

GUTHRIE Clinic

December 5, 1991

RECEIVED
DEC 10 1991

State Board of Medicine
Box 2649
Harrisburg, PA 17105

HEALTH BOARDS DIVISION

Attention: Jack Paruso

Re: Morris Wortman, M.D., F.A.C.O.G.

Dear Sir:

This is in reference to temporary licensure for Dr. Wortman for the purpose of temporary practice in the State of Pennsylvania.

On 12/3/91 I have arranged for Dr. Wortman to attend the surgical procedures of one Robert Vesker, M.D. These are operative procedures which I will perform. These operations, endoscopic in nature, are for the purpose of ~~diagnosing~~. Dr. Wortman is a widely recognized authority on this surgical procedure. During the actual procedure, Dr. Wortman will provide supervision only. I would not expect that Dr. Wortman would actually intervene actively in the surgical procedures. In the event of some intraoperative surgical misadventure, it is possible that I ~~might require the assistance of Dr. Wortman~~. This is most unlikely. These are simple, straight forward surgical procedures. Dr. Wortman will primarily function on an advisory basis, specifically with respect to the equipment used during the operation, the management of personnel, and he will supervise the actual surgical procedures themselves.

Please notify me if further information is needed with respect to this.

Thank you for your kind consideration.

Respectfully,

[Redacted Signature]

J. Rouse, M.D., F.R.C.S.
JR/blp

Guthrie Clinic, Ltd.
Guthrie Square
Sagitt, Pennsylvania 16840
217 696 3350

A member of the Guthrie Healthcare System

120127 5154

GUTHRIE Clinic

December 5, 1991

State Board of Medicine
Box 2649
Harrisburg, PA 17105

Attention: Jack Paruso

Re: Morris Wortman, M.D., F.A.C.O.G.

Dear Sirs:

This is in reference to temporary licensure for Dr. Wortman for the purpose of temporary practice at the Robert Packer Hospital in Sayre, Pennsylvania.

On, or about 23 December 1991, I have arranged for Dr. Wortman to attend two surgical procedures at the Robert Packer Hospital. These are operative procedures which I will perform. These operations, endometrial ablations are for the purpose of credentialing myself. Dr. Wortman is a widely recognized authority on this surgical procedure. During the actual procedures, Dr. Wortman will provide supervision only. I would not expect that Dr. Wortman would actually intervene actively in the surgical procedures. In the event of some intraoperative surgical misadventure, it is possible that I might require his technical intervention. This is most unlikely. These are simple, straight forward surgical procedures. Dr. Wortman will primarily function on an advisory basis, specifically with respect to the equipment used during the operation, the management of personnel, and he will supervise the actual surgical procedures themselves.

Please notify me if further information is needed with respect to this.

Thank you for your kind consideration.

Respectfully,

[Redacted Signature]
B. Rouse, M.D., F.A.C.O.G.
BR/bip

Guthrie Clinic, PA
650 W. 3rd Street
Sayre, Pennsylvania 16840
717.838.4476

A member of the Guthrie Health Care System

RECEIVED
DEC 12 1991
Health Boards Division

Guthrie Healthcare System

Guthrie Clinic

*Guthrie Clinic Ltd.
Guthrie Square
Sayre, Pennsylvania 18840
717 888-5858*

*Guthrie Medical Group, P.C.
Guthrie Square
Sayre, Pennsylvania 18840
717 888-5858*

Acute Care

*Robert Packer Hospital
Guthrie Square
Sayre, Pennsylvania 18840
717 888-6666*

*Tioga Healthcare Facility
37 North Chemung Street
Waverly, New York 14892
607 365-2861*

Long Term Care

*Day-Way Nursing Home
Forksville, Pennsylvania 16646
717 924-3411*

*Guthrie Home Care
RD# 2 Box 82A-1
Towanda, Pennsylvania 18848
1-800-327-0736*

*Sayre House
1901 North Elmer Avenue
Sayre, Pennsylvania 18848
717 888-2192*

*Tioga Nursing Facility
37 North Chemung Street
Waverly, New York 14892
607 365-2861*

