

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-1600
717-787-2381

Courier Delivery Address
State Board of Medicine
Rm 612, Transportation & Safety Bldg.
Commonwealth Ave. & Forster St.
Harrisburg, PA 17120

OFFICIAL USE ONLY

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APPLICATION FOR A GRADUATE LICENSE
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

THIS APPLICATION IS TO BE USED FOR INITIAL
GRADUATE LICENSE - DO NOT USE TO RENEW

FEE - \$15.00
MAKE FEE PAYABLE TO COMMISSIONER OF PENNSYLVANIA
FEE NOT REFUNDABLE
THIS APPLICATION MUST BE SUBMITTED AT LEAST
60 DAYS PRIOR TO START OF TRAINING

Amount \$15
Date 5/19/92
5-14

Please Print or Type

NAME: CHASEN STEPHEN TOM
LAST FIRST MIDDLE

ADDRESS: [REDACTED]

STREET HUNTERDON VALLEY PA 19107
CITY STATE ZIP CODE

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

NAME & ADDRESS OF MEDICAL SCHOOL Med Edok
5/1/00/92
TEMPERSON MEDICAL COLLEGE
1025 WILSON ST
PHILA, PA 19107
EDUCATION DATES OF ATTENDANCE 7/88-6/92 DATE OF GRADUATION 6/06/92

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

TRAINING APPROVAL REQUESTED: (TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA)
NAME OF HOSPITAL: Thomas Jefferson University Hospital NO. 000840

ADDRESS OF HOSPITAL Philadelphia, PA 19107

YEAR IN TRAINING: 1 SPECIALTY: Obstetrics & Gynecology LEVEL IN SPECIALTY [REDACTED]

DATE OF TRAINING REQUESTED: 6/20/92 TO 6/19/93
ENDING DATE - MONTH - DAY - YEAR

NAME OF PROGRAM DIRECTOR: Kynthia G. Bulbar, MD
SIGNATURE OF PROGRAM DIRECTOR: [Signature]

List all states, territories and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive, current or expired).

ANSWER THE QUESTIONS BELOW:

- | | YES | NO |
|---|-------|-------------------------------------|
| 1. Have you ever had an application for a license denied in another state, territory or jurisdiction of the United States or any other country? | _____ | <input checked="" type="checkbox"/> |
| 2. Have you ever possessed a license to practice medicine and surgery, or professional license, or other authorization to practice a profession, that was suspended, revoked or subjected to other disciplinary conditions? | _____ | <input checked="" type="checkbox"/> |
| 3. Have you ever been convicted of a crime (exclusive of parking and traffic violations) or received probation without verdict, disposition in lieu of trial, or an accelerated rehabilitative disposition in the United States or other country? | _____ | <input checked="" type="checkbox"/> |
| 4. Have you ever had practice privileges denied or restricted in a hospital or other health care facility? | _____ | <input checked="" type="checkbox"/> |
| 5. Have you ever had provider privileges denied or restricted by a Drug Enforcement Administration, medical assistance agency or other authority? | _____ | <input checked="" type="checkbox"/> |
| 6. Have you within the last five years received treatment for drug or alcohol dependency or abuse or been arrested for drug or alcohol related offenses (e.g., DSI, DWI, etc.)? | _____ | <input checked="" type="checkbox"/> |

(You may answer "NO" if you are currently enrolled in, or have formally completed the Board's Impaired Professional Program without subsequent relapse or you have previously informed the Board of your problem and can document Board acceptance of the resolution.)

If you have answered "yes" to any of the above questions, give details on a separate 8 1/2 x 11 sheet.

