



TARGET SHEET

Board: Medicine

Date Created:
03/02/2010

Licensee Full Name:
ELAINE YOU MI KANG

License No:
MD439345

APPL	2761533
------	---------

MD 439345

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

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)**

Application Fee: \$35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania."
Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

211 699

NAME: Kang Etaine You Mi
Last First Middle

Permanent Address: _____
Street

All correspondence and the license will be mailed to this address unless the Board is notified of a change.

Woodside NY 11377
City State Zip Code

Email address: _____@yahoo.com

Date of Birth: _____ Social Security Number: _____
MM DD YYYY

If your medical/licensure records are listed under another name or names list below:

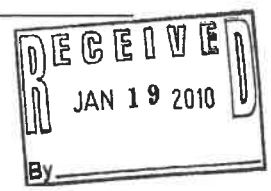
Are you applying using credentials verification from FCVS? YES NO
Have you previously held a Pennsylvania graduate training license?
 YES; My license number is _____ NO

LIST MEDICAL SCHOOL(S) ATTENDED:
New York Medical College

DATES OF ATTENDANCE:
From: 08/2002 to 05/2006
MM/YYYY MM/YYYY
From: _____ to _____
MM/YYYY MM/YYYY

Date of Graduation: 05/24/2006
MM/DD/YYYY

Check licensing examination(s) passed:
() FLEX - indicate state where taken: _____ Date taken: Component 1 _____ Component 2 _____
() NATIONAL BOARD - PART I _____ PART II _____ PART III _____
(x) USMLE - STEP 1 210 STEP 2 239 STEP 3 passed (score to be sent)
() LMCC - Canadian
() STATE BOARD - indicate state where taken: _____



ACGME Post Graduate Training:

PGY1 Hospital: Beth Israel Medical Center From: 7/1/06 to: 11/21/07

PGY2 Hospital: Beth Israel Medical Center From: 11/22/07 to: 11/21/08

Answer the following questions. If "YES" is answered to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	Yes	No
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? <u>If yes, list the jurisdiction(s) here: New York State</u>	✓	
2) Have you withdrawn an application for a license, certificate or registration, had an application for a license denied or refused, or for any disciplinary reason agreed not to reapply for a license, certificate or registration in any profession in any state or jurisdiction?		X
3) Have you had disciplinary action taken against your license, certificate or registration issued to you in any profession in any other state or jurisdiction?		X
4) Have you been convicted, pleaded guilty or entered a plea of nolo contendere, or received probation without verdict, accelerated rehabilitative disposition (ARD) or received any other disposition (excluding acquittal or dismissal) of any criminal charges, felony or misdemeanor, including any DUI/DWI, drug law violations, or are there any criminal charges pending and unresolved in any state or jurisdiction?		X
5) Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		X
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7) Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8) Are you, or have you ever been, addicted to the Intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number, filing date, and the date you were served.</u>		X

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4304.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB/HIPDB must include the licensee's social security number.

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

Signature of Applicant: _____

Date: 1/11/2010



49-101 (REV. 02-09)
State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months. ORIGINAL SIGNATURES ARE REQUIRED.

Name of Applicant: Elaine Y. Kang

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 3 year(s) ___ month(s).

SIGNATURE: _____ Date: 1/11/10

Print or type name as signed above: K. Geer

State in which licensed: NY License Number: 231775

Name of Applicant: Elaine Y. Kang

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

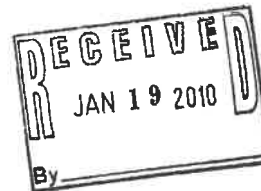
I have been personally acquainted with the applicant for 3 year(s) ___ month(s).

SIGNATURE: _____ Date: 1/11/10

Print or type name as signed above: A. Cochrissen

State in which licensed: NY License Number: 179166

Return Completed Form to Applicant



MD BL

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49-101 (REV. 02-09)
Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
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2601 NORTH THIRD STREET
HARRISBURG, PA 17110

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates

NAME: Kang Elaine You Mi
Last First Middle

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

This Section to be completed by the program director at the hospital where the graduate training occurred.

