

Unless otherwise noted, the most recent total test and subject scores are reported. The total test score is based on the total number of questions answered correctly on the entire examination and is not the average of the subject scores. There are no minimum pass requirements for individual subjects within a Part. Scores are on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

NBME Part I and Part II Examinations June 1991 and Thereafter

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 200 and a standard deviation of 20, in increments of 1. Most scores fall between 145 and 260.

All NBME Part III Examinations

Unless otherwise noted, the most recent total test and subject scores are reported. This score is on a scale with a mean of 500 and a standard deviation of 100, in increments of 5. Most scores fall between 250 and 750.

Two-Digit NBME Scores

For all NBME scores, an equivalent value scale score on a two-digit scale is also provided. The scale score mean is 82 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

USMLE Step 1, Step 2 and Step 3 INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

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

STEP 2 CLINICAL SKILLS (CS)

Step 2 CS results are reported as pass or fail, with no numeric score. Had the two-digit reporting scale been used, examinees would have had to achieve a score of 75 or higher in order to pass.

ANNOTATIONS APPEARING UNDER "COMMENTS"

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

Indeterminate - Results are at or above the passing level but cannot

be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. **No score is reported.** Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

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

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

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

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

ANNOTATIONS APPEARING AS "NOTE"

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

BOARD ACTION DATA BANK INFORMATION APPEARING AS "NOTE"

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

4/2013

CURRICULUM VITAE

Joanne L. Stone, MD

ADDRESS:

Office: 5 East 98th Street
New York, NY 10029
(212) 241-0535

Home: [REDACTED]
New York, NY 10128
[REDACTED]

BIRTHDATE:

[REDACTED]

BIRTHPLACE:

Manhasset, NY

CITIZENSHIP:

American

ACADEMIC APPOINTMENTS

7/2009-present	Mount Sinai School of Medicine New York, New York	Professor of Obstetrics, Gynecology & Reproductive Science
7/2001-6/2009	Mount Sinai School of Medicine New York, New York	Associate Professor of Obstetrics, Gynecology & Reproductive Science
7/1993-6/2001	Mount Sinai School of Medicine New York, New York	Assistant Professor of Obstetrics, Gynecology & Reproductive Science

HOSPITAL APPOINTMENTS

7/1995 – present	Director, Perinatal Ultrasound
7/1996-2007	IRB Member
10/1996-2006	Residency Selection Committee
5/2000-6/2007	Director, Perinatal Research

5/2006-present Fellowship Director of Maternal-Fetal Medicine Fellowship
9/2007-present Medical School Admission Committee
6/2007-present Division Director of Maternal-Fetal Medicine
7/2013-present Faculty Council Member

EDUCATION

Undergraduate:

9/1979-5/1983 B.A., Franklin & Marshall College
Lancaster, PA 17604

Graduate:

6/1983-5/1987 M.D., College of Physicians and
Surgeons of Columbia University
New York, NY 10032

POSTGRADUATE TRAINING

7/1987-6/1989 Long Island Jewish Medical Center
Residency PGY1-2

7/1989-6/1991 Mount Sinai Medical Center
Residency PG&3-4

7/1991-6/1993 Mount Sinai Medical Center
Fellowship in Maternal-Fetal Medicine

CERTIFICATION

1994 Diplomate, American Board of Obstetrics and Gynecology
1996 Diplomate, American Board of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine

LICENSURE

New York State - 178146-1

HONORS/AWARDS/PATENTS

Fellowship Award for Excellence in Teaching, Department of Obstetrics, Gynecology and Reproductive Science, Mount Sinai School of Medicine, New York, NY, 1993.
 North Shore University Hospital. Pregnancy and Infant Loss Awareness Day, 1999: Award of Appreciation for outstanding dedication and compassion.

OTHER PROFESSIONAL APPOINTMENTS

Chairperson for Resident’s Research Day. New York Obstetrical Society – 7/2001.
 Accountant. New York Obstetrical Society – 1/2002.
 Treasurer. New York Obstetrical Society – 1/2003.
 First Vice President. New York Obstetrical Society – 1/2006
 President, New York Obstetrical Society – 1/2008
 Vice-Chair, ACOG District II Section I/NY – 1/2009-1/2013
 Chair, ACOG District II Section I/NY – 1/2013-Present
 Publication Committee, Society of Maternal-Fetal Medicine 7/2011-Present
 Literature Alert Series, The Pregnancy Foundation 7/2011-Present
 Board of Directors, Society of Maternal-Fetal Medicine 1/2014-Present

PROFESSIONAL AND SCIENTIFIC SOCIETIES

Society of Maternal-Fetal Medicine
 New York Obstetrical Society
 Fellow - American College of Obstetricians and Gynecologists
 American Institute of Ultrasound in Medicine – Accreditor for Perinatal
 Ultrasound
 International Fetal Medicine and Surgery Society
 Society for Gynecologic Investigation

TRAINING RECORD

Maternal-Fetal Medicine Fellows

Felipe Tudela	7/2013 – Present	Fellow
Jennifer Amorosa	7/2013 – Present	Fellow
Katherine Connolly	7/2014 – Present	Fellow
Eric Bergh	7/2015 – Present	Fellow
Luciana Vieira	7/2015 – Present	Fellow
Maria Teresa Mella	7/2012 – 6/15	Fulltime Faculty, Mount Sinai, NY
Katherine Kohari	7/2011 – 6/14	Fulltime Faculty, Yale Medical Center
Noel Strong	7/2010 – 6/13	Fulltime Faculty, Mount Sinai, NY
Jennifer Wong	7/09 – 6/12	Fulltime Faculty, Westchester Medical Center
Christian Litton	7/08 – 6/11	Fulltime Faculty, Indiana U. School of Medicine
Yevgeniya Pozharny	7/07 – 6/10	Fulltime Faculty, North Shore Hospital, NY
Manisha Gandhi	7/06 – 6/09	Fulltime Faculty, Baylor College of Med., Texas
Lauren Ferrara	7/05 – 6/08	Fulltime Faculty, Mount Sinai, NY
Larry Rand	7/03 – 6/06	Fulltime Faculty, UCSF

Victoria Belogolovkin	7/04 – 6/07	Fulltime Faculty, Florida
Cynthia Gyamfi	7/02 – 6/05	Fulltime Faculty, New York Presbyterian Hospital
Meredith Rochon	7/02 – 6/05	Fulltime Faculty, Pennsylvania
Melissa Bush	7/00 – 6/03	Fulltime Faculty, California
Paul Gleason	7/99 – 6/02	Private Practice, Yonkers, NY
Sreedhar Gaddipati	7/96-6/98	Fulltime Faculty, Mount Sinai, NY
Hajoon Chun	7/95-6/97	Private Practice, Flushing, NY
James Bernasko	7/94-6/96	Fulltime Faculty, Northshore, NY
Angela Bianco	7/93-6/95	Fulltime Faculty, NYU, NY
Margaret O'Hara	7/93-6/95	Fulltime Faculty, Wesley Med Ctr, KA
Alessandro Ghidini	7/92-6/94	Fulltime Faculty, Georgetown, DC

TEACHING ACTIVITIES

Invited Speaker, 46th Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, New Orleans, LA, 1998.

Invited Speaker and Faculty Member, Medical Education Collaborative, Orlando, FLA, 1998.

Invited Speaker, 47th Annual clinical Meeting of the American College of Obstetricians and Gynecologists, Philadelphia, PA, 1999.

Invited Speaker and Faculty Member, Medical Education Collaborative, Naples, Florida, 1999.

Invited Speaker and Faculty Member, Medical Education Collaborative, Chicago, Illinois, 2000.

Speaker at Women's Symposium, Mount Sinai Medical Center, N.Y., 2000.

Invited Speaker, RESOLVE, New York, N.Y., 2000.

Faculty Lactation Education Course, New York, N.Y., 2000 and 2001.

Invited Speaker, RESOLVE, New York, N.Y., 2001.

Embryology Course to Medical Students, Mount Sinai Medical Center, 2000-Present

Oral Presentation at Society for Maternal-Fetal Medicine, New Orleans, LA, January 2002.

Invited Speaker at Perinatal Conference in Puerto Rico, March 2002.

Grand Rounds Speaker, St. John's Hospital, Queens, N.Y., January 2003.

Grand Rounds Speaker, Brooklyn Hospital, Brooklyn, N.Y., January 2003.

Grand Rounds Speaker, Staten Island Hospital, SI, N.Y., February 2003.

Grand Rounds Speaker, Queens Hospital, Queens, N.Y., March 2003.

Grand Rounds Speaker, Brooklyn Hospital, Brooklyn, N.Y., January 2005.

Invited Speaker, Queens Hospital Center Symposium, Queens, N.Y., 2005 and 2008.

Invited Speaker, Mt. Sinai, Challenges in OB/GYN and Women's Health, New York, N. Y., 2006, 2007 and 2008.

Grand Rounds Speaker, Lincoln Hospital, Bronx, N.Y. 2007 and 2008.

Grand Rounds Speaker Methodist Hospital, Brooklyn, N.Y. 2007.

Grand Rounds Speaker Flushing Hospital, Flushing, N. Y. 2003.

Grand Rounds Speaker Vassar Medical Center, Poughkeepsie, N.Y. 2011

Grand Rounds Speak Christiana Care Health Systems, Newark, DE. 2012

GRANTS

(1 RO1 HD41149-02) (Joanne Stone, M.D.) 9/24/01-5/31/06 5%
NIH \$123,785
Twin-Twin Transfusion Syndrome Trial

(1 RO1 HD38652-01) (Keith Eddleman, M.D.) 6/1/03-5/31/04 5%
Co-Investigator
NIH \$65,774
First and Second Trimester Evaluation of Risk of Anueploidy (FASTER): Cardiac Supplement

PUBLICATIONS

1. Zervano NJ, Stone JL: Tracking graduates of a family practice residency program. Fam Med 1983; (XV)6:203-206.
2. Lehrer S, Stone J, Lapinski R, Lockwood CJ, Scher J, Berkowitz R, Berkowitz G: Association between pregnancy induced hypertension and asthma during pregnancy. Am J Obstet Gynecol 1993; 168:1463-1466.
3. Stone J, Lockwood CJ, Berkowitz GS, Lynch L, Alvarez M, Lapanski R, Berkowitz RL: Morbidity of failed labor in patients with prior cesarean section. Am J Obstet Gynecol 1992; 167:1513-7.
4. Stone J, Lynch L: Multifetal pregnancy reduction. Mt Sinai J Med 1994;61(5):404-9.

5. Stone J, Lockwood CJ, et al: The use of cervical prostaglandin (PGE₂) gel in patients with previous cesarean section. *Am J Perinatol* 1994;11(4):309-.
6. Stone J, Lockwood CJ, Berkowitz GS, Alvarez M, Lapinski R, Berkowitz RL: Risk factors for severe preeclampsia. *Obstet Gynecol* 1994; 83:357-61.
7. Lehrer S, Rabin J, Stone J, Berkowitz GS. Association of an estrogen receptor variant with increased height in women. *Horm Metab* 1994;26:486-8.
8. Berkowitz GS, Stone JL, Lehrer SP, Marcus M, Lapinski RM, Schachter BS. An estrogen receptor genetic polymorphism and the risk of primary and secondary recurrent spontaneous abortion. *Am J Obstet Gynecol* 1994;171:1579-84.
9. Brodman ML, Friedman F, Morrow JP, Stone J. Wide-band transabdominal cerclage for a shortened, incompetent cervix. *Obstet Gynecol* 1994;84:704-6.
10. Bianco A, Stone J, Lynch L, Lapinski R, Berkowitz G, Berkowitz RL. Pregnancy outcome at age 40 or older. *Obstet Gynecol* 1996;87:917-22.
11. Bianco A, Stone J, Lockwood C. Clinical outcome of preterm premature rupture of the membranes in twin gestation. *Am J Perinatol* 1996;Apr;13(3):135-8.
12. Stone J, Bianco A, Lockwood CJ, Berkowitz RL, Eddleman K. Does the morbidity of twin gestations after 36 weeks increase with advancing gestational age? *Prenatal Neonatal Med* 1998;3:235-241.
13. Lynch L, Berkowitz RL, Stone J, Alvarez M, Lapinski R. Preterm delivery after selective termination in twin pregnancies. *Obstet Gynecol* 1996; (Mar) 87(3):366-9.
14. Hong S, Berkowitz G, Wang W, Stone J, Ainbender E. Unexplained elevated maternal serum alpha-fetoprotein levels and pregnancy outcome in twins. *Obstet Gynecol* 1996; 88:337-43.
15. Berkowitz RL, Lynch L, Stone J, Alvarez M. The current status of multifetal pregnancy reduction. *Am J Obstet Gynecol* 1996;174:1265-72.
16. Bianco A, Stone J, Lynch L, et al. Pregnancy outcome at age 40 or older. *Obstet Gynecol* 1996;Jun:87(6):917-22,
17. Berkowitz RL, Stone J, Eddleman KA. 100 consecutive cases of selective termination of an abnormal fetus in a multifetal gestation. *Obstet Gynecol* 1997;90:606-10.
18. Selam B, Torok O, Lembet A, Stone J, Lapinski R, Berkowitz RL. Genetic amniocentesis after multifetal pregnancy reduction. *Am J Obstet Gynecol* 1999;180:226-30.
19. Evans MI, Goldberg JD, Horenstein J, Wapner RJ, Ayoub MA, Stone J, Lipitz S, Achiron R, Holzgreve W, Brambati B, Johnson A, Johnson MP, Shalhoub A, Berkowitz RL. Selective

- termination for structural, chromosomal, and medelian anomalies: International experience. *Am J Obstet Gynecol* 1999;181(4):893-7.
20. Selam B, Lembet A, **Stone J**, Lapinski R, Berkowitz RL. Pregnancy complications and neonatal outcomes in multifetal pregnancies reduced to twins compared with nonreduced twin pregnancies. *Am J Perinatol* 1999;16(2):65-71.
 21. Eddleman KA, **Stone JL**, Lynch L, Berkowitz RL. Chorionic villus sampling prior to multifetal pregnancy reduction. *Am J Obstet Gynecol* 2000;183:1098-81.
 22. Quinn DA, Atkinson MW, Sullivan L, Lee MJ, MacGregor S, Parilla BV, Davies J, Hanlon-Lundberg K, Simpson L, **Stone J**, Wing D, Ogasawara K, Muraskas J. Single vs. weekly courses of antenatal corticosteroids for women at risk of preterm delivery. *JAMA* 2000; 286:13.
 23. Eddleman KA, **Stone JL**, Lynch L, Berkowitz RL. Selective termination (ST) of anomalous fetuses in multifetal pregnancies: 200 cases at a single center. *Am J Obstet Gynecol* 2002; 187:1168-72.
 24. **Stone JL**, Eddleman KA, Lynch L, Berkowitz RL. A single center experience with 1000 consecutive cases of multifetal pregnancy reduction (MPR). *J Obstet Gynecol* 2002;187:1163-7.
 25. Nagy S, Bush M, **Stone J**, Lapinski RH, Gardo S. Clinical significance of subchorionic and retroplacental hematomas detected in the first trimester of pregnancy. *Obstet Gynecol* 2003;102:94-100.
 26. Rochon M, **Stone J**. Invasive procedures in multiple gestations. *Curr Opin Obstet Gynecol* 2003;Apr;15(2):167-75.
 27. Lee MJ, Davies J, Guinn D, Sullivan L, Atkinson MW, McGregor S, Parilla BV, Hanlon-Lundberg K, Simpson L, **Stone J**, Wing D, Ogasawara K, Muraskas J. Single versus weekly courses of antenatal corticosteroids in preterm premature rupture of membranes. *Obstet Gynecol* 2004 Feb;103(2):274-81.
 28. Bush MC, Patel S, Lapinski RH, **Stone JL**. Perinatal outcomes in inflammatory bowel disease. *J Matern Fetal Neonatal Med.* 2004 Apr; 15(4):237-41.
 29. Gyamfi C, Juhasz G, Gyamfi P, **Stone JL**. Increased success of trial of labor after previous vaginal birth after cesarean. *Obstet Gynecol* 2004;104:715-719.
 30. Gyamfi C, Cohen S, **Stone JL**. Maternal complication of cervical heterotopic pregnancy after successful potassium chloride fetal reduction. *Fertil Steril* 2004;82:940-943.
 31. Gyamfi C, Cohen S, **Stone JL**. Maternal complication of cervical heterotopic pregnancy after successful potassium chloride fetal reduction. *Fertil Steril* 2004 Oct;82(4):940-3.