*Troy Community Hospital
190 John Street
Troy, Pennsylvania 16947
717 297-2121*

Guthrie Foundation for Education and Research

*Culture Research
Institute
Guthrie Square
Sayre, Pennsylvania 18840
717 888-6670*

*Robert Packer School
of Nursing
Guthrie Square
Sayre, Pennsylvania 18840
717 888-6744*

Guthrie Enterprises

*Guthrie, Inc. (a Corning, Inc.
Company)
706 Spring Street
Sayre, Pennsylvania 18840
717 888-1771
1-800-627-7027 (in Pennsylvania)*

*Alco Surgical Supply
123-133 West Lehigh Street
Sayre, Pennsylvania 18840
1-800-458-2279*

Guthrie Quality Policy

Quality is our first priority.

*Quality means better care for and respect for the requirements
of those we serve, both internally and externally.*

*We must, at all times, provide services which conform to the
requirements of patients, families, visitors, and each other.*

2 3 9 9 2 7 0 5 4

GUTHRIE Robert Packer Hospital

December 9, 1991

Jack Paruso
State Board of Medicine
Box 2649
Harrisburg, PA 17105

Dear Mr. Paruso:

This is simply to confirm that the Robert Packer Hospital supports the initiative of Dr. Bryan Rouse to have Dr. Morris Wortman visit our hospital and monitor the performance of two endometrial ablation procedures to be performed by Dr. Rouse.

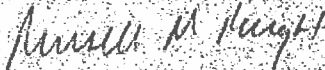
It is my understanding that Dr. Wortman will not be participating directly in the procedures, but will be observing Dr. Rouse's technique and providing supervision of Dr. Rouse as needed.

As part of the hospital's process of reviewing Dr. Rouse's request for additional privileges to include endometrial ablations, the hospital has requested that Dr. Rouse arrange for Dr. Wortman to be present in the operating room and to function as a preceptor for Dr. Rouse's first two cases.

Accordingly, the Robert Packer Hospital supports Dr. Wortman's request for temporary licensure in the Commonwealth of Pennsylvania to allow him to advise and supervise Dr. Rouse in our operating room.

Thank you very much for your attention to this request.

Sincerely,



Russell M. Knight
President

RMK:d1

Robert Packer Hospital
1500 North 3rd Street
Harrisburg, PA 17105
717-652-6600

A member of the Guthrie Healthcare System



Guthrie Healthcare System

Guthrie Clinic

*Guthrie Clinic III
Guthrie Square
Sayre, Pennsylvania 18840
717-888-5358*

*Guthrie Medical Group, P.C.
Guthrie Square
Sayre, Pennsylvania 18840
717-888-5358*

Acute Care

*Robert Packer Hospital
Guthrie Square
Sayre, Pennsylvania 18840
717-888-6666*

*Tringa Healthcare Facility
37 North Chemung Street
Warfordsburg, Iowa York 14892
607-565-2061*

Long Term Care

*Our Way Nursing Home
Fairbault, Pennsylvania 18616
717-893-3434*

*Guthrie Home Care
RD #2, Box 803 J
Fairbault, Pennsylvania 18648
717-893-0706*

*Senior House
1100 North Union Avenue
Sayre, Pennsylvania 18840
717-888-3193*

*Deacon Nursing Facility
17 North Chemung Street
Warfordsburg, Iowa York 14892
607-565-2863*

*Grace Community Hospital
100 1/2 St. J
1800 Pennsylvania 18917
717-897-9111*

Guthrie Foundation for Education and Research

*Guthrie Research
10 Guthrie
Guthrie Square
Sayre, Pennsylvania 18840
717-888-5020*

*Robert Packer School
of Nursing
Guthrie Square
Sayre, Pennsylvania 18840
717-888-6666*

Guthrie Laboratories

*Guthrie Institute for
Clinical
Laboratory Studies
Sayre, Pennsylvania 18840
717-888-7778*

*Medical Supply Division
1200 N.W. 10th Avenue
Sayre, Pennsylvania 18840
717-888-7239*

Guthrie Quality Policy

Quality is our first priority.