If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: Beth Israel Medical Center

NAME OF SPONSORING INSTITUTION: Beth Israel Residency in Urban Family Practice

LOCATED IN: New York NY
City State

ACGME
9/15

1st Year from 7/1/06 To 11/21/07 Specialty Family Medicine Level (PGY) 1
2nd Year from 11/22/07 To 11/21/08 Specialty Family medicine Level (PGY) 2

"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."

The hospital has no seal or stamp to affix to this document. Therefore, I will have this form notarized to verify that this form was completed by this hospital.

Program Director's Signature: [Signature]
Date: 2/22/10

[Seal of Hospital]

[notary seal]
Notary's Signature: _____
Notary's Commission expires on: _____

RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE.

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FEB 26 2010

BU-MD

49-101 (REV. 02-09)
State Board of Medicine
717-783-1400
717-787-2381

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VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant:

Name: Kang Elaine Yumi
Last First Middle

Name of medical school: New York Medical College

Location: Valhalla, New York, 10595

SUBMIT THE VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO 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 student: Elaine Kang

Date student began to attend this medical school: 08/05/02
MM/DD/YYYY

Date of graduation: 05/24/06
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature of Dean or Registrar:



Judith A. Ehren, Associate Provost/ University Registrar
Date: 01/22/10

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.

DO NOT RETURN TO APPLICANT

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

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

10/13/09

NEW YORK MEDICAL COLLEGE

Chartered in 1860

A Health Sciences University

Valhalla, New York 10595

(914) 594-4495

TRANSCRIPT FOR: **Elaine Kang**
 MATRICULATION DATE: **08/05/2002**
 PRESENT STATUS: **Graduated**

DEGREE GRANTED : **M.D.**
 DATE OF DEGREE : **05/24/2006**

UNDERGRADUATE SCHOOLS AND HIGHER EDUCATION:

School(s):	From:	To:	Degree:	Major:
New York University	1996	2000	BA 05/00	Biology
New York Medical College	2000	2002	MS 05/02	Physiology
St. Francis College	1995	1996	ND 00/00	No Major

Transferred With Advanced Standing From:

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FIRST YEAR			2002 - 2003			SECOND YEAR			2003 - 2004		
Course	Grade	Credits	Course	Grade	Credits	Course	Grade	Credits	Course	Grade	Credits
GROSS ANATOMY	P	8	MICROBIOLOGY	HP	9						
HISTOLOGY	P	8	PATHOLOGY/PATHOPHYSIOLOGY 1	P	11						
BIOCHEMISTRY	H	7	PATHOLOGY/PATHOPHYSIOLOGY 2	P	11						
PHYSIOLOGY	P	7	PHARMACOLOGY	P	8						
NEURAL SCIENCE	P	7	* CLINICAL SKILLS	P	5						
BEHAVIORAL SCIENCE	P	5	* BIOETHICS 2	P	1						
* BIOSTATISTICS & EPIDEMIOLOGY	P	1									
* BIOETHICS 1	P	1									
INTRO. TO PRIMARY CARE	H	1									

THIRD YEAR				2004 - 2005				AWARDS, HONORS & MISC			
Course	Grade	Hospital	Credits (Wks)								
MEDICINE	P	Westchester Med. Ctr.	12	Medical Spanish 2				01/01/2004			
SURGERY	HP	Westchester Med. Ctr.	8								
OBSTETRICS & GYNECOLOGY	P	St. Vincent's /Staten I.	6								
PSYCHIATRY	P	Westchester Med. Ctr.	6								
PEDIATRICS	HP	Our Lady of Mercy Hosp.	8								
NEUROLOGY	H	Westchester Med. Ctr.	4								
FAMILY MEDICINE	H	Westchester Based	4								