32. Juhasz G, Gyamfi C, Gyami P, Tocce K, **Stone, J.** Effect of Body Mass Index and Excessive Weight Gain on Success of Vaginal Birth After Cesarean Delivery. *Obstet Gynecol* 2005 Oct;106(4):741-6
33. Belogolovkin V, Levine SR, Fields MC, **Stone JL.** Postpartum eclampsia complicated by reversible cerebral herniation. *Obstet. Gynecol.* 2006 (Feb); 107(2 Pt 2):442-5.
34. Gyamfi C, Juhasz G, Gyamfi P, Blumenfeld Y, **Stone JL.** Single-versus double-layer uterine incision closure and uterine rupture. *J Matern Fetal Neonatal Med.* 2006 Oct;19 (10):639-43.
35. Gyamfi C, Lerner V, Holzman I, **Stone JL.** Routine cervical length in twins and perinatal outcomes. *Am J Perinatol.* 2007 Jan; 24 (1):65-9. Epub 2006 Dec 27.
36. Belogolovkin V, Engel SM, Ferrara L, Eddleman KA, **Stone JL.** Does sonographic determination of placental location predict fetal weight in diamniotic-dichorionic twins? *J Ultrasound Med.* 2007 Feb;26(2):187-91.
37. **Stone J,** Belogolovkin V, Matho A, Berkowitz RL, Moshier F, Eddleman K. Evolving Trends in 2,000 Cases of Multifetal Pregnancy Reduction: a single center experience. *Am J Obstet Gynecol.* 2007 Oct;197(4):394.e1-4..
38. Lee KA, Williams B, Roza k, Ferguson H, David K, Eddleman K, **Stone J,** Edelmann L, Richard G, Gelb BD, Kornreich R. PTPN11 Analysis for the Prenatal Diagnosis of Noonan Syndrome in Fetuses with Abnormal Ultrasound Findings. *Clin Genet.* 2009 Feb;75(2):190-4. Epub 2008 Aug 26.
39. Belogolovkin V, Ferrara L, Moshier E, Gandhi M, Eddleman K, **Stone J.** Differences in Fetal Growth, Discordancy, and Placental Pathology in Reduced versus Nonreduced Twins. *Am J Perinatol.* 2007. Nove;24 (10):575-9.
40. Crombleholme TM, Shera D, Lee H, Johnson M, D'Alton M, Porter F, Chyu J, Silver R, Abuhamad A, Saade G, Shields L, Kauffman D, **Stone J,** Albanese CT, Bahado-Singh R, Ball RH, Bilaniuk L, Coleman B, Farmer D, Feldstein V, Harrison MR, Hedrick H, Livingston J, Lorenz RP, Miller DA, Norton ME, Polzin WJ, Robinson JN, Rychik J, Sandberg PL, Seri I, Simon E, Simpson LL, Yedigarova L, Wilson RD, Young B. A Prospective, Randomized, Multicenter Trial of Amnioreduction vs Selective Fetoscopic Laser Photocoagulation for the Treatment of Severe Twin-Twin Transfusion Syndrome. *Am J Obstet Gynecol.* 2007 Oct;197(4):396.e1-9..
41. Belogolovkin V, Ferrara L, Moshier E, Gandhi M, Eddleman K, **Stone J.** Chorionic Villus Sampling And The Risk Of Adverse Outcome In Patients Undergoing Multifetal Pregnancy Reduction. *Am J Obstet Gynecol.* 2008 Oct;199(4):408.e1-4. Epub 2008 Jul 17.
42. **Stone J,** Ferrara L, Kamrath J, Getradjman J, Berkowitz R, Moshier E, Eddleman K. Contemporary Outcome with the Latest 1000 Cases of Multifetal Pregnancy Reduction. *Am J Obstet Gynecol.* 2008 Oct;199(4):406.e1-4.

43. Howell E, Chassin M, Kleinman L, Stone J, Inamdar S, Matseonane S. Approaching Guideline Recommended Care for Maternal – Infant Health: Clinical Failures to Use Recommended Antenatal Corticosteroids. *Matern Child Health J* 2010 May;14(3):430-6. Epub 2009 Jun 4
44. Litton C, Stone J, Eddleman K Lee MJ. Noninvasive Prenatal Diagnosis Past, Present and Future. *Mt Sinai J Med* 2009 76(6):521-528
45. Pozharny Y, Lambertini L, Ma Y, Ferrara L, Litton CG, Diplas A, Jacobs AR, Chen J, Stone JL, Wetmur J, Lee MJ. Genomic loss of imprinting in first-trimester human placenta. *Am J Obstet Gynecol.* 2010 Apr;202(4):391.e1-8.
46. Bigelow C, Stone J. Bed Rest in Pregnancy. *Mt Sinai J Med* 2011 Mar;78 (2):291-302. Doi: 10.1002/msj.20243
47. Publications Committee, Society of Maternal-Fetal Medicine, Sibai BM. Evaluation and Management of Severe Preeclampsia Before 34 Weeks' Gestation. *Am J Obstet Gynecol.* 2011 Sep;205(3):191-8. doi: 10.1016/j.ajog.2011.07.017. Epub 2011 Jul 20. Review
48. Nomura Y, Marks DJ, Grossman B, Yoon M, Houdon H, Stone J. Exposure to gestational diabetes mellitus and low socioeconomic status: effects on neurocognitive development and risk of attention deficit hyperactivity disorder in offspring. *Archives of Pediatrics and Adolescent Medicine Arch Pediatr Adolesc Med.* 2012 Apr;166(4):337-43. doi: 10.1001/archpediatrics.2011.784. Epub 2012 Jan 2
49. Nomura Y, Lambertini L, Rialdi A, Lee M, Mystal EY, Grabie M, Manaster I, Huynh N, Finik J, Davey M, Davey K, Ly J, Stone J, Loudon H, Eglinton G, Hurd Y, Newcorn JH, Chen J. Global Methylation in the Placenta and Umbilical Cord Blood From Pregnancies With Maternal Gestational Diabetes, Preeclampsia, and Obesity. *Reprod Sci.* 2013 Jun 13
50. Claire Philippat, Mary S. Wolff, Antonia M. Calafat, Xiaoyun Ye, Joanne Stone, Rebecca Bausel, Molly Meadows, Rémy Slama, Stephanie M. Engel Prenatal Exposure to Environmental Phenols: Concentrations in Amniotic Fluid and Variability in Phenol Urinary Concentrations during Pregnancy. *Environmental Health Perspectives Environ Health Perspect.* 2013 Aug 13. [Epub ahead of print]
51. Hu J, Nomura Y, Bashira A, Fernandez-Hernandez H, Itzkowitz S, Pei Z, Stone J., Loudon H, Peter I "Diversified Microbiota of Meconium is Affected by Maternal Diabetes Status" *PLoS One.* 2013 Nov 6;8(11):e78257. doi:10.1371/journal.pone.0078257. eCollection 2013.
52. Berry SM, Stone J, Norton ME, Johnson D, Berghella V. Fetal Blood Sampling. *Am J Obstet Gynecol.* 2013 Sep;209(3):170-80. doi: 10.1016/j.ajog.2013.07.014.
53. Stone J, Kohari KS. Higher-order Multiples. *Clin Obstet Gynecol.* 2015 Sep;58(3):668-75




Joanne Stone, M.D.
Professor
Director, Maternal Fetal Medicine
Fellowship Director, Maternal-Fetal Medicine
Department of Obstetrics, Gynecology
& Reproductive Science
5 East 98th Street
Second Floor, Box 1171
New York, NY 10029

T [REDACTED]
F 212-348-7438
[REDACTED]@mssm.edu

*Faculty
Practice*

Confidential Memorandum

Date: April 4, 2016
Subject: Personal Statement Regarding S. Epstein Case
From: Joanne Stone, MD 
Company: Icahn School of Medicine at Mount Sinai
To: Evaluator Lori
Company: State Board of Medicine-Commonwealth of Pennsylvania

As per the discrepancy notice, I am providing a personal statement regarding the Sivan Epstein case. Ms. Epstein was carrying a twin gestation and agreed to have a Selective Termination on May 9th for the fetus that had a missing hand. The anatomically normal fetus was inadvertently terminated which is a known complication of Selective Termination which the patient was made aware of before the procedure.

APR 06 2016

11800304

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

=====;
SIVAN EPSTEIN and ORI PNINI :

Plaintiff :

-against- :

JOANNE STONE, M.D. and MT SINAI :
SCHOOL OF MEDICINE :

Defendant :
=====;

SUMMONS

INDEX NO.:

PLAINTIFF DESIGNATES
N.Y. AS COUNTY OF
TRIAL BASED ON LOCATION
OF TORT

111019
FILED
SEP 06 2011
COUNTY CLERK'S OFFICE
NEW YORK

To the above named Defendants:

YOU ARE HEREBY SUMMONED to answer the Complaint in this action and to serve a copy of your answer on the Plaintiff's attorneys within 20 days after the service of this Summons, exclusive of the day of service (or within 30 days after the service is complete if this Summons is not personally delivered to you within the State of New York) ; and in case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded herein.

Plaintiffs reside in NY, NY

Defendant's address: NY, NY

NOTICE: The nature of this action is to recover damages for injuries to plaintiff caused by the negligence of the defendant. The relief sought is monetary damages.

Upon your failure to appear, judgment will be taken against you by default for the sum as determined by this Court, with interest from 6-11 and the costs of this action.

Yours etc.,
Morrison & Wagner
Attorney for Plaintiffs

by Eric Morrison
Eric Morrison
49 West 38th Street-15th Floor
New York, N.Y. 10018
(212) 343-8000

CERTIFICATION: THE WITHIN PLEADINGS WERE PREPARED IN ACCORDANCE WITH NYCRR E. Morrison, ESQ

APR 06 2015

FILED
SEP 06 2011
COUNTY CLERK'S OFFICE
NEW YORK

11800304

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

SIVAN EPSTEIN and ORI PNINI

Plaintiff(s),

COMPLAINT

-against-

INDEX NO.:

JOANNE STONE, M.D. and
MT. SINAI SCHOOL OF MEDICINE

Defendants

Plaintiffs, as and for their complaint as against the
defendants herein, set forth and aver as follows:

AS AND FOR A FIRST CAUSE OF ACTION ON BEHALF OF
SIVAN EPSTEIN AND ORI PNINI:

FIRST: Plaintiffs, at all times hereinafter mentioned, were
residents of the State of New York and lawfully reside together as
husband and wife with SIVAN EPSTEIN as wife and ORI PNINI as
husband.

SECOND: Defendant JOANNE STONE, M.D. (Hereinafter, "STONE") is
a physician duly licensed to practice medicine in the State of New
York with offices at 5 East 98th Street, New York, New York.

THIRD: Defendant MT SINAI SCHOOL OF MEDICINE (Hereinafter Mt
Sinai) is a duly organized and existing entity formed pursuant to
the laws of the State of New York with offices located at 5 East

APR 06 2016

98th Street, New York, New York.

FOURTH: On or about May 9, 2011 plaintiffs, SIVAN EPSTEIN and ORI PNINI, were patients of the respective co-defendants, Stone and MT. Sinai School of Medicine and as such submitted to their respective medical care, expertise and treatment and participated in a doctor-patient relationship with each of the respective defendants, their physicians, employees and staff, including co-defendants' care, diagnosis and treatment of plaintiffs' artificially induced pregnancy and the subsequent management of such pregnancy in defendants' capacity as experts in the field of maternal fetal medicine.

FIFTH: That on or about May 9, 2011 co-defendants, in their role as plaintiffs' physicians, purported to perform an elective surgical termination (S.T.) of one of the two fetuses which plaintiff, SIVAN EPSTEIN, was then carrying and that the S.T. procedure was conducted pursuant to defendants' advises and recommendation that one of the two fetuses as constituted the plaintiffs' pregnancy, the male fetus, had a pronounced limb defect but that the female fetus had no such defect and was otherwise healthy and viable.

APR 06 2016

SIXTH: That based upon defendants' advises and recommendation to the plaintiffs that the male fetus had a pronounced limb defect, that the plaintiffs' acceded to and agreed with defendants' advises that the male fetus be surgically terminated in an elective procedure to be performed by the defendants and to permit and allow the female fetus to remain intact, viable and progress to term.

SEVENTH: That on May 9, 2011 the plaintiffs submitted to a surgical termination as was supposed to result in the termination of the male fetus with the limb defect.

EIGHTH: That upon the occasion of the surgical termination procedure performed and conducted by the defendants on May 9, 2011 that defendants committed malpractice and otherwise deviated from acceptable standards of medical practice by inadvertently misidentifying the fetus as was to be the subject of the procedure and did inadvertently surgically terminate and abort the female fetus, which was healthy and intact and which it was agreed upon was to be the fetus as was going to proceed to term and did instead leave intact and viable the male fetus as was originally intended to be the subject of the termination procedure by virtue of its limb defect.

APR 06 2016

NINTH: That as a result of the co-defendants' negligent and mistaken performance of the May 9, 2011 procedure, resulting in the termination of a perfectly healthy and viable female fetus, the plaintiffs were then caused and required to undergo subsequent procedures required to terminate the male fetus, which was the originally intended subject of the procedure, and then to undergo subsequent D & C procedures required to physically remove the remnants of each fetus and that such procedures represented the culmination of an arduous artificial insemination course.

TENTH: That as a result of the co-defendants' mistaken and negligent performance of the May 9, 2011 termination procedure, plaintiffs sustained serious and significant physical and emotional injuries and such treatment by the defendants did deviate from accepted standards of medical care in that plaintiffs were caused to suffer severe and wholly unwarranted mental anguish, surgery, D & C procedures as well as extreme emotional trauma and depression.

ELEVENTH: The injuries sustained by plaintiffs as a result of the negligence and malpractice of the defendants, and as a result of defendants' respective deviation from accepted standards of medical care herein, resulted in acute pain and suffering, scarring, deformity, stress and depression, such deviations having

APR 06 2016

occurred on or about May 9, 2011 and having continued through to the present time.

TWELFTH: The plaintiffs' injuries occurred without any contributory or comparative negligence on the part of the plaintiffs' herein.

THIRTEENTH: As a result of the defendants' respective malpractice, negligence and deviation from accepted standards of medical care, plaintiffs incurred permanent, debilitating and deforming injuries.

FOURTEENTH: As a result of said negligence and medical malpractice, plaintiffs suffered extensive pain and suffering.

AS AND FOR A SECOND CAUSE OF ACTION:

FIFTEENTH: That plaintiffs reallege, reassert and repeat each of the foregoing allegations as if more fully set forth at length herein.

SIXTEENTH: That as a result of the foregoing that co-plaintiff, ORI PNINI, by virtue of his wife's injuries has sustained a loss of companionship, society and disruption of

APR 06 2016

lifestyle.

AS AND FOR A THIRD CAUSE OF ACTION:

SEVENTEENTH: Plaintiffs repeat each of the foregoing allegations as if more fully set forth at length herein.

EIGHTEENTH: That as a result of the foregoing, that co-plaintiff SIVAN EPSTEIN, by virtue of her husband's injuries has sustained a loss of companionship, society and disruption of lifestyle.

AS AND FOR A FOURTH CAUSE OF ACTION:

NINETEENTH: Plaintiffs repeat and reiterate each of the foregoing allegations as if more fully et forth at length herein.

TWENTIETH: That defendants, in their capacity as plaintiffs' physicians and surgeons, failed to reasonably and fully advise plaintiff of the risks attendant to the performance of the surgical termination.

TWENTY-ONE: That the surgery as performed and conducted by the

APR 06 2016

defendants on or about May 9, 2011 was performed upon the plaintiff without the informed consent of the plaintiff and that defendants failed to elicit and obtain such informed consent for the surgery that they actually performed upon the plaintiff.

TWENTY-TWO: That had the plaintiff been provided with an informed understanding of the risks attendant to the actual surgery, that plaintiff would not have elected to have had the surgery performed.

WHEREFORE, plaintiffs demand judgement as against the defendants as follows:

- (1) On the first cause of action, in an amount to be determined by this Honorable Court;
- (2) On the second cause of action, in an amount to be determined by this Honorable Court;
- (3) On the third cause of action, in a n amount to be determined by this Honorable Court
- (4) On the fourth cause of action, in an amount of to determined by thsi Honorable Court;

Together with costs and disbursements of this proceeding.

DATED: August 29, 2011

MORRISON & WAGNER

APR 06 2016

ATTORNEYS FOR PLAINTIFF
By _____
49 West 38th Street-15th Floor
NEW YORK, N.Y. 10018
(212) 343-8000

APR 06 2016

APR 06 2016

21485: A Supreme Project @ Rockwell Center #12700

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

-----X
SIVAN EPSTEIN and ORI PNINI

Plaintiffs,

- against -

JOANNE STONE, M.D. and MT SINAI SCHOOL
OF MEDICINE

Defendants,
-----X

CERTIFICATION OF MERIT

Index No.

The undersigned, duly certifies and affirms as follows,
pursuant to the laws of perjury:

1. I am an attorney. I make this certification and affirmation
in support of the within action which sounds in medical
malpractice.