AFFIDAVIT

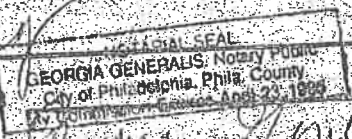
I STEPHEN TODD CHASEN being duly sworn according to law, depose and say I am the person completing this application.

that I am of good moral character, and that all statements therein are true and complete to the best of my knowledge and belief. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant: Stephen T. Chasen

SUBSCRIBED AND SWORN TO BEFORE ME THIS 7 Day of May, 1997

My Commission expires _____
 Signature of Notary: [Signature]



75, NY 05 11 11 NW
 (Notary Seal)

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105-2649
717-783-1400

MT - 029382 - 1

C H A S E R E N E W

STEPHEN TODD CHASEN
THOMAS JEFFERSON UNIVERSITY
HOUSE STAFF OFFICE
2019 GIBBON OFFICE
111 SOUTH 11TH STREET
PHILADELPHIA, PA 19107

Present Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
06/20/92	06/19/93	1	OBG	HS-000240-L	THOMAS JEFFERSON UNIVERSITY

THIS IS YOUR RENEWAL NOTICE

1. Renewal Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
<u>06/20/93</u>	<u>06/19/94</u>	<u>2</u>	<u>OBG</u>	<u>HS-000240-L</u>	<u>Thomas Jefferson University</u>

- 2. If you are not training in PA past ending date, check here. _____
- 3. Required Attachment - See #3A on instruction page.

Physician must answer all questions, sign and date form.

- | | Yes | No |
|--|-----|----|
| 4. Do you hold a license to practice medicine and surgery in any other jurisdiction? If yes, list each one: _____ | — | X |
| 5. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country? | — | X |
| 6. Since your last renewal, have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court. | — | X |
| 7. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? | — | X |
| 8. Since your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? | — | X |

[Redacted Signature Area]

Signature

1/15/93
Date

**GRADUATE LICENSE
RENEWAL INFORMATION AND INSTRUCTIONS**

Your graduate license to participate in graduate medical training will expire on the ending date indicated on the renewal notice under "Present Training Period". You must renew your license if you are to continue training past that ending date. In order to renew, follow these instructions:

1. Indicate the correct information for the next training period in the space marked "Renewal Training Period" (1.)
2. If you are not going to train past the ending date, check the "Not training in PA past ending date" (2.)
3. **Required Attachment**
A - Attach a copy of your unrestricted license/registration card displaying expiration date **OR** copy of scores of FLEX 1; **OR** National Boards Part I and II; **OR** Part I of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE
B - Attach a copy of your unrestricted license/registration card displaying expiration date **OR** copy of scores of FLEX 1 and 2; **OR** National Boards Part I, II and III; **OR** Part I of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE plus Part III of the National Boards or Step 3 of the USMLE; **OR** Part I of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE plus FLEX 2; **OR** FLEX 1 plus Step 3 of the USMLE
4. Answer questions 4-8 on the renewal notice. If you answer "Yes" to questions 5-8, you must provide complete details on an additional sheet. If, after the board has issued a license any of the events in questions 5, 6, 7, or 8 occur, you must report that matter to the Board in writing within 30 days after its occurrence.
5. Sign and date the form.
6. Attach a \$10.00 fee made payable to the "Commonwealth of PA". Write your license number on your check. (The number is at the top of the notice). An individual fee is due for each renewal. Mail to the address on top of the renewal notice.

NOTE -

A late penalty fee of \$5.00 per month or part of a month will be charged for renewals postmarked after the ending date.

A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason.

If, since your last renewal, you have experienced difficulties as a result of alcohol or other drugs such as diagnosis of/treatment for chemical dependency or abuse or arrests for chemical-use-related offenses, you may contact the Bureau's Impaired Professional Program for confidential information and assistance. Information concerning the Program is available at 1-800-554-3428.

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SCORES
BY PRO
CENT

0 6 5 4

NATIONAL BOARD OF MEDICAL EXAMINERS
PHILADELPHIA, PA. 19104

REPORT OF SCORES PART I

100	610
90	570
80	
70	
60	
50	
40	
30	
20	
10	
0	

10-6-21-102

ALBINE NUMBER	421102
TEST DATE	6-5-95
STANDARD SCORE	
PERCENTILE	
CATEGORY	
SCORE	102



PHILADELPHIA 18000

9 3 0 1 1 7 0 6 5 4

NATIONAL BOARD OF MEDICAL EXAMINERS®

3930 Chestnut Street Philadelphia, PA 19104

**COMPREHENSIVE PART II
REPORT OF SCORES**

CHASEN STEPHEN T

PHILADELPHIA PA 19107

NBME NUMBER 421102

TEST DATE 09-01

SCHOOL CODE 000132 YEAR GRAD 1992

**YOUR TOTAL
TEST SCORE**

230

**PASS/FAIL
RESULT**

PASS

**REFERENCE
GROUP
PERCENTILE**

93

SCORE REQUIRED TO PASS PART II:

167

NBME COMPREHENSIVE PART II SCORE INTERPRETATION

YOUR TOTAL TEST SCORE. Your Total Test Score is based upon the total number of items that you answered correctly on the examination. Through use of a statistical procedure termed equating, Total Test Scores are reported on the same scale employed for the Reference Group. For the Reference Group, the mean Total Test Score is 200, with a standard deviation of 20. Most scores fall between 140 and 260.

SCORE REQUIRED TO PASS PART II AND PASS/FAIL RESULT. The score required to pass Part II is shown above. Your pass/fail result is based solely on your Total Test Score.

REFERENCE GROUP DEFINITION. The Reference Group includes all students in medical schools accredited by the Liaison Committee on Medical Education (LCME) who took the September 1991 Part II examination for the first time and were in their final year of medical school at the time they were tested.

REFERENCE GROUP PERCENTILE. This figure indicates the percentage of Reference Group examinees with Total Test Scores lower than yours. It provides a general sense of how you "rank" relative to Reference Group examinees.

STANDARD ERROR OF MEASUREMENT (SEM). Your Total Test Score is affected by the specific set of items selected for this Part II Exam, your general understanding of clinical science, and other factors present at the time of testing. The SEM provides an index of the variation in Total Test Scores that would occur if you were tested repeatedly using different sets of items covering similar content. The SEM for Part II is ± 5 points, indicating that your Total Test Score is within five points (2:1 odds) of the average value that would be obtained over repeated test administrations.

COMMONWEALTH OF PENNSYLVANIA
 DEPARTMENT OF STATE
 BUREAU OF PROFESSIONAL AND
 OCCUPATIONAL AFFAIRS
 STATE BOARD OF MEDICINE
 P.O. BOX 2649
 HARRISBURG, PENNSYLVANIA 17105-2649
 717-783-1400

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CHASE RNEW

STEPHEN TODD CHASEN
 THOMAS JEFFERSON UNIVERSITY
 HOUSE STAFF OFFICE
 111 SOUTH 11TH STREET
 PHILADELPHIA, PA 19107

Present Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
06/20/94	06/19/95	3	OBG	HS-000240-L	THOMAS JEFFERSON UNIVERSITY

THIS IS YOUR RENEWAL NOTICE

1. Renewal Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
6/20/95	6/19/96	4	OBG	HS-000240-L	THOMAS JEFFERSON UNIVERSITY

2. If you are not training in PA past ending date, check here: _____

3. Required Attachment - See #3B on instruction page.

Physician must answer all questions, sign and date form.

- | | Yes | No |
|--|-----|-------------------------------------|
| 4. Do you hold a license to practice medicine and surgery in any other jurisdiction? If yes, list each one: _____ | ___ | <input checked="" type="checkbox"/> |
| 5. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country? | ___ | <input checked="" type="checkbox"/> |
| 6. Since your last renewal, have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court. | ___ | <input checked="" type="checkbox"/> |
| 7. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? | ___ | <input checked="" type="checkbox"/> |
| 8. Since your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? | ___ | <input checked="" type="checkbox"/> |

[Redacted Signature Area]