FOURTH YEAR				2005 - 2006			
Course	Grade	Hospital	Credits (Wks)				
MEDICINE/OR PEDIATRICS SUBINT.	HP	Westchester/ Pediatrics	4				
GERIATRICS/OR PEDIATRICS	H	St. Joseph's Hospital	4				
* SURGICAL SPECIALITIES	P	Manhattan Based	4				
* ANESTHESIOLOGY	P	Westchester Med. Ctr.	1				
* REHABILITATION MEDICINE	P	St. Vincent's Hospital	1				
* OBSERVED STRUCTURED CLIN EXAM	P	Morchand Center	0				
ELECTIVES:							
Multiculturalism	P	New York Medical College	2				
Latino Health	HP	Coll. of Phys. & Surgeons	4				
Electrocardiography	H	Our Lady of Mercy Hosp.	2				
Emergency Medicine	HP	Beth Israel Hospital NYC	4				
Public Health Ser.	H	Algiers Common Grounds HC	2				

CONFIDENTIAL RECORD FOR
 YOUR EXCLUSIVE USE ONLY
 NOT TO BE GIVEN TO APPLICANT
 UNDER ANY CIRCUMSTANCES!

THIS TRANSCRIPT IS NOT VALID UNLESS THIS LINE IS RED.

Grading System
 H - Honors
 HP - High Pass
 P - Pass
 CP - Conditional Pass

F - Fail
 I - Incomplete
 IP - In Progress
 E - Exempt
 T - Transfer
 W - Withdrew

This Transcript is not valid unless seal of College is impressed here

University Registrar
 Date

John A. ...
 * Pass/Fail

JAN 22 2010

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NEW YORK MEDICAL COLLEGE

Chartered in 1860

A Health Sciences University

Valhalla, New York 10595

(914) 594-4495

TRANSCRIPT FOR: Elaine Kang
MATRICULATION DATE: 08/05/2002
PRESENT STATUS: Graduated

DEGREE GRANTED : M.D.
DATE OF DEGREE : 05/24/2006

UNDERGRADUATE SCHOOLS AND HIGHER EDUCATION:

School(s):	From:	To:	Degree:	Major:	
New York University	1996	2000	BA	05/00	Biology
New York Medical College	2000	2002	MS	05/02	Physiology
St. Francis College	1995	1996	ND	00/00	No Major

Transferred With Advanced Standing From:

Dermatology	H	University of Miami	2
Computers in Health	P	New York Medical College	2
***** END OF RECORD *****			

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UNDER ANY CIRCUMSTANCES!

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Grading System
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F - Fail
I - Incomplete
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T - Transfer
W - Withdrew

This Transcript is not valid unless
seal of College is Impressed here

University Registrar
Date

JAN 20 2010

[Signature] *Pass/Fail

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from this document to a third party without
the written consent of the student

211679



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

This document was prepared by the
Federation of State Medical Boards of the United States, Inc.
Federation Place, PO Box 619850, Dallas, TX 75261-9850 -- Telephone (817) 868-4041

Date: 01/18/2010

Recipient:

Pennsylvania State Board of Medicine
ATTN: Tammy Radel
2601 N Third Street
Harrisburg, PA 17110

RECEIVED
JAN 19 2010

Examinee: Kang, Elaine
Alt Name(s): Kang, Elaine You Mi

Examinee ID#: 4-082-823-8
Date of Birth: 03/05/1978

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

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/22/2004	Pass	216	182	88	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
11/28/2005	Pass	239	182	97	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
11/30/2005	Pass					

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
05/12/2009	Pass	213	187	89	75	

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

RECEIVED
JAN 19 2010

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Elaine Kang, MD

Woodside, NY 11377 • Mobile Phone: [REDACTED]

POST GRADUATE TRAINING:

07/2006 - Beth Israel Residency in Urban Family Practice, New York, NY
12/2009 Family Medicine Resident
- 3/8/07-7/31/07: Family Medical Leave of Absence

EDUCATION:

08/2002 - New York Medical College, Valhalla, NY
05/2006 M.D. School of Medicine

09/2000 - New York Medical College, Valhalla, New York
05/2002 M.S. Physiology, Graduate School of Basic Medical Sciences
Thesis: "Metabolic Changes in Ischemic Heart Disease"