2. Prior to the preparation and commencement of this action I
consulted with a practicing fetal medicine expert and provided him
with comprehensive records for the contemplated case.

3. Prior to the commencement of the action, said physician
informed me of his good faith belief and conclusion that the
allegations set forth in this action are meritorious and valid. The
identity of this surgeon can be made available directly to this
Court ex parte and in recognition of the confidentiality
protections that attach to medical experts participating in a
medical malpractice case.

4. That the foregoing allegations and complaint are rendered
in good-faith as per NYCRR.

DATED: 8-28-11


ERIC H. MORRISON, ESQ.

APR 06 2016

STONE, JOANNE - SELF-QUERY RESPONSE

Practitioner Name: STONE, JOANNE
 Date of Birth: [REDACTED] Gender: FEMALE
 Organization Name: ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
 Organization Type: MEDICAL GROUP/PRACTICE (365)
 Work Address: [REDACTED] NEW YORK, NY 10029-6501
 Social Security Number: [REDACTED] DEA: BS3207809
 NPI: 1710930029
 License: PHYSICIAN (MD), 178146-1, NY, OBSTETRICS & GYNECOLOGY
 Professional School(s): COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS (1987)

Credit Card Information: [REDACTED]
 NPDB Charge: \$5.00* NPDB Bill Reference Number: N40744810
 * Each charge will appear separately on your credit card statement.
 Transaction Date: 03/30/2016 Additional Paper Copies Requested: 0

The following report types have been searched:

Medical Malpractice Payment Report(s):	Yes, See Below	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

FOUR SERVICE CORPORATION
 MEDICAL MALPRACTICE PAYMENT
 Basis for Action: IMPROPER PERFORMANCE

Initial Action: - SETTLEMENT Date of Action: 08/06/2013
 DCN: 5500000084431709

----- Unabridged Report(s) Follow -----



DCN: 550000084431709

Process Date: 09/10/2013

Page: 1 of 3

STONE, JOANNE L

STONE, JOANNE L

FOJP SERVICE CORPORATION

INTERNAL PRACTICE PAYMENT
- SETTLEMENT - IMPROPER PERFORMANCE

Entity Name: FOJP SERVICE CORPORATION *
Address: 28 EAST 28TH ST
City, State, Zip: NEW YORK, NY 10016-7946
Country:
Name or Office: REGINA GUIDICE
Title or Department: SENIOR CLAIMS CODER
Telephone: (212) 891-0727
Entity Internal Report Reference: PL11-0553-4110
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/02/2015:

Entity Name: FOJP SERVICE CORPORATION
Address: 28 E 28TH ST
City, State, Zip: NEW YORK, NY 10016-7939
Country:

Subject Name: STONE, JOANNE L
Other Name(s) Used:
Gender: FEMALE
Date of Birth:
Organization Name:
Work Address:
City, State, ZIP:
Home Address:
City, State, ZIP: NEW YORK, NY 10128
Deceased: NO

Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 178146, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

Date of Report: 09/10/2013
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment for This Practitioner: \$ 1,000,000.00

2 2016

Date of This Payment: 08/06/2013
 This Payment Represents: A SINGLE FINAL PAYMENT
 Total Amount Paid or to Be Paid by This Payer for This Practitioner: \$ 1,000,000.00
 Payment Result of: SETTLEMENT
 Date of Judgment or Settlement, if Any: 06/03/2013
 Adjudicative Body Case Number: 800304/11
 Adjudicative Body Name: NYS SUPREME COURT COUNTY OF NEW YORK
 Court File Number:
 Description of Judgment or Settlement and Any Conditions, Including Terms of Payment: CASE SETTLED FOR \$1,000,000 ON BEHALF OF THIS INSURED.
PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE
 Total Amount Paid or to Be Paid by This Payer for All Practitioners in This Case: \$ 1,000,000.00
 Number of Practitioners for Whom This Payer Has Paid or Will Pay in This Case: 1
PAYMENTS BY OTHERS FOR THIS PRACTITIONER
 Has a State Guaranty Fund or State Excess Judgment Fund Made a Payment for This Practitioner in This Case, or Is Such a Payment Expected to Be Made?: NO
 Amount Paid or Expected to Be Paid by the State Fund:
 Has a Self-Insured Organization and/or Other Insurance Company/Companies Made Payment(s) for This Practitioner in This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO
 Amount Paid or Expected to Be Paid by Self-Insured Organization(s) and/or Other Insurance Company/Companies:
CLASSIFICATION OF ACT(S) OR OMISSION(S)
 Patient's Age at Time of Initial Event: 29 YEARS
 Patient's Gender: FEMALE
 Patient Type: OUTPATIENT
 Description of the Medical Condition With Which the Patient Presented for Treatment: 29 YEAR OLD FEMALE UNDERWENT FERTILITY TREATMENTS AND BECAME PREGNANT WITH A MULTIFETAL PREGNANCY.
 Description of the Procedure Performed: ON 5/9/11, PATIENT UNDERWENT A SELECTIVE TERMINATION OF ONE FETUS DUE TO A LIMB ABNORMALITY FOUND ON ULTRASOUND. AT THE CONCLUSION OF THE PROCEDURE, IT WAS DISCOVERED THAT THE WRONG FETUS WAS TERMINATED AND THE PARENTS DECIDED TO TERMINATE THE REMAINING FETUS WITH THE LIMB ABNORMALITY.
 Nature of Allegation: OBSTETRICS RELATED (050)
 Specific Allegation: IMPROPER PERFORMANCE (306)
 Date of Event Associated With Allegation or Incident: 05/09/2011
 Outcome: EMOTIONAL INJURY ONLY (01)
 Description of the Allegations and Injuries or Illnesses Upon Which the Action or Claim Was Based: PLAINTIFF ALLEGED TERMINATION OF INCORRECT FETUS RESULTED IN EMOTIONAL DISTRESS AND POST-TRAUMATIC STRESS DISORDER.



If the subject identified in Section B of this report has submitted a statement, it appears in this section.



DCN: 550000084431709
Process Date: 09/10/2013
Page: 1 of 3
STONE, JOANNE L

STONE, JOANNE L

FOJP SERVICE CORPORATION

MEDICAL MALPRACTICE PAYMENT REPORT

Date of Action: 08/06/2013

Initial Action

Basis of Initial Action

- SETTLEMENT

- IMPROPER PERFORMANCE

A REPORTING ENTITY

Entity Name: FOJP SERVICE CORPORATION *
Address: 28 EAST 28TH ST
City, State, Zip: NEW YORK, NY 10016-7946
Country:
Name or Office: REGINA GUIDICE
Title or Department: SENIOR CLAIMS CODER
Telephone: (212) 891-0727
Entity Internal Report Reference: PL11-0553-4110
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 09/02/2015:

Entity Name: FOJP SERVICE CORPORATION
Address: 28 E 28TH ST
City, State, Zip: NEW YORK, NY 10016-7939
Country:

B SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: STONE, JOANNE L
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name:
Work Address:
City, State, ZIP: [REDACTED]
Home Address: [REDACTED]
City, State, ZIP: NEW YORK, NY 10128
Deceased: NO
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 178146, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):

C INFORMATION REPORTED

APR 12 2016

Date of Report: 09/10/2013
Relationship of Entity to This Practitioner: INSURANCE COMPANY - PRIMARY INSURER
PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER
Amount of This Payment for This Practitioner: \$ 1,000,000.00

STONE, JOANNE - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipient must verify that subject identified herein is the subject of interest)

Practitioner Name: STONE, JOANNE
Date of Birth: [REDACTED] **Gender:** FEMALE
Organization Name: ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI
Organization Type: MEDICAL GROUP/PRACTICE (365)
Work Address: 5 E 98TH ST APT 14G, NEW YORK, NY 10029-6501
Social Security Number: [REDACTED] **DEA:** BS3207809
NPI: 1710930029
License: PHYSICIAN (MD), 178146-1, NY, OBSTETRICS & GYNECOLOGY
Professional School(s): COLUMBIA UNIVERSITY COLLEGE OF PHYSICIANS AND SURGEONS (1987)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: \$5.00* **NPDB Bill Reference Number:** N40744810
 * Each charge will appear separately on your credit card statement.
Transaction Date: 03/30/2016 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/30/2016

The following report types have been searched:

Medical Malpractice Payment Report(s):	Yes, See Below	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

FOJP SERVICE CORPORATION
MEDICAL MALPRACTICE PAYMENT
Basis for Action: IMPROPER PERFORMANCE
Initial Action: - SETTLEMENT **Date of Action:** 08/06/2013
DCN: 5500000084431709

FFH INSURANCE CORP
MEDICAL MALPRACTICE PAYMENT
Basis for Action: UNKNOWN
Initial Action: - SETTLEMENT **Date of Action:** 09/30/2002
DCN: 5500000027998750

----- Unabridged Report(s) Follow -----

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>



550000104861336
Process Date: 03/30/2016
Page: 1 of 1

To: STONE, JOANNE

NEW YORK, NY 10029-6501

From: National Practitioner Data Bank
Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended; Section 1921 of the Social Security Act; and Section 1128E of the Social Security Act.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners.

Section 1921 of the Social Security Act expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners, and to improve the anti-fraud provisions of federal and state health care programs. Section 1921 authorizes the NPDB to collect certain adverse actions taken by state licensing and certification authorities, peer review organizations, and private accreditation organizations, as well as final adverse actions taken by state law or fraud enforcement agencies (including, but not limited to, state law enforcement agencies, state Medicaid Fraud Control Units, and state agencies administering or supervising the administration of a state health care program), against health care practitioners, health care entities, providers and suppliers.

Section 1128E of the Social Security Act was added by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996. The statute established a national data collection program (formerly known as the Healthcare Integrity and Protection Data Bank) to combat fraud and abuse in health care delivery and to improve the quality of patient care. Section 1128E information is now collected and disclosed by the NPDB as a result of amendments made by Section 6403 of the Affordable Care Act of 2010, Public Law 111-148. Section 1128E Information includes certain final adverse actions taken by federal agencies and health plans against health care practitioners, providers, and suppliers.

Regulations governing the NPDB are codified at 45 CFR part 60. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting privileges, or in making employment, affiliation, contracting or licensure decisions. NPDB responses may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an exclusion from a federal or state health care program and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Further, ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB web site (<http://www.npdb.hrsa.gov>) or contact the NPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB Customer Service Center is closed on all Federal holidays.

APR 12 2016

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>



DCN: 550000084431709
Process Date: 09/10/2013
Page: 3 of 3
STONE, JOANNE L



Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 09/10/2013

Date of Most Recent Change: 09/10/2013

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

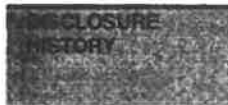
END OF REPORT

APR 12 2016

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

DISCLOSURE HISTORY

Report Number: 5500000084431709



Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

<u>Date Released</u>	<u>Entity Name</u>
09/10/2013	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-4202
09/26/2013	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123
10/28/2013	NEW YORK STATE DEPARTMENT OF HEALTH 150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204 (518) 402-0810
09/24/2015	MOUNT SINAI ST LUKES-ROOSEVELT HOSPITALS ONE GUSTAVE L. PLACE BOX 1116 NEW YORK, NY 10029 (212) 523-5661

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>



DCN: 5500000084431709

Process Date: 09/10/2013

Page: 2 of 2

STONE, JOANNE L

<u>Date Released</u>	<u>Entity Name</u>
10/30/2015	MOUNT SINAI ST LUKES-ROOSEVELT HOSPITALS ONE GUSTAVE L. PLACE BOX 1116 NEW YORK, NY 10029 (212) 523-5661
11/13/2015	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123
03/28/2016	MOUNT SINAI ST LUKES-ROOSEVELT HOSPITALS ONE GUSTAVE L. PLACE BOX 1116 NEW YORK, NY 10029 (212) 523-5661
03/30/2016	SELF-QUERIER

APR 12 2016

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

STONE, JOANNE L

FFH INSURANCE CORP.	
MEDICAL MALPRACTICE PAYMENT REPORT	Date of Action: 09/30/2002
Initial Action	Basis for Initial Action
- SETTLEMENT	- UNKNOWN

REPORTING ENTITY

Entity Name: FFH INSURANCE CORP. *
Address: CGM BUILDING
COLLYMORE ROCK
City, State, Zip: BRIDGETOWN,
Country: BARBADOS
Name or Office: GRAINNE RICHMOND
Title or Department: COMPLIANCE OFFICER
Telephone: (441) 294-3961
Entity Internal Report Reference:
Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 01/06/2016:

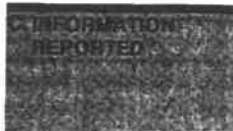
Entity Name: FFH INSURANCE CORP.
Address: C/O USA RISK GROUP BARBADOS LTD
FIRST FLOOR, GOLDEN ANCHORAGE,
City, State, Zip: SUNSET CREST, ST. JAMES,
Country: BARBADOS BB 24014

SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: STONE, JOANNE L
Other Name(s) Used:
Gender: FEMALE
Date of Birth: [REDACTED]
Organization Name: MOUNT SINAI MEDICAL CENTER
Work Address: 5 EAST 98TH ST.,
BOX 1171
City, State, ZIP: NEW YORK, NY 10128
Home Address:
City, State, ZIP:
Deceased: UNKNOWN
Social Security Numbers (SSN):
Professional School(s) & Year(s) of Graduation: COLUMBIA UNIVERSITY (1987)
Occupation/Field of Licensure (Code): PHYSICIAN (MD)
State License Number, State of Licensure: 178146, NY
Drug Enforcement Administration (DEA) Numbers:
Hospital Affiliation(s):



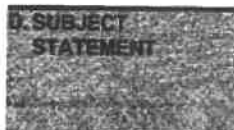
DCN: 550000027998750
Process Date: 12/03/2002
Page: 2 of 3
STONE, JOANNE L



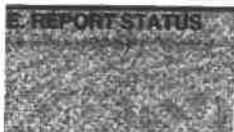
Date of Report: 12/03/2002
Act/Omission Code: OBSTETRICS: NOT OTHERWISE CLASSIFIED (590)
Date of Act/Omission: 08/11/1997
Payment Date: 09/30/2002
Multiple or Single Payment: MULTIPLE
Amount of This Payment: \$ 93,589.80
Total Amount of Judgment or Settlement: \$ 3,800,000.00
Payment Result of: SETTLEMENT
Number of Practitioners for Whom Payment is Made: 1
Relationship of Entity to the Practitioner: INSURANCE COMPANY
Date of Judgment/Settlement: 07/31/2002
Adjudicative Case Number: 16726/98
Adjudicative Body Name: N.Y.S. SUPREME COURT COUNTY OF SUFFOLK
Court File Number:

Reporter's Description of Act or Omission: FEMALE NEWBORN DELIVERED VIA C-SECTION AT 29 WKS GESTATION DUE TO FETAL DISTRESS. DURING PREGNANCY, FETUS TREATED 3 SEPARATE TIMES WITH CORDOCENTESIS & INTRAUTERINE TRANSFUSIONS VIA UMBILICAL CORD DUE TO ANTI-E INCOMPATIBILITY. DURING THE THIRD TRANSFUSION, FETUS DECOMPENSATED ULTIMATELY REQUIRING DELIVERY. INFANT BORN WITH APGARS 3/6 AND EVIDENCED MULTIPLE COMPLICATIONS INCLUDING GRADE III IVH. PLAINTIFF ALLEGED IMPROPERLY PERFORMED TRANSFUSION, FAILURE TO PROPERLY MONITOR AND DELAY IN PERFORMING C-SECTION RESULTED IN SEVERE BRAIN DAMAGE.

Reporter's Description of the Judgment or Settlement: FILE #V97-0379-4110. CASE SETTLED FOR \$3,800,000 ON BEHALF OF THE HOSPITAL AND THIS INSURED WITH NO ALLOCATION MADE TO THIS PRACTITIONER.



If the subject identified in Section B of this report has submitted a statement, it appears in this section.



Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

APR 12 2016

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>

DCN: 550000027998750
Process Date: 12/03/2002
Page: 3 of 3
STONE, JOANNE L

Date of Original Submission: 12/03/2002
Date of Most Recent Change: 12/03/2002

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



DCN: 5500000027998750
Process Date: 12/03/2002
Page: 1 of 7
STONE, JOANNE L

DISCLOSURE HISTORY

Report Number: 5500000027998750



Recipient(s) of the Current Version of this Report

A copy of this report has been disclosed to the following entity(entities) for limited/restricted use under the statutory provisions specified in this report. Additionally, all active entities who received an earlier version of this report within the three year period prior to the date this report was submitted or changed were mailed a copy of the current version.