Signature

5/16/95
 Date

**GRADUATE LICENSE
RENEWAL INFORMATION AND INSTRUCTIONS**

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1. Indicate the correct information for the next training period in the space marked "Renewal Training Period" (1).
2. If you are not going to train past the ending date, check the "Not Training in PA past ending date" (2).
3. **REQUIRED ATTACHMENTS**
A - Attach a copy of your unrestricted license/registration card displaying expiration date **OR** copy of scores of FLEX 1; **OR** National Boards Part I and II; **OR** Part I of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE.
B - Attach a copy of your unrestricted license/registration card displaying expiration date **OR** copy of scores of FLEX 1 and 2; **OR** National Boards Part I, II and III; **OR** Part 1 of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE plus Part III of the National Boards or Step 3 of the USMLE; **OR** Part 1 of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE plus FLEX 2; **OR** FLEX 1 plus Step 3 of the USMLE.
4. Answer questions 4-8 on the renewal notice. If you answer "YES" to questions 5-8, you must provide complete details on an additional sheet. If, after the Board has issued a license any of the events in questions 5, 6, 7, or 8 occur, you must report that matter to the Board in writing within 30 days after its occurrence.
5. Sign and date the form.
6. Attach a \$10.00 fee made payable to the "Commonwealth of PA". Write your license number on your check. (The number is at the top of the notice). An individual fee is due for each renewal. Mail to the address on top of the renewal notice.

NOTE -

A late penalty fee of \$5.00 per month or part of a month is charged for renewals postmarked after the ending date.

A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason.

If, since your last renewal, you have experienced difficulties as a result of alcohol or other drugs such as diagnosis of/treatment for chemical dependency or abuse or arrests for chemical-use-related offenses, you may contact the Bureau's Professional Health Monitoring Program for confidential information and assistance at 1-800-554-3428.

NATIONAL BOARD OF MEDICAL EXAMINERS®

3930 Chestnut St. Philadelphia, PA 19104

REPORT OF SCORE — PART III

Your total test score and pass/fail result on the Part III examination are shown below.

THE MINIMUM PASS SCORE IS 315.

NBME NUMBER 421102 EXAMINATION DATE 05/19/93 YOUR SCORE 555 PASS/FAIL PASS

CHASEN, STEPHEN T

M.D.

PHILADELPHIA

PA 19106

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND
OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105-2649
717-783-1400

Official Use Only

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C H A S E R N E W

STEPHEN TODD CHASEN
THOMAS JEFFERSON UNIVERSITY
HOUSE STAFF OFFICE
111 SOUTH 11TH STREET
SUITE 2170
PHILADELPHIA, PA 19107

Present Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
06/20/95	06/19/96	4	OBG	HS-000240-L	THOMAS JEFFERSON UNIVERSITY

THIS IS YOUR SECOND RENEWAL NOTICE

1. Renewal Training Period:

Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name
_____	_____	_____	_____	_____	_____

2. If you are not training in PA past ending date, check here. _____

3. Required Attachment - See #3B on instruction page.

Physician must answer all questions, sign and date form.

Yes No

4. Do you hold a license to practice medicine and surgery in any other jurisdiction? If yes, list each one: _____
5. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country? _____
6. Since your last renewal, have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court. _____
7. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? _____
8. Since your last renewal, have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? _____

Signature

Date

00001790

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
HARRISBURG, PA 17105-2649
(717) 787-8503

September 1, 1996

STEPHEN TODD CHASEN
THOMAS JEFFERSON UNIVERSITY
HOUSE STAFF OFFICE
111 SOUTH 11TH STREET
SUITE 2170
PHILADELPHIA, PA 19107

License: MT-029382-T
Expired: JUN 19 1996

Dear Licensee:

Your license to practice has expired and has not been renewed. It is your responsibility to ensure that your license is current if you are practicing in the Commonwealth of Pennsylvania. Practicing on a lapsed license can result in formal disciplinary action against your license, to include civil penalties (fines), suspension or revocation.

If you have been practicing on a lapsed license, you will be required to pay penalty fees for the late renewal of your license. Payment of such penalty fees DOES NOT excuse practice on a lapsed license, and formal prosecution may still ensue. If you are in fact practicing in Pennsylvania, you must renew your license IMMEDIATELY.

If you are no longer practicing in Pennsylvania, you may wish to consider placing your license on inactive status by writing to the licensing board at P.O. BOX 2649, Harrisburg, PA 17105-2649.

Dorothy Childress, Commissioner
Bureau of Professional and Occupational Affairs