09/1996 - New York University, New York, New York
05/2000 B.A. Biology, College of Arts and Sciences

EMPLOYMENT HISTORY:

2003-2006 Data Entry, Westchester Medical Center: BARI (Bypass Angioplasty Revascularization Investigation) 2 Diabetes, Valhalla, New York
Department of Cardiology; Principal Investigator: Melvin Weiss, MD
Research Coordinator: Jean Baruth, RN

2000-2006 Animal Care, New York Medical College, Valhalla, New York
Department of Physiology; Principal Investigator: Thomas Hintze, Ph.D.

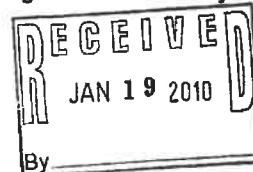
2003 Clinical Clerkship, New York Medical College: Student Research and Clinical Fellowship Program, Valhalla, New York
Department of Pediatrics; Mentors: John Harrington, M.D. and Debra Etelson, M.D.

2001 - 2002 Research Assistant, New York Medical College, Valhalla, New York
Department of Physiology; Mentor: Fabio Recchia, M.D./Ph.D.

2000 - 2001 Recreation Therapy Assistant, New York University Medical Center: The Rusk Institute, New York, New York
Pediatric Rehabilitation Unit; Supervisor: Lisa Delguidice, Sr. Recreation Coordinator

PUBLICATIONS:

- Kang E. Contraception Pocketcard Set. Born Bruckmeier Publishing. 2009
- Shimoni N, Prine L, Kang E. Intrauterine Device Insertion. American College of Physicians: Physicians' Information and Education Resource. 2007.
<http://pier.acponline.org/physicians/procedures/physpro063/physpro063.html>
- Loma-Sanner I, Kang EY, Sepehrdad S, Goldstein SL, Herman MS, Accardo PJ, Green PH, Roseman B. A floppy child with failure to thrive. *Lancet*. 2005; 366:176
- Kang EY, Etelson DH, Harrington JW. Growing skull fracture with leptomeningeal cyst. *Pediatrics in Review*. 2004;25.11:397-401.
- Post H, d'Agostino C, Lionetti V, Castellari M, Kang EY, Altarejos M, Xu X, Hintze TH, Recchia FA. Reduced left ventricular compliance and mechanical efficiency after prolonged inhibition of NO synthesis in conscious dogs. *Journal of Physiology*. 2003; 552.1: 233-239



SCIENTIFIC POSTERS AND PRESENTATIONS:

- 2008 Society of Teachers of Family Medicine-2008 Northeast Region Meeting,
Baltimore, Maryland
Lecture-Discussion: Long Acting Reversible Contraception in Teens
Poster: Educating Women about IUDs
- 2004 American Academy of Pediatrics-2004 National Conference and Exhibition,
San Francisco, CA
Section on Residents: Resident Research Grant and Resident Case Study Abstracts
Poster: Acute Paraplegia: A Pediatric Case Associated with Celiac Disease
- 2003 Columbia University, New York, New York
Celiac Disease Center: Patient Education Day
Presentation: Neurological Complications in Children with Celiac Disease
- 2002 FASEB, Experimental Biology Meeting, New Orleans, Louisiana
Poster: Myocardial Fatty Acid Oxidation and Protein Expression of Retinoid
X Receptor Alpha are Reduced in Pacing-Induced Heart Failure

HONORS AND AWARDS:

- 2004 AOA Student Research Fellowship:
Prevalence of Celiac Disease in Children with Neurological Problems

PROFESSIONAL MEMBERSHIPS

American Medical Association
American Academy of Family Physicians
American Academy of Pediatrics

COMMUNITY SERVICE:

- 2005 Commons Grounds, Hurricane Katrina Relief
1998-2000 New York University Medical Center: The Rusk Institute
1999 Bellevue Hospital
1995-1996 Public School 1
1994-1995 Women Helping Women