<u>Date Released</u>	<u>Entity Name</u>
02/07/2003	NEW YORK STATE DEPARTMENT OF HEALTH 433 RIVER STREET ROOM 303 TROY, NY 12180 (518) 402-0860
04/25/2003	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123
06/10/2003	UNITED HEALTHCARE 2 PENN PLAZA 7TH FLOOR NEW YORK, NY 10121 (212) 216-6400
01/05/2004	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123

APR 12 2016

Date Released	Entity Name
02/25/2004	NEW YORK STATE DEPARTMENT OF HEALTH 150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204 (518) 402-0810
Date Released	Entity Name
04/07/2004	CIGNA HEALTHCARE OF NEW JERSEY AND NY 499 WASHINGTON BLVD 5TH FLOOR JERSEY CITY, NJ 07310 (201) 533-4913
Date Released	Entity Name
05/07/2004	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
Date Released	Entity Name
07/26/2004	OXFORD HEALTH PLANS, INC. 48 MONROE TPKE TRUMBULL, CT 06611 (203) 459-7110
Date Released	Entity Name
05/26/2005	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-12K NEWARK, NJ 07105 (973) 466-5013
Date Released	Entity Name
08/01/2005	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123



DCN: 550000027998750

Process Date: 12/03/2002

Page: 3 of 7

STONE, JOANNE L

<u>Date Released</u>	<u>Entity Name</u>
03/23/2006	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123
04/18/2006	GHI HMO SELECT PO BOX 4332 KINGSTON, NY 12402 (845) 340-2250
10/18/2006	CIGNA HEALTHCARE OF NEW HAMPSHIRE AREA 454, 2 COLLEGE PK DR HOOKSETT, NH 03106 (603) 268-7329
10/30/2006	NEW YORK STATE DEPARTMENT OF HEALTH 150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204 (518) 402-0810
11/21/2006	HORIZON BLUE CROSS BLUE SHIELD OF NJ 3 PENN PLZ E PP-12K NEWARK, NJ 07105 (973) 466-5013
11/21/2006	UNITEDHEALTHCARE 9200 WORTHINGTON RD WESTERVILLE, OH 43082 (614) 410-7008

APR 12 2016

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>

DCN: 5500000027998750
Process Date: 12/03/2002
Page: 4 of 7
STONE, JOANNE L

Date Released Entity Name
01/23/2007 AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES
151 FARMINGTON AVENUE
HARTFORD, CT 06156
(860) 257-3946

Date Released Entity Name
04/16/2007 CIGNA HEALTHCARE OF NEW HAMPSHIRE
AREA 454, 2 COLLEGE PK DR
HOOKSETT, NH 03106
(603) 268-7329

Date Released Entity Name
06/25/2007 ELMHURST HOSPITAL CENTER
7901 BROADWAY
ELMHURST, NY 11373
(718) 334-1840

Date Released Entity Name
07/23/2007 MOUNT SINAI HOSPITAL
1 GUSTAVE L LEVY PL
BOX 1116
NEW YORK, NY 10029
(212) 824-8123

Date Released Entity Name
02/21/2008 MOUNT SINAI HOSPITAL
1 GUSTAVE L LEVY PL
BOX 1116
NEW YORK, NY 10029
(212) 824-8123

Date Released Entity Name
03/05/2008 ELMHURST HOSPITAL CENTER
7901 BROADWAY
ELMHURST, NY 11373
(718) 334-1840

Date Released Entity Name
10/14/2008 BEECH STREET CORPORATION
6116 SHALLOWFORD ROAD
STE109B
CHATTANOOGA, TN 37421
(423) 553-6517



DCN: 5500000027998750
Process Date: 12/03/2002
Page: 5 of 7
STONE, JOANNE L

<u>Date Released</u>	<u>Entity Name</u>
08/07/2009	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123
08/24/2009	AETNA LIFE INSURANCE COMPANY AND ITS AFFILIATES 151 FARMINGTON AVENUE HARTFORD, CT 06156 (860) 257-3946
03/10/2010	ELMHURST HOSPITAL CENTER 7901 BROADWAY ELMHURST, NY 11373 (718) 334-1840
12/15/2010	LUTHERAN MEDICAL CENTER 150 55TH ST EXECUTIVE OFFICE BROOKLYN, NY 11220 (718) 630-8282
09/16/2011	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123
09/19/2012	LUTHERAN MEDICAL CENTER 150 55TH ST EXECUTIVE OFFICE BROOKLYN, NY 11220 (718) 630-8282

APR 12 2016

<u>Date Released</u>	<u>Entity Name</u>
08/14/2013	BETH ISRAEL MEDICAL CENTER FIRST AVE AT 16TH STREET 2 GILMAN HALL NEW YORK, NY 10003 (212) 420-4202
09/26/2013	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123
10/28/2013	NEW YORK STATE DEPARTMENT OF HEALTH 150 BROADWAY STE 355 RIVERVIEW CENTER - OPMC MENANDS, NY 12204 (518) 402-0810
09/24/2015	MOUNT SINAI ST LUKES-ROOSEVELT HOSPITALS ONE GUSTAVE L. PLACE BOX 1116 NEW YORK, NY 10029 (212) 523-5661
10/30/2015	MOUNT SINAI ST LUKES-ROOSEVELT HOSPITALS ONE GUSTAVE L. PLACE BOX 1116 NEW YORK, NY 10029 (212) 523-5661
11/13/2015	MOUNT SINAI HOSPITAL 1 GUSTAVE L LEVY PL BOX 1116 NEW YORK, NY 10029 (212) 824-8123

NATIONAL PRACTITIONER DATA BANK

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<http://www.npdb.hrsa.gov>



DCN: 5500000027998750

Process Date: 12/03/2002

Page: 7 of 7

STONE, JOANNE L

<u>Date Released</u>	<u>Entity Name</u>
03/28/2016	MOUNT SINAI ST LUKES-ROOSEVELT HOSPITALS ONE GUSTAVE L. PLACE BOX 1116 NEW YORK, NY 10029 (212) 523-5661

<u>Date Released</u>	<u>Entity Name</u>
03/30/2016	SELF-QUERIER

APR 12 2016

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 3/1/2016

PRACTITIONER INFORMATION

Name: Joanne L Stone
DOB: [REDACTED]
Medical School: Columbia University College of Physicians & Surgeons
New York, New York, UNITED STATES
Year of Grad: 1987
Degree Type: MD
NPI: 1710930029

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
NEW JERSEY	25MA06488300	9/30/1996	6/30/2003	2/29/2016
NEW YORK	178146	5/5/1989	1/31/2018	2/24/2016

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST:	✓	
2	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?		✓
3	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?		✓
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
5	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.		✓
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		✓
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		✓
8	Have you had your DEA registration denied, revoked or restricted?		✓
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		✓
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
11	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?		
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number	✓	

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. 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. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant Date 2/20/15

Juanke Stone
Printed Name of Applicant

FEB 25 2016

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: <u>NJ Medical License</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5	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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	Have you had your DEA registration denied, revoked or restricted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that the statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and for denial of my license, certificate, permit or registration.

Signature of Applicant

Date

2/20/15

Printed Name of Applicant

Joanne Stone, MD

APR 06 2015



Department of ~~Obstetrics,~~
Gynecology and
Reproductive Science

Icahn School of Medicine at Mount Sinai
One Gustave L. Levy Place, Box 1170
New York, NY 10029-6574
T 212-241-5994/5
F 212-241-3835

LT

April 27, 2016

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

To Whom It May Concern:

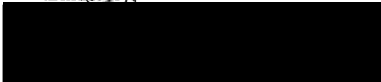
Dr. Joanne Stone was an Obstetrics and Gynecology Resident in the Department of Obstetrics, Gynecology and Reproductive Science in the Icahn School of Medicine at Mount Sinai from July 1, 1991 through June 30, 1993.

Dr. Stone then went on to become a Fellow of Maternal Fetal Medicine in the Department of Obstetrics, Gynecology and Reproductive Science at the Icahn School of Medicine at Mount Sinai from July 1, 1993 through June 30, 1996.

Dr. Joanne Stone has been an upstanding member of the Department for the past 25 years. She is an expert in the field of Maternal Fetal Medicine, and is credentialed in advanced Maternal Fetal Medicine procedures, which she currently performs at Mount Sinai Hospital.

I strongly endorse Dr. Joanne Stone's request for licensure in the state of Pennsylvania. Please feel free to contact my office if you have any questions or require additional information.

Sincerely,



Michael Brodman, MD
Professor and Chairman
The Ellen and Howard C. Katz Chairman's Chair
Department of Obstetrics,
Gynecology and Reproductive Science

RECEIVED DIRECT

MAY 03 2016



The Mount Sinai Medical Center
Medical Staff Services - Box 1116
One Gustave L. Levy Place
New York, NY 10028

O: 212-824-8100
F: 212-996-2230
Email: [REDACTED]@mountsinai.org

April 1, 2016

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

To whom this may concern:

Re: Joanne L. Stone, MD

Pursuant to your request for information regarding the above referenced practitioner, our records indicate the following affiliation:

House Staff Officer	OBS/GYN	07/01/1989-06/30/1991
Clinical Fellow		07/01/1991-06/30/1993

Due to the length of time since the practitioner's affiliation with The Mount Sinai Hospital, a Program Director is no longer available to provide competency or evaluation of practitioner.

The department of Medical Staff Services is responsible for the response and completion of archival/historical with category/department/date of affiliation. Below is the only signatory available in the department of Medical Staff Services, this signatory is not an MD/DO; is unable to evaluate clinical competency; performance and does not have any malpractice information available. We also cannot provide any additional information as it over ten (10) years.

Sincerely,

Elizabeth Backiel

Elizabeth Backiel
Director
Department of Medical Staff Services

RECEIVED DIRECT

2016 APR 11 PM 2 30



North Shore-LIJ Health System is now **Northwell Health**

**Department of Obstetrics and Gynecology
Residency Program**

May 31, 2016

Andrew W. Menzin, MD, MBA
Director

Susan L. Alkasab, MD
Associate Director

Adi Katz, MD
Associate Director

Valerie Muolo, MD
Associate Director for Resident Affairs

Dianne Huang, MS
Residency Coordinator



Donna Campagna
Residency Liaison

To whom it may concern:

We are not able to answer specific questions regarding Dr. Stone because we do not have an actual file.

The extent of the data we have is a document, which gives the date of her attendance and the program in which she was enrolled from July 1, 1987 to June 30, 1989. The response we have provided should in no way indicate that there is any information we have that is of an adverse nature relative to this individual. The position we are taking is only an indication that we do not have sufficient information to provide the specific answers you are requiring on your post graduate training verification form.

Sincerely,


Adi Katz, MD
Associate Residency Program Director
Department of OB/GYN
Long Island Jewish Medical Center
270-05 76th Ave
Suite MH G069
New Hyde park , NY 11040

(718) 962-6739 (fax)

AK/dc

RECEIVED DIRECT

JUN 13 2016



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

IND

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
P.O. Box 183, Trenton, NJ 08625-0183



ROBERT LOUGY
Acting Attorney General

STEVE C. LEE
Acting Director

LT

April 6, 2016

For overnight deliveries:
140 East Front St.
PO Box 183, 3rd Floor
Trenton, NJ 08608
(609) 828-7100
(609) 826-7101 FAX

Pennsylvania State Board
2601 North 3rd Street
Harrisburg, PA 17110

To Whom It May Concern:

The New Jersey State Board of Medical Examiners has been requested by Joanne L Stone to forward a letter of good standing regarding the Medical Doctor's license to practice in the State of New Jersey.

A review of the Board's files indicates that Joanne L Stone was issued a New Jersey license 25MA06488300 on or about 09/30/1996 and is currently Expired with an expiration date of 06/30/2003. A review of the Board's files further indicates that no public disciplinary action has been taken against this Medical Doctor.

Very truly yours,

BOARD OF MEDICAL EXAMINERS

William V. Roeder
Executive Director

WVR/dd/mac

RECEIVED DIRECT

APR 15 2016

54. Mari G, Norton ME, Stone J, Berghella V, Sciscione AC, Tate D, Schenone MH. Society for Maternal-Fetal Medicine (SMFM) Clinical Guideline #8: the fetus at risk for anemia--diagnosis and management. Society for Maternal-Fetal Medicine (SMFM). *Am J Obstet Gynecol*. 2015 Jun;212(6):697-710.

REVIEWS AND INVITED PUBLISHED PAPERS

1. Stone J, Lockwood CJ. Amniocentesis and chorionic villus sampling. *Current Opinion in Ob/Gyn* 1993; 5:211-217.
2. Stone J, Eddleman KA, Berkowitz RL. The echogenic intracardiac focus. *Contemp Ob/Gyn* 1998;43:73-78.
3. Eddleman KA, Stone J. Fetal echogenic bowel on ultrasound: Is there any clinical significance? *Contemp Ob/Gyn* 1998;43:53-69.
4. Stone JL, Eddleman KA, Berkowitz RL. The echogenic Intracardiac focus. *Contemp Ob/Gyn* 1998;43:73-78.
5. Eddleman KA, Stone JL, Berkowitz RL. Fetal echogenic bowel on ultrasound: the bottom line. *Contemp Ob/Gyn* 1998;43:53-67.
6. Stone J, Eddleman K, Patel S. Controversies in the intrapartum management of twin gestations. *Obstet Gynecol Clin North Am* 1999;26(2):327-43.
7. Stone J, Eddleman K. Multifetal pregnancy reduction. *Curr Opin Obstet Gynecol* 2000;12(6):491-6.
8. Rochon M, Stone J. Invasive procedures in multiple gestations. *Curr Opin Obstet Gynecol* 2003;15:167-75.
9. Gyamfi C, Cohen S, Stone JL. Maternal complication of cervical heterotopic pregnancy After successful potassium chloride fetal reduction. *Obstet Gynecol (suppl)* 2004-103:114S.
10. Juhasz G, Gyamfi C, Tocce K, Stone JL. Excessive weight gain affects VBAC success. *Am J Obstet Gynecol* 2004;191:S185.
11. Gyamfi C, Juhasz G, Gyamfi P, Rochon M, Blumenfeld Y, Stone JL. Single- versus double- layer uterine incision closure and uterine rupture. *Am J Obstet Gynecol* 2004;191-S183.

CHAPTERS

1. **Stone J, Berkowitz RL.** Multifetal pregnancy reduction and selective termination. *Semin-Perinatol* 1995;Oct:19(5):363-74.
2. **Stone J, Berkowitz RL.** Antepartum management: Reduction in fetal numbers. In Multiple Pregnancy and Delivery (Gall S, ed). Mosby Year Book, Inc., 1996.
3. **Stone J, Patel S.** Controversies in labor management of multiple gestations. *Ob/Gyn clinics of North America*. In Press.
4. **Stone JL, Eddleman K, Patel S.** Controversies In the Intrapartum management of twin gestations. *Obstet Gynecol Clinics of North America* 1999;26:327-42.
5. **Gleason PF, Eddleman KA, Stone JL.** Gastrointestinal Disorders In the Fetus. In: *Clinics In Perinatology: Congenital Anomalies*. Pages 901-21. Malone FD, D'Alton ME (Guest Eds). W.B. Saunders Comp. Vol 27, No. 4. December 2000.
6. **Rochon M, Eddleman KA, Stone J.** Invasive procedures in multifetal pregnancies. *Clin Perinatol*. 2005 Jun;32 (2):355-71, vi.
7. **Gyamfi C, Stone J, Eddleman KA.** Maternal complications of multifetal pregnancy. *Clin Perinatol*. 2005 Jun;32 (2):431-42, vii.
8. **Rand L, Eddleman KA, Stone J.** Long-term outcomes in multiple gestations. *Clin Perinatol*. 2005 Jun;32 (2):495-513, viii.
9. **Stone J., Kohari K.** Higher Order Multiples. In Clinical Obstetrics and Gynecology. (Scott JR, Gabbe SG, eds). Wolters Kluwer, 2015.

BOOKS

- Stone J, Eddleman K, Murray M.** *Pregnancy for Dummies*. EDG Books Worldwide Inc., 1999.
- Stone J, Eddleman K (editors).** *The Pregnancy Bible*. Firefly Books LTD., 2003
- Eddleman K, Stone J (contributors).** *Second Pregnancy*. Carroll & Brown Publishers LTD 2010
- Eddleman K, Stone J.** *My Pregnancy & Baby*. Carroll & Brown Publishers LTD 2012

ADDENDUM - ABSTRACTS

1. **Stone J, Lockwood CJ, Berkowitz GS, Lynch L, Alvarez M, Lapinski R, Berkowitz RL:** Morbidity of failed labor in patients with prior cesarean section. Oral presentation at the 39th Annual Meeting of the Society for Gynecologic Investigation, San Antonio, Texas, March 1992.