*Quality means we consistently exceed the requirements
of the Society for Health Care, Inc. and other accrediting agencies.*

*We must, at all times, provide services which conform to the
requirements of patients, families, visitors, and each other.*

NURSE'S PROFESSIONAL LIABILITY INSURANCE

Your malpractice protection expires soon.

Amy F. Daggett
 [REDACTED]
 Mt Morris, NY 14510

The malpractice crisis is affecting all areas of the medical profession--including nurses. To keep pace with soaring malpractice claims, we have upgraded your malpractice protection. But we must receive your renewal payment promptly.

Your new policy will provide you with:

1. Up to \$3 million/year, \$1 million/occurrence for professional liability.
2. Up to \$3 million/year, \$1 million/occurrence for personal injury.
3. UP to \$1 million/occurrence for personal liability.
4. UP to \$150/day, \$4,000/trial for defendant's reimbursement.

All this coverage for only \$77 a year -- 22 cents a day.

In today's world of soaring healthcare malpractice claims, it's dangerous to let your coverage expire. Please return the top portion with your check as soon as possible in the enclosed return envelope.

POLICY NUMBER	AMOUNT DUE	POLICY TERM
II 5093381-4	\$ 77.00	08/01/91 to 08/01/92

If we do not receive the premium within 30 days after the due date, we will assume that you do not wish the coverage and that you regard the policy as void and of no effect. Keep this portion for your records. Your check is your receipt.

Nurses Service Organization is a registered trademark of Nurses Burdick Hunter of Illinois, Inc.

© 1989 Nurses Burdick Hunter CC-447 7-90

AMY DAGGETT
 [REDACTED]
 MT. MORRIS, NY 14510

Aug 6 1991

PAY TO THE ORDER OF *Nurses Professional Liability* \$ *77.00*
Seventy seven and 00/100

HS BANK New York City, New York N.Y.
 Clearing Office
 Greenwich, NY 13060

[REDACTED]

RECEIVED
 09/09/91
 HEALTH CARES DIVISION

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CUSTOMER SERVICE UNIT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

12/10/91

DATE 12/09/91

RECEIVED
DEC 13 1991

Health Boards Division

TO WHOM IT MAY CONCERN:

YOU HAVE INQUIRED AS TO WHETHER OR NOT A LICENSE TO PRACTICE
NURSING HAS EVER BEEN ISSUED TO WORMAN MORRIS.

YOUR CLIENT IS CURRENTLY REGISTERED. OUR RECORDS

INDICATE THE FOLLOWING:

WORMAN MORRIS, NURSE LICENSED DATE: 05/25/78
CURRENT REGISTRATION EXPIRES: 12/31/92.

THIS LICENSE IS IN GOOD STANDING.

Mary Bradley
SECRETARY

9 3 0 1 5 0

Double check



Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-733-1400
717-733-2381

Counter Delivery Address
STATE BOARD OF MEDICINE
ROOM 512 TRANSPORTATION & SAFETY BLDG
COMMONWEALTH AVE. & FORSTER STREET
HARRISBURG, PA 17120

M D - 0 5 0 1 3 1 - L

LICENSE NUMBER

W O R T M A P P L

APPLICATION FOR A LICENSE TO PRACTICE
MEDICINE WITHOUT RESTRICTION
for Graduates of Accredited Medical Schools

Amount 20
Date 5-5-93

Application Fee: \$20.00 *not refundable*
Make check payable to the "Commonwealth of Pennsylvania."