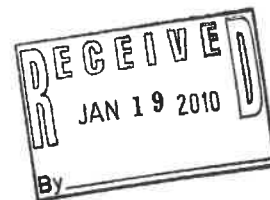
LANGUAGE FLUENCY: English, conversational Korean and Spanish

REFERENCES:

Linda Prine, MD
Medical Director of Access Project, Coordinator of Gynecology Curriculum
Beth Israel Residency in Urban Family Health
New York, NY 10003
[REDACTED]

Andreas Cohrssen, M.D.
Family Medicine Residency Director
Beth Israel Residency in Urban Family Health
New York, NY 10003
[REDACTED]

Kamini Geer, M.D.
Medical Director
Phillips Family Practice
New York, NY 10003
[REDACTED]



National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank
P.O. Box 10832
Chantilly, VA 20153-0832

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

5500000060241638
Process Date: 01/21/2010
Page: 1 of 1

BL MD

SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

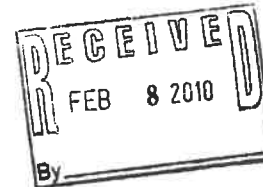
Title IV (NPDB) Section 1128E (HIPDB)

A. RESULTS (Based on the subject identification information provided, the reports found are listed below.)

Medical Malpractice Payment Report(s):	No Reports	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		

B. SUBJECT IDENTIFICATION INFORMATION

Subject Name: KANG, ELAINE YOU MI
Gender: FEMALE
Date of Birth: [REDACTED]
Other Name(s) Used:
Organization Name: BETH ISRAEL MEDICAL CENTER
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Home or Work Address: [REDACTED]
City, State, ZIP: WOODSIDE, NY 11377
Telephone: [REDACTED]
Social Security Numbers (SSN): [REDACTED]
Individual Taxpayer Identification Numbers (ITIN): [REDACTED]
Professional School(s) & Year of Graduation: NEW YORK MEDICAL COLLEGE (2006)
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure: 253842, NY
Specialty: GENERAL PRACTICE/FAMILY PRACTICE (33)
Drug Enforcement Administration (DEA) Numbers: FK1759185
National Provider Identifiers (NPI): 1588821953
Federal Employer Identification Numbers (FEIN):
Unique Physician Identification Numbers (UPIN):



C. PAYMENT INFORMATION

Credit Card Number: [REDACTED] Expiration Date: 10/2012
Additional Paper Copies Requested: 0
NPDB Charge: \$8.00* NPDB Bill Reference Number: N22014530
HIPDB Charge: \$8.00* HIPDB Bill Reference Number: H22014530
* Each charge will appear separately on your credit card statement. Transaction Date: 01/21/2010

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and by Section 1128E of the Social Security Act. Information from the NPDB and HIPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$1,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB and/or HIPDB are permitted to share that information with anyone they choose.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

**National Practitioner Data Bank
Healthcare Integrity and Protection
Data Bank**
P.O. Box 10832
Chantilly, VA 20153-0832

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

550000060241638

Process Date: 01/21/2010

Page: 1 of 1

To: KANG, ELAINE YOU MI

WOODSIDE, NY 11377

From: National Practitioner Data Bank / Healthcare Integrity and Protection 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, and the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of 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. 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), HRSA, Division of Practitioner Data Banks.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions; health care-related convictions and judgments; exclusions from Federal and State health care programs; and other adjudicated actions or decisions. Regulations governing the HIPDB are codified at 45 CFR Part 61. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Division of Practitioner Data Banks.

Reports from the NPDB and HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The NPDB and HIPDB response 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 adverse licensure action and an exclusion from the Medicare and Medicaid programs). The NPDB and HIPDB 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 and HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. 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 and/or HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB 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-HIPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

*BRUNO
PA*

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, KANG ELAINE YOU MI was issued license/certificate number 253842 for the practice of MEDICINE on 07/02/09.