2. **Stone J, Lockwood CJ, Berkowitz G, Lynch L, Alvarez M, Lapinski R, Berkowitz R:** The use of prostaglandin (PGE₂) gel in patients with previous cesarean section. Scientific Abstract. 13th Annual Meeting, Society of Perinatal Obstetricians, San Francisco, CA, February 1993.
3. **Alvarez M, Lockwood CJ, Ghidini A, Paidas M, Stone J, Berkowitz RL, Lynch L.** Electrocardiographic abnormalities with subcutaneous terbutaline pump therapy. Presented at the 13th Annual Meeting, Society of Perinatal Obstetricians, San Francisco, CA, February 1993.
4. **Stone J, Berkowitz G, Lynch L, Lapinski R, Alvarez M, Lockwood CJ:** Risk factors for severe preeclampsia. Scientific Abstract. 39th Annual Meeting of the Society for Gynecologic Investigation, Toronto, Canada, April 1993.
5. **Isaccs M, Stone J, Lockwood CJ.** The clinical significance of second trimester placenta previa detected by ultrasound. Scientific abstract. Society of Perinatal Obstetricians, Las Vegas, January 1994.
6. **Stone J, Lapinski R, Alvarez M, Lockwood C.** Are twins ≥ 38 weeks gestation "postdates". Oral Presentation. Society of Perinatal Obstetricians, Atlanta, January 1995.
7. **Stone J, Lapinski R, Lynch L, Lockwood C, Berkowitz RL.** Advanced maternal age, twins and perinatal outcome. Scientific Abstract, Society of Perinatal Obstetricians. Atlanta, January 1995.
8. **Lynch L, Berkowitz RL, Stone J, Alvarez M, Lapinski R.** Preterm delivery after selective termination of twin pregnancies. Oral presentation. Society of Perinatal Obstetricians, Atlanta, January 1995.
9. **Chun H, Stone J, Bernasko J, Lapinski R, Epstein I.** The effect of antenatal corticosteroids for fetal lung maturity in twin gestations. Scientific Abstract. Society of Perinatal Obstetricians, Anaheim, CA, 1997.
10. **Stone J, Lapinski R, Eddleman K, Gallousis R, Berkowitz R.** Single vs multiple courses of steroids for fetal maturation: Is more better? Scientific Abstract. Society of Perinatal Obstetricians, Anaheim, CA, 1997.
11. **Salafia CM, Ghidini a, Stone J, Minior VK, Pezullu JC.** Do antenatal steroids affect placental histopathology? Scientific Abstract. Society of Perinatal Obstetricians. Anaheim, CA, 1997.
12. **Eddleman K, Stone J, Berkowitz R.** First trimester multifetal pregnancy reduction (MPR): A report of 780 consecutive cases at one institution. Scientific Abstract. Society of Perinatal Obstetricians. Miami, Fla. 1998.
13. **Stone J, Eddleman K, Gallousis F, Berkowitz R.** Pregnancy outcome after first trimester multifetal pregnancy reduction (MPR) to a single fetus. Scientific Abstract. Society of Perinatal Obstetricians. Miami, Fla. 1998.

14. Selam B, Lembet A, **Stone J**, Lapinski R, Berkowitz RL. Does multifetal pregnancy reduction effect maternal and neonatal complications? Scientific Abstract. Society of Perinatal Obstetricians. Miami, Fla. 1998.
15. Eddleman KA, **Stone JL**, Lynch L, Berkowitz RL. Chorionic villus sampling prior to multifetal pregnancy reduction. Scientific Abstract. Annual meeting of S-MFM, Miami, FLA February 2000.
16. **Stone JL**, Eddleman KA, Lynch L, Berkowitz RL. Risk factors for loss after multifetal pregnancy reduction. Scientific Abstract. Annual meeting of S-MFM, Miami, FLA February 2000.
17. **Stone J**, Morgan M. A comparison of induction to delivery intervals in patients with preeclampsia vs normotensive controls. Scientific Abstract. Annual meeting of S-MFM, Reno, NV, February 2001.
18. **Stone J**, Shervell T. Risk factor for placenta accreta in nulliparous patients. Scientific Abstract. Annual meeting of S-MFM, Reno, NV, February 2001.
15. **Stone J**, Eddleman K, Gottlieb A, Berkowitz R. Does elective reduction to a singleton have a better outcome than reduction to twins? Scientific Abstract. Annual meeting of S-MFM, New Orleans, LA, January 2002.
16. **Stone J**, Eddleman K, Lynch L, Berkowitz R. A single center experience with 1000 consecutive cases of multifetal pregnancy reduction (MPR). Oral Presentation. Annual meeting of S-MFM, New Orleans, LA, January 2002.
17. Eddleman K, **Stone J**, Lynch L, Berkowitz R. Selective termination (ST) of anomalous fetuses in multifetal pregnancies: 200 cases of a single center. Oral Presentation. Annual meeting of S-MFM, New Orleans, LA, January 2002.
18. Bush M, Patel S, **Stone J**. Perinatal outcome in pregnancies complicated by inflammatory bowel disease. Scientific Abstract. Annual meeting of the S-MFM, San Francisco, CA, February 2003.
19. Bush M, Nagy S, Lapinski R, **Stone J**. Can serial cervical length measurements after multifetal pregnancy reduction help predict adverse pregnancy outcome? Scientific Abstract. Annual meeting of the S-MFM, San Francisco, CA, February 2003.
20. Cromblehome T, Shera D, Porter F, Lee H, Chyu J, Silver RK, Abuhamad A, Johnson M, Saade G, D'Alton M, Shields L, Kauffman D, **Stone J**, Livingston J, Polzin W, Lorenz R, Young B, Miller DA, Odibo A, Rychik J, Simpson Ly, Feldstein, V, Coleman B, Ruchelli E, Bilaniuk L, Simon E, Vohr B, Seri I. NIH sponsored prospective randomized clinical trial of amnioreduction vs. selective fetoscopic laser photocoagulation for twin-twin transfusion syndrome. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007.

21. Gyamfi, C, Lerner V, Holzman I, **Stone, J.** Comparison of cervical lengths in reduced versus non-reduced twins. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007
22. Ferrara L, Belogolovkin V, Moshier E, Gandhi M, Eddleman K, **Stone J.** Pregnancy outcome in twins post multifetal pregnancy reduction (MPR) as compared to nonreduced dichorionic-diamniotic twins. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007
23. **Stone J,** Matho A, Berkowitz R, Belogolovkin V, Eddleman K. Evolving Trends in 2,000 case of multifetal pregnancy reduction. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007
24. Belogolovkin V, Ferrara L, Moshier E, Gandhi M, **Stone J,** Eddleman K. Differences in fetal growth, discordancy and placental pathology in reduced vs. non-reduced twins. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007
25. **Stone J,** Ferrara L, Kamrath J, Getradjman J, Berkowitz R, Moshier E, Eddleman K. Contemporary Outcomes with the Latest 1,000 Cases of Multifetal Pregnancy Reduction (MPR). Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008.
26. Ferrara L, Gandhi M, Litton, C, Belogolovkin V, Kamrath J, McClurg EC, Moshier E, Eddleman K, **Stone J.** Multifetal Pregnancy Reduction to Singleton Reduces the Risk of Small for Gestational Age Neonates in Comparison to Twins. Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008
27. Ferrara L, Gandhi M, Litton, C, McClurg EC, Jandl K, Moshier E, Eddleman K, **Stone J.** CVS Does Not Increase the Risk of Adverse Outcome in Patients Undergoing Multifetal Pregnancy Reduction. Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008
28. Ferrara L, Litton, C, Gandhi M, Belogolovkin V, Kamrath J, McClurg EC, Rebarber, A, Moshier E, Eddleman K, **Stone J.** Multifetal Pregnancy Reduction to Singleton Reduces the Risk of Maternal Morbidities in Comparison to Twins. Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008
29. Belogolovkin V, Ferrara L, McClurg EC, Edelmann L, Moshier E, Jandl K, Eddleman K, **Stone J.** Correlation of CVS Morphology with Pregnancy Outcome and Karyotypic Abnormalities. Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008
30. Litton C, Lambertini L, Ma Y, Chen J, Pozharny Y, Wong J, Lee MJ, **Stone J.** The effects of exposure of BPA and BBP on the DNA Methylation Profile of the IGF2/H19 imprinting control region in HTR-8 Cells. Scientific Abstract. Annual Meeting of SMFM San Francisco, CA, February 2011.

31. Litton C, Nguyen T, Chhun N, Moshier E, Wong J, Eddleman K, Stone J. Accuracy and utility of the Early Fetal Anatomy Ultrasound. Scientific Abstract. Annual Meeting of SMFM San Francisco, CA 2011
32. Bianco A, Cohen J, Moshier E, Stone J. Predictive Value of Combined Serum Biomarkers and Adverse Pregnancy Outcomes. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
33. Wong J, Howe C, Bianco A, Green R, Stone J. The Accuracy of Prenatal Ultrasound in the Diagnosis of True Microcephaly. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
34. Bigelow C, Moshier E, Eddleman K, Stone J. Current Trends and Outcomes with Selective Termination. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
35. Strong N, Bianco A, Stone J, Pozharny Z, Lambertini L. The Impact of Postpartum Hemorrhage Drill Training at a Single Institution. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
36. Wong J, Ma Y, Lambertini L, Weintraub A, Stone J. Polymorphisms of the Glucocorticoid Receptor Gene NR3C1 and the Association with Birth Weight and Gestational Age at Delivery. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
37. Bigelow C, Cohen J, Warmley A, Getrajdman C, Moshier E, Paris J, Stone J. Risks Factors for and Clinical Course of Late Postpartum Preeclampsia. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012.
38. Strong N, Lambertini L, Ma Y, Stone J. Differential Mitochondrial DNA Methylation in Growth Restricted Placentas. Scientific Abstract. Annual Meeting of SMFM San Francisco, CA 2013.
39. Wong J, Strong N, Factor S, Stone J. Predicting Severe Fetal Anemia After First Transfusion: A Comparison of Two Methods. Annual Meeting of SMFM San Francisco, CA 2013.
40. Connelly K, Getrajdman C, Factor S, Bigelow, C, Cornet N, Mills Ariana, Weintraub A, Stone J. Are Twins with Preeclampsia at Greater Risk for Maternal and Perinatal Morbidity Compared to Singletons with Preeclampsia at Similar Gestational Ages? Scientific Abstract. Annual Meeting of SMFM San Francisco, CA 2013.
41. Nomura Y, Lambertini L, Ly J, Finik J, Huynh N, Dineva M, Salzbank J, Savey T, Abelow A, Davey K, Davey M, Kao E, Pieere P, Grabie m, Gampel S, Bienstock S, Mystal E, Loudon H, Stone J, Elginton G. Global Methylation in Placenta and Umbilical Cord blood from Pregnancies with Metabolic Syndromes and the Effect on Birth Outcomes. Annual Meeting of SMFM New Orleans, LA 2014
42. Bigelow C, Factor S, Miller M, Weintraub A, Stone J. Pilot randomized clinical trial to evaluate the impact of bed rest on maternal and fetal outcomes in women with preterm premature rupture of membranes (PPROM). Annual Meeting of SMFM San Diego, CA 2015

15. Mella MT, Kohari K, Lambertini L, Ma Y, Stone J. Mitochondrial gene expression in intrahepatic cholestasis of pregnancy. Annual Meeting of SMFM San Diego, CA 2015

CURRICULUM VITAE

Joanne L. Stone, MD

ADDRESS:

Office: 5 East 98th Street
New York, NY 10029
(212) 241-0535

Home: [REDACTED]
New York, NY 10128
[REDACTED]

BIRTHDATE:

[REDACTED]

BIRTHPLACE:

Manhasset, NY

CITIZENSHIP:

American

ACADEMIC APPOINTMENTS

2009-present	Mount Sinai School of Medicine New York, New York	Professor of Obstetrics, Gynecology & Reproductive Science
2001-2009	Mount Sinai School of Medicine New York, New York	Associate Professor of Obstetrics, Gynecology & Reproductive Science
1993-2001	Mount Sinai School of Medicine New York, New York	Assistant Professor of Obstetrics, Gynecology & Reproductive Science

HOSPITAL APPOINTMENTS

1995 – present	Director, Perinatal Ultrasound
1996-2007	IRB Member
1996-2006	Residency Selection Committee
2000-2007	Director, Perinatal Research

FEB 25 2016

2006-present Fellowship Director of Maternal-Fetal Medicine Fellowship
2007-present Medical School Admission Committee
2007-present Division Director of Maternal-Fetal Medicine
2013-present Faculty Council Member

EDUCATION

Undergraduate:

1979-1983 B.A., Franklin & Marshall College
Lancaster, PA 17604

Graduate:

1983-1987 M.D., College of Physicians and
Surgeons of Columbia University
New York, NY 10032

POSTGRADUATE TRAINING

1987-1989 Long Island Jewish Medical Center
Residency PGY1-2
1989-1991 Mount Sinai Medical Center
Residency PG&3-4
1991-1993 Mount Sinai Medical Center
Fellowship in Maternal-Fetal Medicine

CERTIFICATION

1994 Diplomate, American Board of Obstetrics and Gynecology
1996 Diplomate, American Board of Obstetrics and Gynecology
Division of Maternal-Fetal Medicine

LICENSURE

New York State - 178146-1

HONORS/AWARDS/PATENTS

FEB 25 2016

Fellowship Award for Excellence in Teaching, Department of Obstetrics, Gynecology and Reproductive Science, Mount Sinai School of Medicine, New York, NY, 1993.
 North Shore University Hospital. Pregnancy and Infant Loss Awareness Day, 1999: Award of Appreciation for outstanding dedication and compassion.

OTHER PROFESSIONAL APPOINTMENTS

Chairperson for Resident's Research Day. New York Obstetrical Society – 2001.
 Accountant. New York Obstetrical Society – 2002.
 Treasurer. New York Obstetrical Society – 2003.
 First Vice President. New York Obstetrical Society – 2006
 President, New York Obstetrical Society – 2008
 Vice-Chair, ACOG District II Section I/NY – 2009-2013
 Chair, ACOG District II Section I/NY – 2013-Present
 Publication Committee, Society of Maternal-Fetal Medicine 2011-Present
 Literature Alert Series, The Pregnancy Foundation 2011-Present
 Board of Directors, Society of Maternal-Fetal Medicine 2014-Present

PROFESSIONAL AND SCIENTIFIC SOCIETIES

Society of Maternal-Fetal Medicine
 New York Obstetrical Society
 Fellow - American College of Obstetricians and Gynecologists
 American Institute of Ultrasound in Medicine – Accreditor for Perinatal Ultrasound
 International Fetal Medicine and Surgery Society
 Society for Gynecologic Investigation

TRAINING RECORD

Maternal-Fetal Medicine Fellows

Felipe Tudela	7/2013 – Present	Fellow
Jennifer Amorosa	7/2013 – Present	Fellow
Katherine Connolly	7/2014 – Present	Fellow
Eric Bergh	7/2015 – Present	Fellow
Luciana Vieira	7/2015 – Present	Fellow
Maria Teresa Mella	7/2012 – 6/15	Fulltime Faculty, Mount Sinai, NY
Katherine Kohari	7/2011 – 6/14	Fulltime Faculty, Yale Medical Center
Noel Strong	7/2010 – 6/13	Fulltime Faculty, Mount Sinai, NY
Jennifer Wong	7/09 – 6/12	Fulltime Faculty, Westchester Medical Center
Christian Litton	7/08 – 6/11	Fulltime Faculty, Indiana U. School of Medicine
Yevgeniya Pozharny	7/07 – 6/10	Fulltime Faculty, North Shore Hospital, NY
Manisha Gandhi	7/06 – 6/09	Fulltime Faculty, Baylor College of Med., Texas
Lauren Ferrara	7/05 – 6/08	Fulltime Faculty, Mount Sinai, NY
Larry Rand	7/03 – 6/06	Fulltime Faculty, UCSF

Victoria Belogolovkin	7/04 – 6/07	Fulltime Faculty, Florida
Cynthia Gyamfi	7/02 – 6/05	Fulltime Faculty, New York Presbyterian Hospital
Meredith Rochon	7/1/02 – 6/05	Fulltime Faculty, Pennsylvania
Melissa Bush	7/00 – 6/03	Fulltime Faculty, California
Paul Gleason	7/99 – 6/02	Private Practice, Yonkers, NY
Sreedhar Gaddipati	7/96-6/98	Fulltime Faculty, Mount Sinai, NY
Hajoon Chun	7/95-6/97	Private Practice, Flushing, NY
James Bernasko	7/94-6/96	Fulltime Faculty, Northshore, NY
Angela Bianco	7/93-6/95	Fulltime Faculty, NYU, NY
Margaret O'Hara	7/93-6/95	Fulltime Faculty, Wesley Med Ctr, KA
Alessandro Ghidini	7/92-6/94	Fulltime Faculty, Georgetown, DC

TEACHING ACTIVITIES

Invited Speaker, 46th Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, New Orleans, LA, 1998.