Our records also indicate the following information:

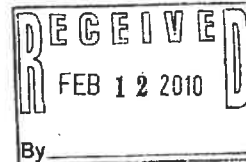
Date of birth: [REDACTED]
School attended: NEW YORK MEDICAL COLLEGE
Date of graduation: 05/24/06
Degree earned: MD

RECEIVED DIRECT

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

DATE	FLEX1	NBME1	USML1	NBME2	FLEX2	USML2	NBME3	USML3	OTHER
05/09									00089 OOSNJ
11/05						00097			
06/04			00088						



EXMS TAKEN=03

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 06/30/11
Address: [REDACTED]

NEW YORK NY 10003-3829

Disciplinary information: No charges have been preferred against this licensee

Comments:

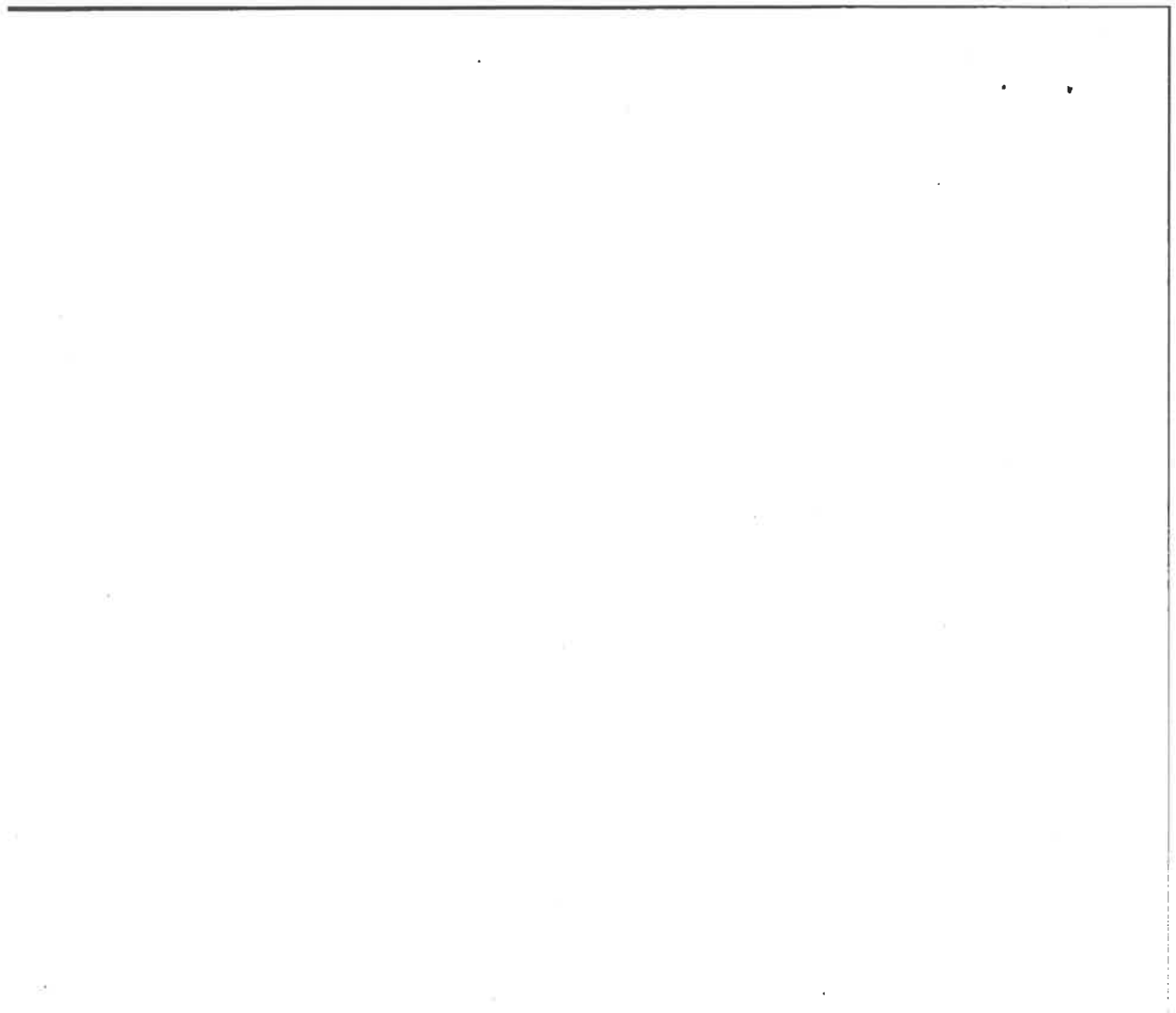
I, Martin Carmody, Principal Clerk, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Principal Clerk of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.