Invited Speaker and Faculty Member, Medical Education Collaborative, Orlando, FLA, 1998.

Invited Speaker, 47th Annual clinical Meeting of the American College of Obstetricians and Gynecologists, Philadelphia, PA, 1999.

Invited Speaker and Faculty Member, Medical Education Collaborative, Naples, Florida, 1999.

Invited Speaker and Faculty Member, Medical Education Collaborative, Chicago, Illinois, 2000.

Speaker at Women's Symposium, Mount Sinai Medical Center, N.Y., 2000.

Invited Speaker, RESOLVE, New York, N.Y., 2000.

Faculty Lactation Education Course, New York, N.Y., 2000 and 2001.

Invited Speaker, RESOLVE, New York, N.Y., 2001.

Embryology Course to Medical Students, Mount Sinai Medical Center, 2000-Present

Oral Presentation at Society for Maternal-Fetal Medicine, New Orleans, LA, January 2002.

Invited Speaker at Perinatal Conference in Puerto Rico, March 2002.

Grand Rounds Speaker, St. John's Hospital, Queens, N.Y., January 2003.

Grand Rounds Speaker, Brooklyn Hospital, Brooklyn, N.Y., January 2003.

Grand Rounds Speaker, Staten Island Hospital, SI, N.Y., February 2003.

FEB 25 2016

Grand Rounds Speaker, Queens Hospital, Queens, N.Y., March 2003.

Grand Rounds Speaker, Brooklyn Hospital, Brooklyn, N.Y., January 2005.

Invited Speaker, Queens Hospital Center Symposium, Queens, N.Y., 2005 and 2008.

Invited Speaker, Mt. Sinai, Challenges in OB/GYN and Women's Health, New York, N. Y., 2006, 2007 and 2008.

Grand Rounds Speaker, Lincoln Hospital, Bronx, N.Y. 2007 and 2008.

Grand Rounds Speaker Methodist Hospital, Brooklyn, N.Y. 2007.

Grand Rounds Speaker Flushing Hospital, Flushing, N. Y. 2008.

Grand Rounds Speaker Vassar Medical Center, Poughkeepsie, N.Y. 2011

Grand Rounds Speak Christiana Care Health Systems, Newark, DE. 2012

GRANTS

(1 RO1 HD41149-02) (Joanne Stone, M.D.) 9/24/01-5/31/06 5%
NIH \$123,785
Twin-Twin Transfusion Syndrome Trial

(1 RO1 HD38652-01) (Keith Eddleman, M.D.) 6/1/03-5/31/04 5%
Co-Investigator
NIH \$65,774
First and Second Trimester Evaluation of Risk of Anueploidy (FASTER): Cardiac Supplement

PUBLICATIONS

1. Zervano NJ, Stone JL: Tracking graduates of a family practice residency program. Fam Med 1983; (XV)6:203-206.
2. Lehrer S, Stone J, Lapinski R, Lockwood CJ, Scher J, Berkowitz R, Berkowitz G: Association between pregnancy induced hypertension and asthma during pregnancy. Am J Obstet Gynecol 1993; 168:1463-1466.
3. Stone J, Lockwood CJ, Berkowitz GS, Lynch L, Alvarez M, Lapanski R, Berkowitz RL: Morbidity of failed labor in patients with prior cesarean section. Am J Obstet Gynecol 1992; 167:1513-7.
4. Stone J, Lynch L: Multifetal pregnancy reduction. Mt Sinai J Med 1994;61(5):404-9.

FEB 25 2016

5. **Stone J**, Lockwood CJ, et al: The use of cervical prostaglandin (PGE₂) gel in patients with previous cesarean section. *Am J Perinatol* 1994;11(4):309-.
6. **Stone J**, Lockwood CJ, Berkowitz GS, Alvarez M, Lapinski R, Berkowitz RL: Risk factors for severe preeclampsia. *Obstet Gynecol* 1994; 83:357-61.
7. Lehrer S, Rabin J, **Stone J**, Berkowitz GS. Association of an estrogen receptor variant with increased height in women. *Horm Metab* 1994;26:486-8.
8. Berkowitz GS, **Stone JL**, Lehrer SP, Marcus M, Lapinski RM, Schachter BS. An estrogen receptor genetic polymorphism and the risk of primary and secondary recurrent spontaneous abortion. *Am J Obstet Gynecol* 1994;171:1579-84..
9. Brodman ML, Friedman F, Morrow JP, **Stone J**. Wide-band transabdominal cerclage for a shortened, incompetent cervix. *Obstet Gynecol* 1994;84:704-6.
10. Bianco A, **Stone J**, Lynch L, Lapinski R, Berkowitz G, Berkowitz RL. Pregnancy outcome at age 40 or older. *Obstet Gynecol* 1996;87:917-22.
11. Bianco A, **Stone J**, Lockwood C. Clinical outcome of preterm premature rupture of the membranes in twin gestation. *Am J Perinatol* 1996;Apr;13(3):135-8.
12. **Stone J**, Bianco A, Lockwood CJ, Berkowitz RL, Eddleman K. Does the morbidity of twin gestations after 36 weeks increase with advancing gestational age? *Prenatal Neonatal Med* 1998;3:235-241.
13. Lynch L, Berkowitz RL, **Stone J**, Alvarez M, Lapinski R. Preterm delivery after selective termination in twin pregnancies. *Obstet Gynecol* 1996; (Mar) 87(3):366-9.
14. Hong S, Berkowitz G, Wang W, **Stone J**, Ainbender E. Unexplained elevated maternal serum alpha-fetoprotein levels and pregnancy outcome in twins. *Obstet Gynecol* 1996; 88:337-43.
15. Berkowitz RL, Lynch L, **Stone J**, Alvarez M. The current status of multifetal pregnancy reduction. *Am J Obstet Gynecol* 1996;174:1265-72.
16. Bianco A, **Stone J**, Lynch L, et al. Pregnancy outcome at age 40 or older. *Obstet Gynecol* 1996;Jun;87(6):917-22,
17. Berkowitz RL, **Stone J**, Eddleman KA. 100 consecutive cases of selective termination of an abnormal fetus in a multifetal gestation. *Obstet Gynecol* 1997;90:606-10.
18. Selam B, Torok O, Lembet A, **Stone J**, Lapinski R, Berkowitz RL. Genetic amniocentesis after multifetal pregnancy reduction. *Am J Obstet Gynecol* 1999;180:226-30.
19. Evans MI, Goldberg JD, Horenstein J, Wapner RJ, Ayoub MA, **Stone J**, Lipitz S, Achiron R, Holzgreve W, Brambati B, Johnson A, Johnson MP, Shalhoub A, Berkowitz RL. Selective

FEB 25 2016

- termination for structural, chromosomal, and medelian anomalies: International experience. *Am J Obstet Gynecol* 1999;181(4):893-7.
20. Selam B, Lembet A, **Stone J**, Lapinski R, Berkowitz RL. Pregnancy complications and neonatal outcomes in multifetal pregnancies reduced to twins compared with nonreduced twin pregnancies. *Am J Perinatol* 1999;16(2):65-71.
 21. Eddleman KA, **Stone JL**, Lynch L, Berkowitz RL. Chorionic villus sampling prior to multifetal pregnancy reduction. *Am J Obstet Gynecol* 2000;183:1098-81.
 22. Quinn DA, Atkinson MW, Sullivan L, Lee MJ, MacGregor S, Parilla BV, Davies J, Hanlon-Lundberg K, Simpson L, **Stone J**, Wing D, Ogasawara K, Muraskas J. Single vs. weekly courses of antenatal corticosteroids for women at risk of preterm delivery. *JAMA* 2000; 286-13.
 23. Eddleman KA, **Stone JL**, Lynch L, Berkowitz RL. Selective termination (ST) of anomalous fetuses in multifetal pregnancies: 200 cases at a single center. *Am J Obstet Gynecol* 2002; 187:1168-72.
 24. **Stone JL**, Eddleman KA, Lynch L, Berkowitz RL. A single center experience with 1000 consecutive cases of multifetal pregnancy reduction (MPR). *J Obstet Gynecol* 2002;187:1163-7.
 25. Nagy S, Bush M, **Stone J**, Lapinski RH, Gardo S. Clinical significance of subchorionic and retroplacental hematomas detected in the first trimester of pregnancy. *Obstet Gynecol* 2003;102:94-100.
 26. Rochon M, **Stone J**. Invasive procedures in multiple gestations. *Curr Opin Obstet Gynecol* 2003;Apr;15(2):167-75.
 27. Lee MJ, Davies J, Guinn D, Sullivan L, Atkinson MW, McGregor S, Parilla BV, Hanlon-Lundberg K, Simpson L, **Stone J**, Wing D, Ogasawara K, Muraskas J. Single versus weekly courses of antenatal corticosteroids in preterm premature rupture of membranes. *Obstet Gynecol* 2004 Feb;103(2):274-81.
 28. Bush MC, Patel S, Lapinski RH, **Stone JL**. Perinatal outcomes in inflammatory bowel disease. *J Matern Fetal Neonatal Med.* 2004 Apr; 15(4):237-41.
 29. Gyamfi C, Juhasz G, Gyamfi P, **Stone JL**. Increased success of trial of labor after previous vaginal birth after cesarean. *Obstet Gynecol* 2004;104:715-719.
 30. Gyamfi C, Cohen S, **Stone JL**. Maternal complication of cervical heterotopic pregnancy after successful potassium chloride fetal reduction. *Fertil Steril* 2004;82:940-943.
 31. Gyamfi C, Cohen S, **Stone JL**. Maternal complication of cervical heterotopic pregnancy successful potassium chloride fetal reduction. *Fertil Steril* 2004 Oct;82(4):940-3.

FEB 25 2016

32. Juhasz G, Gyamfi C, Gyami P, Tocce K, **Stone, J.** Effect of Body Mass Index and Excessive Weight Gain on Success of Vaginal Birth After Cesarean Delivery. *Obstet Gynecol* 2005 Oct;106(4):741-6
33. Belogolovkin V, Levine SR, Fields MC, **Stone JL.** Postpartum eclampsia complicated by reversible cerebral herniation. *Obstet. Gynecol.* 2006 (Feb); 107(2 Pt 2):442-5.
34. Gyamfi C, Juhasz G, Gyamfi P, Blumenfeld Y, **Stone JL.** Single-versus double-layer uterine incision closure and uterine rupture. *J Matern Fetal Neonatal Med.* 2006 Oct;19 (10):639-43.
35. Gyamfi C, Lerner V, Holzman I, **Stone JL.** Routine cervical length in twins and perinatal outcomes. *Am J Perinatol.* 2007 Jan; 24 (1):65-9. Epub 2006 Dec 27.
36. Belogolovkin V, Engel SM, Ferrara L, Eddleman KA, **Stone JL.** Does sonographic determination of placental location predict fetal weight in diamniotic-dichorionic twins? *J Ultrasound Med.* 2007 Feb;26(2):187-91.
37. **Stone J,** Belogolovkin V, Matho A, Berkowitz RL, Moshier E, Eddleman K. Evolving Trends in 2,000 Cases of Multifetal Pregnancy Reduction: a single center experience. *Am J Obstet Gynecol.* 2007 Oct;197(4):394.e1-4..
38. Lee KA, Williams B, Roza k, Ferguson H, David K, Eddleman K, **Stone J,** Edelmann L, Richard G, Gelb BD, Kornreich R. PTPN11 Analysis for the Prenatal Diagnosis of Noonan Syndrome in Fetuses with Abnormal Ultrasound Findings. *Clin Genet.* 2009 Feb;75(2):190-4. Epub 2008 Aug 26.
39. Belogolovkin V, Ferrara L, Moshier E, Gandhi M, Eddleman K, **Stone J.** Differences in Fetal Growth, Discordancy, and Placental Pathology in Reduced versus Nonreduced Twins. *Am J Perinatol.* 2007. Nove;24 (10):575-9.
40. Crombleholme TM, Shera D, Lee H, Johnson M, D'Alton M, Porter F, Chyu J, Silver R, Abuhamad A, Saade G, Shields L, Kauffman D, **Stone J,** Albanese CT, Bahado-Singh R, Ball RH, Bilaniuk L, Coleman B, Farmer D, Feldstein V, Harrison MR, Hedrick H, Livingston J, Lorenz RP, Miller DA, Norton ME, Polzin WJ, Robinson JN, Rychik J, Sandberg PL, Seri I, Simon E, Simpson LL, Yedigiarova L, Wilson RD, Young B. A Prospective, Randomized, Multicenter Trial of Amnioreduction vs Selective Fetoscopic Laser Photocoagulation for the Treatment of Severe Twin-Twin Transfusion Syndrome. *Am J Obstet Gynecol.* 2007 Oct;197(4):396.e1-9..
41. Belogolovkin V, Ferrara L, Moshier E, Gandhi M, Eddleman K, **Stone J.** Chorionic Villus Sampling And The Risk Of Adverse Outcome In Patients Undergoing Multifetal Pregnancy Reduction. *Am J Obstet Gynecol.* 2008 Oct;199(4):408.e1-4. Epub 2008 Jul 17.
42. **Stone J,** Ferrara L, Kamrath J, Getradjman J, Berkowitz R, Moshier E, Eddleman K. Contemporary Outcome with the Latest 1000 Cases of Multifetal Pregnancy Reduction. *Am J Obstet Gynecol.* 2008 Oct;199(4):406.e1-4.

43. Howell E, Chassin M, Kleinman L, **Stone J**, Inamdar S, Matseonane S. Approaching Guideline Recommended Care for Maternal – Infant Health: Clinical Failures to Use Recommended Antenatal Corticosteroids. *Matern Child Health J* 2010 May;14(3):430-6. Epub 2009 Jun 4
44. Litton C, **Stone J**, Eddleman K Lee MJ. Noninvasive Prenatal Diagnosis Past, Present and Future. *Mt Sinai J Med* 2009 76(6):521-528
45. Pozharny Y, Lambertini L, Ma Y, Ferrara L, Litton CG, Diplas A, Jacobs AR, Chen J, **Stone JL**, Wetmur J, Lee MJ. Genomic loss of imprinting in first-trimester human placenta. *Am J Obstet Gynecol.* 2010 Apr;202(4):391.e1-8.
46. Bigelow C, **Stone J**. Bed Rest in Pregnancy. *Mt Sinai J Med* 2011 Mar;78 (2):291-302. Doi: 10.1002/msj.20243
47. Publications Committee, Society of Maternal-Fetal Medicine, Sibai BM. Evaluation and Management of Severe Preeclampsia Before 34 Weeks; Gestation. *Am J Obstet Gynecol.* 2011 Sep;205(3):191-8. doi: 10.1016/j.ajog.2011.07.017. Epub 2011 Jul 20. Review
48. Nomura Y, Marks DJ, Grossman B, Yoon M, Houdon H, **Stone J**. Exposure to gestational diabetes mellitus and low socioeconomic status: effects on neurocognitive development and risk of attention deficit hyperactivity disorder in offspring. *Archives of Pediatrics and Adolescent Medicine Arch Pediatr Adolesc Med.* 2012 Apr;166(4):337-43. doi: 10.1001/archpediatrics.2011.784. Epub 2012 Jan 2
49. Nomura Y, Lambertini L, Rialdi A, Lee M, Mystal EY, Grabie M, Manaster I, Huynh N, Finik J, Davey M, Davey K, Ly J, Stone J, Loudon H, Eglinton G, Hurd Y, Newcorn JH, Chen J. Global Methylation in the Placenta and Umbilical Cord Blood From Pregnancies With Maternal Gestational Diabetes, Preeclampsia, and Obesity. *Reprod Sci.* 2013 Jun 13
50. Claire Philippat, Mary S. Wolff, Antonia M. Calafat, Xiaoyun Ye, Joanne Stone, Rebecca Bausel, Molly Meadows, Rémy Slama, Stephanie M. Engel Prenatal Exposure to Environmental Phenols: Concentrations in Amniotic Fluid and Variability in Phenol Urinary Concentrations during Pregnancy. *Environmental Health Perspectives Environ Health Perspect.* 2013 Aug 13. [Epub ahead of print]
51. Hu J, Nomura Y, Bashira A, Fernandez-Hernandez H, Itzkowitz S, Pei Z, Stone J., Loudon H, Peter I "Diversified Microbiota of Meconium is Affected by Maternal Diabetes Status" *PLoS One.* 2013 Nov 6;8(11):e78257.doi:10.1371/journal.pone.0078257. eCollection 2013.
52. Berry SM, Stone J, Norton ME, Johnson D, Berghella V. Fetal Blood Sampling. *Am J Obstet Gynecol.* 2013 Sep;209(3):170-80. doi: 10.1016/j.ajog.2013.07.014.
53. Stone J, Kohari KS. Higher-order Multiples. *Clin Obstet Gynecol.* 2015 Sep;58(3):668-75

54. Mari G, Norton ME, Stone J, Berghella V, Sciscione AC, Tate D, Schenone MH. Society for Maternal-Fetal Medicine (SMFM) Clinical Guideline #8: the fetus at risk for anemia--diagnosis and management. Society for Maternal-Fetal Medicine (SMFM). *Am J Obstet Gynecol*. 2015 Jun;212(6):697-710.