Martin Carmody

Principal Clerk

02/04/10



THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

BL map PA

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00088 RECEIVED 0097
By

RECEIVED DIRECT

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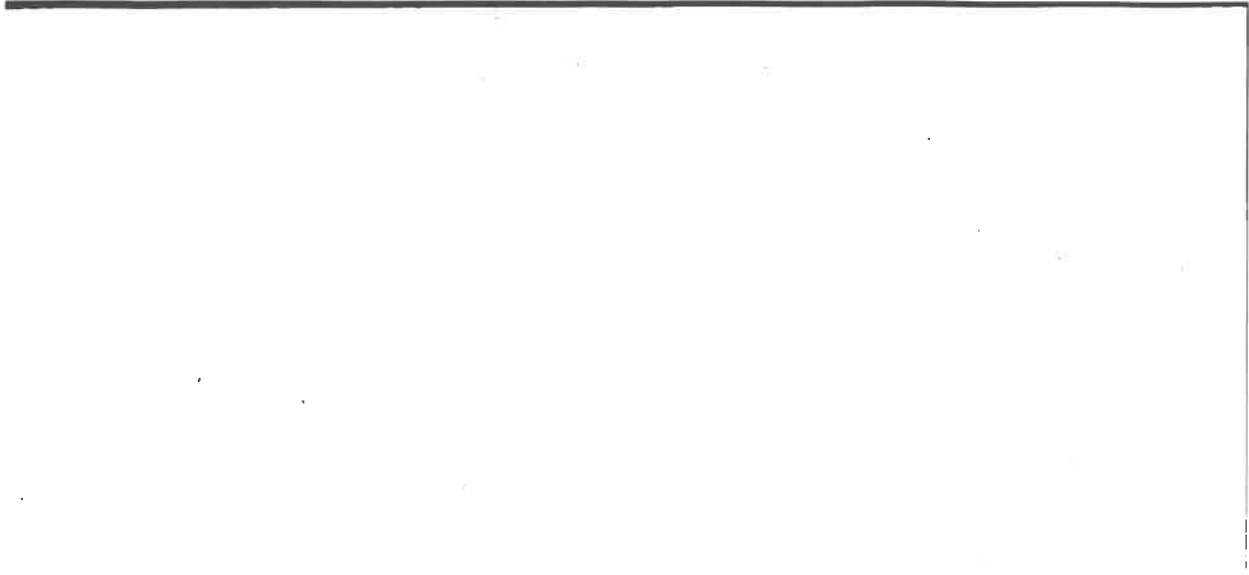
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Martin Carmody

Principal Clerk

01/29/10



**The Federation of State Medical Boards
of the United States, Inc**
PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

March 02, 2010

Attn: Tammy Radel, Administrator
Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: March 02, 2010
Your Reference Number: BLONG
FSMB Batch Number: BQ1728453

The following is a report of the search results from the Board Action Data Bank as of March 02, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of March 02, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
1	KANG, ELAINE	[REDACTED]		2006	21977800

LICENSE HISTORY
State Board
NEW YORK

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

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PO Box 619850
Dallas, Texas 75261-9850
Telephone: (817)868-4000
FAX (817)868-4099

BOARD ACTION CLEARANCE REPORT

January 20, 2010

Attn: Tammy Radel, Administrator
Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

Re: Board Action Query Dated: January 20, 2010
Your Reference Number: BLONG
FSMB Batch Number: BQ1712869

The following is a report of the search results from the Board Action Data Bank as of January 20, 2010 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of January 20, 2010