REVIEWS AND INVITED PUBLISHED PAPERS

1. **Stone J, Lockwood CJ**: Amniocentesis and chorionic villus sampling. *Current Opinion in Ob/Gyn* 1993; 5:211-217.
2. **Stone J, Eddleman KA, Berkowitz RL**. The echogenic intracardiac focus. *Contemp Ob/Gyn* 1998;43:73-78.
3. **Eddleman KA, Stone J**. Fetal echogenic bowel on ultrasound: Is there any clinical significance? *Contemp Ob/Gyn* 1998;43:53-69.
4. **Stone JL, Eddleman KA, Berkowitz RL**. The echogenic Intracardiac focus. *Contemp Ob/Gyn* 1998;43:73-78.
5. **Eddleman KA, Stone JL, Berkowitz RL**. Fetal echogenic bowel on ultrasound: the bottom line. *Contemp Ob/Gyn* 1998;43:53-67.
6. **Stone J, Eddleman K, Patel S**. Controversies in the intrapartum management of twin gestations. *Obstet Gynecol Clin North Am* 1999;26(2):327-43.
7. **Stone J, Eddleman K**. Multifetal pregnancy reduction. *Curr Opin Obstet Gynecol* 2000;12(6):491-6.
8. **Rochon M, Stone J**. Invasive procedures in multiple gestations. *Curr Opin Obstet Gynecol* 2003;15:167-75.
9. **Gyamfi C, Cohen S, Stone JL**. Maternal complication of cervical heterotopic pregnancy After successful potassium chloride fetal reduction. *Obstet Gynecol (suppl)* 2004-103:114S.
10. **Juhasz G, Gyamfi C, Tocce K, Stone JL**. Excessive weight gain affects VBAC success. *Am J Obstet Gynecol* 2004;191:S185.
11. **Gyamfi C, Juhasz G, Gyamfi P, Rochon M, Blumenfeld Y, Stone JL**. Single- versus double- layer uterine incision closure and uterine rupture. *Am J Obstet Gynecol* 2004;191-S183.

CHAPTERS

1. **Stone J, Berkowitz RL.** Multifetal pregnancy reduction and selective termination. *Semin-Perinatol* 1995;Oct:19(5):363-74.
2. **Stone J, Berkowitz RL.** Antepartum management: Reduction in fetal numbers. In Multiple Pregnancy and Delivery (Gall S, ed). Mosby Year Book, Inc., 1996.
3. **Stone J, Patel S.** Controversies in labor management of multiple gestations. *Ob/Gyn clinics of North America*. In Press.
4. **Stone JL, Eddleman K, Patel S.** Controversies In the Intrapartum management of twin gestations. *Obstet Gynecol Clinics of North America* 1999;26:327-42.
5. **Gleason PF, Eddleman KA, Stone JL.** Gastrointestinal Disorders In the Fetus. In: *Clinics In Perinatology: Congenital Anomalies*. Pages 901-21. **Malone FD, D'Alton ME** (Guest Eds). W.B. Saunders Comp. Vol 27, No. 4. December 2000.
6. **Rochon M, Eddleman KA, Stone J.** Invasive procedures in multifetal pregnancies. *Clin Perinatol*. 2005 Jun;32 (2):355-71, vi.
7. **Gyamfi C, Stone J, Eddleman KA.** Maternal complications of multifetal pregnancy. *Clin Perinatol*. 2005 Jun;32 (2):431-42, vii.
8. **Rand L, Eddleman KA, Stone J.** Long-term outcomes in multiple gestations. *Clin Perinatol*. 2005 Jun;32 (2):495-513, viii.
9. **Stone J., Kohari K.** Higher Order Multiples. In Clinical Obstetrics and Gynecology. (Scott JR, Gabbe SG, eds). Wolters Kluwer, 2015.

BOOKS

- Stone J, Eddleman K, Murray M.** *Pregnancy for Dummies*. IDG Books Worldwide Inc., 1999.
- Stone J, Eddleman K** (editors). *The Pregnancy Bible*. Firefly Books LTD., 2003
- Eddleman K, Stone J** (contributors). *Second Pregnancy*. Carroll & Brown Publishers LTD 2010
- Eddleman K, Stone J.** *My Pregnancy & Baby*. Carroll & Brown Publishers LTD 2012

ADDENDUM - ABSTRACTS

1. **Stone J, Lockwood CJ, Berkowitz GS, Lynch L, Alvarez M, Lapinski R, Berkowitz RL:** Morbidity of failed labor in patients with prior cesarean section. Oral presentation at the 39th Annual Meeting of the Society for Gynecologic Investigation, San Antonio, Texas, March 1992.

2. **Stone J**, Lockwood CJ, Berkowitz G, Lynch L, Alvarez M, Lapinski R, Berkowitz R: The use of prostaglandin (PGE₂) gel in patients with previous cesarean section. Scientific Abstract. 13th Annual Meeting, Society of Perinatal Obstetricians, San Francisco, CA, February 1993.
3. Alvarez M, Lockwood CJ, Ghidini A, Paidas M, **Stone J**, Berkowitz RL, Lynch L. Electrocardiographic abnormalities with subcutaneous terbutaline pump therapy. Presented at the 13th Annual Meeting, Society of Perinatal Obstetricians, San Francisco, CA, February 1993.
4. **Stone J**, Berkowitz G, Lynch L, Lapinski R, Alvarez M, Lockwood CJ: Risk factors for severe preeclampsia. Scientific Abstract. 39th Annual Meeting of the Society for Gynecologic Investigation, Toronto, Canada, April 1993.
5. Isaccs M, **Stone J**, Lockwood CJ. The clinical significance of second trimester placenta previa detected by ultrasound. Scientific abstract. Society of Perinatal Obstetricians, Las Vegas, January 1994.
6. **Stone J**, Lapinski R, Alvarez M, Lockwood C. Are twins ≥ 38 weeks gestation "postdates". Oral Presentation. Society of Perinatal Obstetricians, Atlanta, January 1995.
7. **Stone J**, Lapinski R, Lynch L, Lockwood C, Berkowitz RL. Advanced maternal age, twins and perinatal outcome. Scientific Abstract, Society of Perinatal Obstetricians. Atlanta, January 1995.
8. Lynch L, Berkowitz RL, **Stone J**, Alvarez M, Lapinski R. Preterm delivery after selective termination of twin pregnancies. Oral presentation. Society of Perinatal Obstetricians, Atlanta, January 1995.
9. Chun H, **Stone J**, Bernasko J, Lapinski R, Epstein I. The effect of antenatal corticosteroids for fetal lung maturity in twin gestations. Scientific Abstract. Society of Perinatal Obstetricians, Anaheim, CA, 1997.
10. **Stone J**, Lapinski R, Eddleman K, Gallousis R, Berkowitz R. Single vs multiple courses of steroids for fetal maturation: Is more better? Scientific Abstract. Society of Perinatal Obstetricians, Anaheim, CA, 1997.
11. Salafia CM, Ghidini a, **Stone J**, Minior VK, Pezullu JC. Do antenatal steroids affect placental histopathology? Scientific Abstract. Society of Perinatal Obstetricians. Anaheim, CA, 1997.
12. Eddleman K, **Stone J**, Berkowitz R. First trimester multifetal pregnancy reduction (MPR): A report of 780 consecutive cases at one institution. Scientific Abstract. Society of Perinatal Obstetricians. Miami, Fla. 1998.
13. **Stone J**, Eddleman K, Gallousis F, Berkowitz R. Pregnancy outcome after first trimester multifetal pregnancy reduction (MPR) to a single fetus. Scientific Abstract. Society of Perinatal Obstetricians. Miami, Fla. 1998.

14. Selam B, Lembet A, **Stone J**, Lapinski R, Berkowitz RL. Does multifetal pregnancy reduction effect maternal and neonatal complications? Scientific Abstract. Society of Perinatal Obstetricians. Miami, Fla. 1998.
15. Eddleman KA, **Stone JL**, Lynch L, Berkowitz RL. Chorionic villus sampling prior to multifetal pregnancy reduction. Scientific Abstract. Annual meeting of S-MFM, Miami, FLA February 2000.
16. **Stone JL**, Eddleman KA, Lynch L, Berkowitz RL. Risk factors for loss after multifetal pregnancy reduction. Scientific Abstract. Annual meeting of S-MFM, Miami, FLA February 2000.
17. **Stone J**, Morgan M. A comparison of induction to delivery intervals in patients with preeclampsia vs normotensive controls. Scientific Abstract. Annual meeting of S-MFM, Reno, NV, February 2001.
18. **Stone J**, Shervell T. Risk factor for placenta accreta in nulliparous patients. Scientific Abstract. Annual meeting of S-MFM, Reno, NV, February 2001.
15. **Stone J**, Eddleman K, Gottlieb A, Berkowitz R. Does elective reduction to a singleton have a better outcome than reduction to twins? Scientific Abstract. Annual meeting of S-MFM, New Orleans, LA, January 2002.
16. **Stone J**, Eddleman K, Lynch L, Berkowitz R. A single center experience with 1000 consecutive cases of multifetal pregnancy reduction (MPR). Oral Presentation. Annual meeting of S-MFM, New Orleans, LA, January 2002.
17. Eddleman K, **Stone J**, Lynch L, Berkowitz R. Selective termination (ST) of anomalous fetuses in multifetal pregnancies: 200 cases of a single center. Oral Presentation. Annual meeting of S-MFM, New Orleans, LA, January 2002.
18. Bush M, Patel S, **Stone J**. Perinatal outcome in pregnancies complicated by inflammatory bowel disease. Scientific Abstract. Annual meeting of the S-MFM, San Francisco, CA, February 2003.
19. Bush M, Nagy S, Lapinski R, **Stone J**. Can serial cervical length measurements after multifetal pregnancy reduction help predict adverse pregnancy outcome? Scientific Abstract. Annual meeting of the S-MFM, San Francisco, CA, February 2003.
20. Cromblehome T, Shera D, Porter F, Lee H, Chyu J, Silver RK, Abuhamad A, Johnson M, Saade G, D'Alton M, Shields L, Kauffman D, **Stone J**, Livingston J, Polzin W, Lorenz R, Young B, Miller DA, Odibo A, Rychik J, Simpson Ly, Feldstein, V, Coleman B, Ruchelli E, Bilaniuk L, Simon E, Vohr B, Seri I. NIH sponsored prospective randomized clinical trial of amnioreduction vs. selective fetoscopic laser photocoagulation for twin-twin transfusion syndrome. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007.

FEB 25 2016

21. Gyamfi, C, Lerner V, Holzman I, **Stone, J.** Comparison of cervical lengths in reduced versus non-reduced twins. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007
22. Ferrara L, Belogolovkin V, Moshier E, Gandhi M, Eddleman K, **Stone J.** Pregnancy outcome in twins post multifetal pregnancy reduction (MPR) as compared to nonreduced dichorionic-diamniotic twins. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007
23. **Stone J,** Matho A, Berkowitz R, Belogolovkin V, Eddleman K. Evolving Trends in 2,000 case of multifetal pregnancy reduction. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007
24. Belogolovkin V, Ferrara L, Moshier E, Gandhi M, **Stone J,** Eddleman K. Differences in fetal growth, discordancy and placental pathology in reduced vs. non-reduced twins. Scientific Abstract. Annual meeting of SMFM San Francisco, CA, February 2007
25. **Stone J,** Ferrara L, Kamrath J, Getradjman J, Berkowitz R, Moshier E, Eddleman K. Contemporary Outcomes with the Latest 1,000 Cases of Multifetal Pregnancy Reduction (MPR). Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008.
26. Ferrara L, Gandhi M, Litton, C, Belogolovkin V, Kamrath J, McClurg EC, Moshier E, Eddleman K, **Stone J.** Multifetal Pregnancy Reduction to Singleton Reduces the Risk of Small for Gestational Age Neonates in Comparison to Twins. Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008
27. Ferrara L, Gandhi M, Litton, C, McClurg EC, Jandl K, Moshier E, Eddleman K, **Stone J.** CVS Does Not Increase the Risk of Adverse Outcome in Patients Undergoing Multifetal Pregnancy Reduction. Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008
28. Ferrara L, Litton, C, Gandhi M, Belogolovkin V, Kamrath J, McClurg EC, Rebarber, A, Moshier E, Eddleman K, **Stone J.** Multifetal Pregnancy Reduction to Singleton Reduces the Risk of Maternal Morbidities in Comparison to Twins. Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008
29. Belogolovkin V, Ferrara L, McClurg EC, Edelmann L, Moshier E, Jandl K, Eddleman K, **Stone J.** Correlation of CVS Morphology with Pregnancy Outcome and Karyotypic Abnormalities. Scientific Abstract. Annual Meeting of SMFM Dallas, TX, January 2008
30. Litton C, Lambertini L, Ma Y, Chen J, Pozharny Y, Wong J, Lee MJ, **Stone J.** The effects of exposure of BPA and BBP on the DNA Methylation Profile of the IGF2/H19 imprinting control region in HTR-8 Cells. Scientific Abstract. Annual Meeting of SMFM San Francisco, CA, February 2011.

31. Litton C, Nguyen T, Chhun N, Moshier E, Wong J, Eddleman K, **Stone J**. Accuracy and utility of the Early Fetal Anatomy Ultrasound. Scientific Abstract. Annual Meeting of SMFM San Francisco, CA 2011
32. Bianco A, Cohen J, Moshier E, **Stone J**. Predictive Value of Combined Serum Biomarkers and Adverse Pregnancy Outcomes. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
33. Wong J, Howe C, Bianco A, Green R, **Stone J**. The Accuracy of Prenatal Ultrasound in the Diagnosis of True Microcephaly. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
34. Bigelow C, Moshier E, Eddleman K, **Stone J**. Current Trends and Outcomes with Selective Termination. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
35. Strong N, Bianco A, **Stone J**, Pozharny Z, Lambertini L. The Impact of Postpartum Hemorrhage Drill Training at a Single Institution. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
36. Wong J, Ma Y, Lambertini L, Weintraub A, **Stone J**. Polymorphisms of the Glucocorticoid Receptor Gene NR3C1 and the Association with Birth Weight and Gestational Age at Delivery. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012
37. Bigelow C, Cohen J, Warmesley A, Getrajdman C, Moshier E, Paris J, **Stone J**. Risks Factors for and Clinical Course of Late Postpartum Preeclampsia. Scientific Abstract. Annual Meeting of SMFM Dallas, TX 2012.
38. Strong N, Lambertini L, Ma Y, **Stone J**. Differential Mitochondrial DNA Methylation in Growth Restricted Placentas. Scientific Abstract. Annual Meeting of SMFM San Francisco, CA 2013.
39. Wong J, Strong N, Factor S, **Stone J**. Predicting Severe Fetal Anemia After First Transfusion: A Comparison of Two Methods. Annual Meeting of SMFM San Francisco, CA 2013.
40. Connelly K, Getrajdman C, Factor S, Bigelow, C, Cornet N, Mills Ariana, Weintraub A, **Stone J**. Are Twins with Preeclampsia at Greater Risk for Maternal and Perinatal Morbidity Compared to Singletons with Preeclampsia at Similar Gestational Ages? Scientific Abstract. Annual Meeting of SMFM San Francisco, CA 2013.
41. Nomura Y, Lambertini L, Ly J, Finik J, Huynh N, Dineva M, Salzbank J, Savey T, Abelow A, Davey K, Davey M, Kao E, Picere P, Grabie m, Gampel S, Bienstock S, Mystal E, Loudon H, **Stone J**, Elginton G. Global Methylation in Placenta and Umbilical Cord blood from Pregnancies with Metabolic Syndromes and the Effect on Birth Outcomes. Annual Meeting of SMFM New Orleans, LA 2014
42. Bigelow C, Factor S, Miller M, Weintraub A, **Stone J**. Pilot randomized clinical trial to evaluate the impact of bed rest on maternal and fetal outcomes in women with preterm premature rupture of membranes (PPROM). Annual Meeting of SMFM San Diego, CA 2015

15. Mella MT, Kohari K, Lambertini L, Ma Y, Stone J. Mitochondrial gene expression in intrahepatic cholestasis of pregnancy. Annual Meeting of SMFM San Diego, CA 2015

FEB 25 2016

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:10/18/2016

PRACTITIONER INFORMATION

Name: Joanne L Stone
DOB: [REDACTED]
Medical School: Columbia University College of Physicians & Surgeons
New York, New York, UNITED STATES
Year of Grad: 1987
Degree Type: MD
NPI: 1710930029

BOARD ACTIONS

To date, there have been no actions reported to the FSMB

LICENSE HISTORY

Jurisdiction	License Number	Issue Date	Expiration Date	Last Updated
NEW JERSEY	25MA06488300	9/30/1996	6/30/2003	9/30/2016
NEW YORK	178146	5/5/1989	1/31/2018	10/12/2016

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 10/18/2016
Practitioner Name: Joanne L. Stone

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Obstetrics and Gynecology
Certification Type: General
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2015	12/31/2016		Recertification	9/29/2016
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	9/29/2016
Expired	Time Limited	12/16/2013	12/31/2014		Recertification	9/29/2016
Expired	Time Limited	12/31/2012	12/31/2013		Recertification	9/29/2016
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	9/29/2016
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	9/29/2016
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	9/29/2016
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	9/29/2016
Expired	Time Limited	12/31/2007	12/31/2008		Recertification	9/29/2016
Expired	Time Limited	12/31/2006	12/31/2007		Recertification	9/29/2016
Expired	Time Limited	12/31/2004	04/30/2006		Recertification	9/29/2016
Expired	Time Limited	12/09/1994	12/31/2004		Initial	9/29/2016

Certifying Board: American Board of Obstetrics and Gynecology
Certificate: Maternal-Fetal Medicine
Certification Type: Subspecialty
Certification Status: Certified
Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2015	12/31/2016		Recertification	9/29/2016
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	9/29/2016
Expired	Time Limited	12/16/2013	12/31/2014		Recertification	9/29/2016
Expired	Time Limited	12/31/2012	12/31/2013		Recertification	9/29/2016
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	9/29/2016
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	9/29/2016

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date:10/18/2016
Practitioner Name: Joanne L Stone

Expired	Time Limited	12/31/2009	12/31/2010	Recertification	9/29/2016
Expired	Time Limited	12/31/2008	12/31/2009	Recertification	9/29/2016
Expired	Time Limited	12/31/2007	12/31/2008	Recertification	9/29/2016
Expired	Time Limited	12/31/2006	12/31/2007	Recertification	9/29/2016
Expired	Time Limited	12/31/2004	04/30/2006	Recertification	9/29/2016
Expired	Time Limited	03/27/1996	12/31/2006	Initial	9/29/2016

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All rights reserved.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 3/1/2016
 Practitioner Name: Joanne L Stone

ABMS® CERTIFICATION HISTORY

Certifying Board: American Board of Obstetrics and Gynecology
 Certificate: Obstetrics and Gynecology
 Certification Type: General
 Certification Status: Certified
 Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2015	12/31/2016		Recertification	2/25/2016
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	2/25/2016
Expired	Time Limited	12/16/2013	12/31/2014		Recertification	2/25/2016
Expired	Time Limited	12/31/2012	12/31/2013		Recertification	2/25/2016
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	2/25/2016
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	2/25/2016
Expired	Time Limited	12/31/2009	12/31/2010		Recertification	2/25/2016
Expired	Time Limited	12/31/2008	12/31/2009		Recertification	2/25/2016
Expired	Time Limited	12/31/2007	12/31/2008		Recertification	2/25/2016
Expired	Time Limited	12/31/2006	12/31/2007		Recertification	2/25/2016
Expired	Time Limited	12/31/2004	04/30/2006		Recertification	2/25/2016
Expired	Time Limited	12/09/1994	12/31/2004		Initial	2/25/2016

Certifying Board: American Board of Obstetrics and Gynecology
 Certificate: Maternal-Fetal Medicine
 Certification Type: Subspecialty
 Certification Status: Certified
 Meeting MOC Requirements: Yes

Status	Duration	Effective Date	Expiration Date	Reverification Date	Occurrence	Last Reported
Active	Time Limited	12/31/2015	12/31/2016		Recertification	2/25/2016
Expired	Time Limited	12/31/2014	12/31/2015		Recertification	2/25/2016
Expired	Time Limited	12/16/2013	12/31/2014		Recertification	2/25/2016
Expired	Time Limited	12/31/2012	12/31/2013		Recertification	2/25/2016
Expired	Time Limited	12/31/2011	12/31/2012		Recertification	2/25/2016
Expired	Time Limited	12/31/2010	12/31/2011		Recertification	2/25/2016

PRACTITIONER PROFILE

Prepared for: Pennsylvania State Board of Medicine As of Date: 3/1/2016
Practitioner Name: Joanne L Stone

Expired	Time Limited	12/31/2009	12/31/2010	Recertification	2/25/2016
Expired	Time Limited	12/31/2008	12/31/2009	Recertification	2/25/2016
Expired	Time Limited	12/31/2007	12/31/2008	Recertification	2/25/2016
Expired	Time Limited	12/31/2006	12/31/2007	Recertification	2/25/2016
Expired	Time Limited	12/31/2004	04/30/2006	Recertification	2/25/2016
Expired	Time Limited	03/27/1996	12/31/2006	Initial	2/25/2016

The presence and display of ABMS certification data in no way constitutes any affiliation, association with or endorsement of any advertising, promotion or sponsorship by ABMS, its Member Boards and the Board Certified Physicians listed in this directory. ABMS disclaims any responsibility or affiliation for other data that is provided in the directory that is not ABMS sourced information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2014 American Board of Medical Specialties. All rights reserved.

PLEASE NOTE: For more information regarding the above data, please contact the reporting board or reporting agency. The information contained in this report was supplied by the respective state medical boards and other reporting agencies. The Federation makes no representations or warranties, either express or implied, as to the accuracy, completeness or timeliness of such information and assumes no responsibility for any errors or omissions contained therein. Additionally, the information provided in this profile may not be distributed, modified or reproduced in whole or in part without the prior written consent of the Federation of State Medical Boards.

400 FULLER WISER ROAD EULESS, TX 76039 | TEL(817)868 4000 | FAX (817)868 4099

Taylor, Lori

From: ST, MEDICINE
Sent: Friday, March 11, 2016 5:00 PM
To: Taylor, Lori
Subject: FW: Attn: Lori CV for Joanne Stone MD 9849
Attachments: STONE CV PA VERSION.docx

Importance: High

From: Jefferson, Tara [mailto: [REDACTED]@mssm.edu]
Sent: Friday, March 11, 2016 4:58 PM
To: ST, MEDICINE <ra-medicine@pa.gov>
Subject: Attn: Lori CV for Joanne Stone MD 9849
Importance: High

Hi Lori,

Please see attached Dr. Stone's revised CV.

Thank you for your consideration.

Tara

Tara Y. Jefferson
Maternal-Fetal Medicine
Administrative Assistant/Fellowship Coordinator
5 E. 98th Street, 2nd Floor
New York, NY 10029
O: 212-241-5681
F: 212-348-7438

[REDACTED]@mssm.edu

Be kinder than necessary, for everyone you meet is fighting some kind of battle--JM Barrie



COMMONWEALTH OF PENNSYLVANIA
 STATE BOARD OF MEDICINE
 P. O. BOX 2649
 HARRISBURG, PENNSYLVANIA 17165
st-medicine@pa.gov
www.dos.pa.gov/med
 March 14, 2016

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

JOANNE STONE 9849
 [REDACTED]
 NEW YORK NY 10128

EVALUATOR: LORI 1713

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.

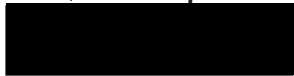
- > Questions
- Encl. ○ Please resubmit page 3. Page dated 2/20/15 and Yes was answered to question 1 but states not listed.
- Encl. ○ You answered yes to question #12 indicating you have had civil malpractice complaint(s) filed against you. Please provide a copy of the Civil Complaint with your application. In addition to this, the Board requires that you also provide a personal statement of details.

- Request Verification of ACGME Approved Graduate Medical Training must be received DIRECTLY from the Hospital(s).
- > Child Abuse Continuing Education/Training: Per Act 31 of 2014, three (3) hours of Department of Human Services approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being issued. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the "Mandated Child Abuse Reporter Training Under Act 31" link.
- Request Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board Envelope from the following states:
 - New Jersey New York
- Request A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.

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

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 17577147

State of NJ 7101
 50 609 824 704-4191



NJ

APR 06 2016

(6/2015)

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st-medicine@pa.gov	Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110
---	---

**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE
WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED
MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)**

Submit the \$35 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE. Check or money order must be in U.S. funds.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

**TO BE COMPLETED BY APPLICANT
(Please print or type)**

NAME:	Last STONE	First JOANNE	Middle
ADDRESS:	Street [REDACTED]		
City	NEW YORK	State	NY
		ZIP	10128
DATE OF BIRTH:	Month [REDACTED]	Day [REDACTED]	Year [REDACTED]
	SOCIAL SECURITY NUMBER: [REDACTED]		
EMAIL ADDRESS:	[REDACTED]@mssm.edu		
PHONE NUMBER:	[REDACTED]		
If your medical/licensure records are listed under another name or names, please list below: _____			
APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):			<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU PREVIOUSLY HELD A PA MEDICAL TRAINING LICENSE?		<input type="checkbox"/> YES - LICENSE NO. _____	<input checked="" type="checkbox"/> NO

AUG 15 2016

(6/2015)

APPLICATION FOR UNRESTRICTED LICENSE AMERICAN												
NAME OF APPLICANT:	Last			First			Middle					
	Stone			Joanne								
NAME & ADDRESS OF MEDICAL SCHOOL												
1. NAME OF MEDICAL SCHOOL:			College of Physicians & Surgeons-Columbia University									
ADDRESS OF SCHOOL:			630 W 168th St, New York, NY 10032									
DATE OF ATTENDANCE:	FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year
		07	01	1983		06	30	1987			06	30
2. NAME OF MEDICAL SCHOOL:												
ADDRESS OF SCHOOL:												
DATE OF ATTENDANCE:	FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:	Month	Day	Year
EXAMINATION INFORMATION												
CHECK LICENSING EXAMINATION(S) PASSED:	<input type="checkbox"/> FLEX			STATE WHERE TAKEN			DATE TAKEN			COMPONENT 1: _____		
				_____						COMPONENT 2: _____		
	<input type="checkbox"/> NATIONAL BOARD			PART I:		PART II:		PART III:				
	<input type="checkbox"/> USMLE			STEP 1:		STEP 2:		STEP 3:				
	<input type="checkbox"/> LMCC - CANADIAN											
	<input type="checkbox"/> STATE BOARD			INDICATE STATE WHERE TAKEN: _____								
ACGME POST GRADUATE TRAINING												
PGY 1 HOSPITAL:	Long Island Jewish Medical Center			FROM: (MM/DD/YYYY)			TO: (MM/DD/YYYY)					
				06/01/1987			06/30/1988					
PGY 2 HOSPITAL:	Long Island Jewish Medical Center			FROM: (MM/DD/YYYY)			TO: (MM/DD/YYYY)					
				07/01/1988			06/30/1989					
Other HOSPITAL:	Mount Sinai Medical Center			FROM: (MM/DD/YYYY)			TO: (MM/DD/YYYY)					
				07/01/1989			06/30/1993					

IF YOU NEED TO LIST ADDITIONAL POST GRADUATE TRAINING, PLEASE MAKE COPIES OF THIS FORM.

AUG 15 2016

LEGAL QUESTIONS		
<p>You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as certified copies of relevant documents.</p>		
		Yes No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST:	<input checked="" type="checkbox"/> <input type="checkbox"/>
2	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?	<input type="checkbox"/> <input checked="" type="checkbox"/>
3	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?	<input type="checkbox"/> <input checked="" type="checkbox"/>
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	<input type="checkbox"/> <input checked="" type="checkbox"/>
5	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.	<input type="checkbox"/> <input checked="" type="checkbox"/>
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	<input type="checkbox"/> <input checked="" type="checkbox"/>
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	<input type="checkbox"/> <input checked="" type="checkbox"/>
8	Have you had your DEA registration denied, revoked or restricted?	<input type="checkbox"/> <input checked="" type="checkbox"/>
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	<input type="checkbox"/> <input checked="" type="checkbox"/>
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	<input type="checkbox"/> <input checked="" type="checkbox"/>
11	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?	<input type="checkbox"/> <input checked="" type="checkbox"/>
12	Have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number	<input checked="" type="checkbox"/> <input type="checkbox"/>
SIGNED STATEMENT		
<p>NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.</p> <p>I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. Section 4911. 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. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.</p>		
Signature of Applicant _____		Date _____
Printed Name of Applicant _____		

AUG 15 2016



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
June 30, 2016

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

JOANNE STONE 9849
[REDACTED]
NEW YORK NY 10128

EVALUATOR: LORI 1713

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.

Verification of ACGME Approved Graduate Medical Training must be received DIRECTLY from the Hospital(s).

Need verification of PGY 1 and 2 training from Long Island Jewish Medical Center.

Letter received from Long Island Jewish Medical Center but will need resubmitted. Full name needs provided; letter only states "Dr. Stone". Program enrolled in is not listed and hospital stamp or seal not provided.

If any documentation is available on the old civil complaint that was settled in 2002 please provide or provide a statement that documents are not available

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

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 17577147



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
May 5, 2016

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

JOANNE STONE 9849
[REDACTED]
NEW YORK NY 10128

EVALUATOR: LORI 1713

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s).**
Need verification of PGY 1 and 2 training from Long Island Jewish Medical Center.

If any documentation is available on the old civil complaint that was settled in 2002 please provide or provide a statement that documents are not available

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

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link [duplicate licenses/address changes/application status](#). First time users will be required to register and create a user ID and password. Your registration code to register is: 17577147



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
April 11, 2016

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

JOANNE STONE 9849

NEW YORK NY 10128

EVALUATOR: LORI 1713

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- ✍ Questions
 - Please resubmit page 3. Page still dated 2/20/2015 and will need resubmitted showing 2016.
- Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s).**
- ✍ **Child Abuse Continuing Education/Training:** Per Act 31 of 2014, three (3) hours of Department of Human Services approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being issued. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the "Mandated Child Abuse Reporter Training Under Act 31" link.
- ✍ Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states:
 - New Jersey
- ✍ A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.

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

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link [duplicate licenses/address changes/application status](#). First time users will be required to register and create a user ID and password. Your registration code to register is: 17577147



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
March 14, 2016

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

JOANNE STONE 9849
[REDACTED]
NEW YORK NY 10128

EVALUATOR: LORI 1713

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. **You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.**

- Questions
 - Please resubmit page 3. Page dated 2/20/15 and Yes was answered to question 1 but states not listed.

You answered yes to question #12 indicating you have had civil malpractice complaint(s) filed against you. Please provide a copy of the Civil Complaint with your application. In addition to this, the Board requires that you also provide a personal statement of details.
- Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s).**
- **Child Abuse Continuing Education/Training:** Per Act 31 of 2014, three (3) hours of Department of Human Services approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being issued. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the "Mandated Child Abuse Reporter Training Under Act 31" link.
- Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states:
 - New Jersey New York
- A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.

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

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link **duplicate licenses/address changes/application status**. First time users will be required to register and create a user ID and password. Your registration code to register is: 17577147



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.pa.gov/med
March 2, 2016

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

JOANNE STONE 9849
[REDACTED]
NEW YORK NY 10128

EVALUATOR: LORI 1713

RE: DISCREPANCY NOTICE – Unrestricted (American)

Dear Doctor:

The Board has received your application for an unrestricted medical license. The items listed below are needed to complete your application. A license cannot be issued until all items are received, approved and the application is complete. You may not practice in the Commonwealth of Pennsylvania as a Physician and Surgeon until a license has been issued by the Board.

- Questions
 - Please resubmit page 3 which is enclosed for your convenience. Page dated 2/20/15 and Yes was answered to question 1 but states not listed.
 - You answered yes to question #12 indicating you have had civil malpractice complaint(s) filed against you. Please provide a copy of the Civil Complaint with your application. In addition to this, the Board requires that you also provide a personal statement of details.
- Verification of ACGME Approved Graduate Medical Training must be received DIRECTLY from the Hospital(s).
- Verification of Medical Education must be received DIRECTLY from the medical school.
- Child Abuse Continuing Education/Training: Per Act 31 of 2014, three (3) hours of Department of Human Services approved continuing education in child abuse recognition and reporting requirements must be completed prior to your license being issued. Verification of completion must be sent electronically and directly from the course provider. Please note that it may take up to 7 days for the provider to submit the records to our office. Details can be found at www.dos.pa.gov. For a list of Board-approved providers, click the "Mandated Child Abuse Reporter Training Under Act 31" link.
- Curriculum Vitae
Needs resubmitted in month/year format. Update can be emailed to st-medicine@pa.gov attn.: Lori
- Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board Envelope from the following states:
 - New Jersey New York
- A self query disclosure report from the National Practitioner Data Bank (NPDB) is required.

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

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 17577147