Item	Name	DOB	School	Yr/Grad	Request ID
3	GROFT, CAROLINE	[REDACTED]		2006	21827764
		LICENSE HISTORY <u>State Board</u> No License Information Available			
1	KANG, ELAINE	[REDACTED]		2006	21827756
		LICENSE HISTORY <u>State Board</u> NEW YORK			
2	LIGAS, CHRISTINA	[REDACTED]		2006	21827760
		LICENSE HISTORY <u>State Board</u> No License Information Available			

PLEASE NOTE: The licensure history information contained in these reports is not considered licensure verification but rather an indicator of known states of historical licensure for these individuals. Use of this information should be limited to cross-reference purposes.

Verification of Postgraduate Training

Applicant's name: Elaine Youmi Kang
 Hospital: Beth Israel Medical Center
 Hospital address: [REDACTED] NY/USA 10003
Street City State/Country Zip/Postal Code
 Hospital telephone number: (212) 206-5215
Area Code

1. In what type and level(s) of training did this physician participate at your facility? Check each level in which this physician participated. Provide starting and ending dates of training, type of training and whether credit was awarded.

	Dates (Month/Year)	Specialty	Credit		
			None	Partial	Full
PGY 1	7/06-11/07	Family Medicine			✓
PGY 2	11/07-11/08	Family Medicine			✓
PGY 3	11/08-12/09	Family Medicine			✓
PGY 4					
Fellowship					
Other					

2. Was the residency/fellowship accredited by A.C.G.M.E. or A.O.A.? Yes No
3. Was the physician placed on probation, suspended or in any way sanctioned/disciplined or placed under investigation while at your facility? Yes No
4. Was the physician granted a leave of absence or break from his/her training? Yes No
5. Were any restrictions placed on this physician's activities that were not placed on all other residents/fellows at his/her level of training? Yes No
6. Were any formal patient or staff complaints filed against this physician? Yes No
7. Were any malpractice actions filed naming this physician as a defendant that involved his/her period of training at your facility? Yes No

If you answered "Yes" to any one of questions 3-7, please attach an explanation, and sign and date the attachment. Also, please attach any additional comments or information that the Board should consider prior to determining this applicant's eligibility for licensure.

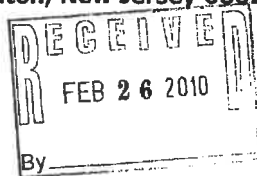
Andreas Behrson MD
[REDACTED] Director

Signature of Program Director
2/22/10
Date form completed



Please return directly to: **N.J. State Board of Medical Examiners**
P.O. Box 183
Trenton, New Jersey 08625-0183

BME-VPT-08



If the hospital does not have a seal, a letter attesting to this fact, on hospital stationery, must accompany this certificate.



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2849
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
February 8, 2010

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

ELAINE YOU MI KANG 9849

WOODSIDE NY 11377

EVALUATOR: BRENDA

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) in official, sealed hospital envelope.**

- ✓ **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

**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: **Joyp5AEw****



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@state.pa.us
www.dos.state.pa.us/med
January 27, 2010

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

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- Fee in the amount of \$35.00, made payable to the "Commonwealth of Pennsylvania." Check or money order must be drawn on a US bank. **Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**
✓ CHECK AMOUNT WAS NOT FILLED IN. SENT BACK WITH THIS LETTER.
- Letter(s) of good standing **must be received DIRECTLY from the State Board in an official State Board Envelope** from the following states:
✓ NY
- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information (www.npdb-hipdb.com) – **NPDB & HIPDB** reports are required. **Must provide original documents of both reports.**

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STATE BOARD OF MEDICINE
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st-medicine@state.pa.us
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January 20, 2010

Telephone: 717-783-1400/787-2381
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- Verification of Medical Education **must be received DIRECTLY from the medical school in an official, sealed Medical School envelope.**
- Fee in the amount of \$35.00, made payable to the "Commonwealth of Pennsylvania." Check or money order must be drawn on a US bank. **Note: A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.**

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