Please Print or Type

NAME: WORTMAN MORRIS
Last First Middle

Permanent Address: [Redacted]
Street
Rochester NY 14623
City State Zip Code

Date of Birth: [Redacted] Social Security Number: [Redacted]

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

LIST MEDICAL SCHOOL(S) ATTENDED:

DATES OF ATTENDANCE

University of Rochester School of Medicine
From: 7/72 to 5/76
Mo. & Yr. Mo. & Yr.
From: to
Mo. & Yr. Mo. & Yr.

Date of Graduation: 5/22/76

Check licensing examination passed:

- National Board
- FLEX -- indicate state where taken: _____ Date Taken: _____
- LMCC - Canadian _____ Mo. & Yr.
- State Board -- indicate state: New York State

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).

New York State

Post Graduate Education:

PGY1 Hospital: _____

From: ___/___/___ to: ___/___/___

PGY2 Hospital: _____

From: ___/___/___ to: ___/___/___

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? | _____ | XX
_____ |
| 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? | _____ | XX
_____ |
| 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? | _____ | XX
_____ |
| 4. Have you ever had practice privileges denied, revoked or restricted in a hospital or other health care facility? | _____ | XX
_____ |
| 5. Have you ever had provider privileges denied or restricted by a drug enforcement administration, medical assistance agency or other authority? | _____ | XX
_____ |
| 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., DUI, DWI, etc.)? | _____ | _____ |

(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, MORRIS WORTMAN, MD, being duly sworn according to law, depose and say I am

(PRINT NAME OF APPLICANT)

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: _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS

20th Day of APRIL, 19 95

My Commission expires: 11/94

Signature of Notary: Debra Daggett Pagano

[Notary Seal] DEBRA DAGGETT-PAGANO
NOTARY PUBLIC STATE OF NEW YORK
LIVINGSTON COUNTY
MY COMMISSION EXPIRES: 11/94

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

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Certification of Moral Character

To be completed by two physicians with an unrestricted license in good standing in the United States.

Name of Applicant: Morris Wortman, MD

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 5 year(s) 3 month(s).

SIGNATURE:  Date: 4/2/93


Print or type name as signed above: Paul Cialone, M.D

State in which licensed: New York License Number: 160207

Name of Applicant: Morris Wortman, MD

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 16 year(s) month(s).

SIGNATURE:  Date: 4/27/93

Print or type name as signed above: William H. Kreienberg, M.D.

State in which licensed: New York License Number: 81498

Return Completed form to Applicant

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

Limited Delivery Address
State Board of Medicine
Room 614 Transportation Safety Bldg.
Cantonville Ave. & Forster St.
Harrisburg, PA 17120

5013

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
Accredited Medical School Graduates

ACGME OK

TO BE COMPLETED BY APPLICANT

Name: WORTMAN MORRIS
Last First Middle

Address: [REDACTED]

Rochester, NY 14623
City State Zip Code

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 (see listing on back).
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

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 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: Strong Memorial Hospital

Located in: Rochester, NY 14642

1st Year from 7/1/76 To 6/30/77 Specialty OB/GYN Level PGY 1

2nd Year from 7/1/77 To 6/30/78 Specialty OB/GYN Level PGY 2

PGY 3 & 4 yrs: 7/1/78 -- 6/30/80

"I certify that Morris Wortman, MD successfully completed/will

(Name of Applicant)
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."

Signature of Program Director: Laurence S. Jacobs, M.D.
[Seal of Hospital] Date: 6/21/93 DIR, Residency Education

If the hospital has no seal complete the following section and have this form postmarked.
I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature: _____

Date: _____ [Seal of Hospital]

RETURN COMPLETED FORM DIRECTLY TO THE BOARD BY OFFICIAL HOSPITAL EXPRESS MAIL

Entry Level Specialties

- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Practice
- General Surgery
- Internal Medicine
- Neurology

The following specialties prior to entry and would

- Aerospace Medicine
- Allergy and Immunology
- Blood Banking
- Cardiovascular Disease
- Chemical Pathology
- Child Neurology
- Child Psychiatry
- Colon and Rectal Surgery
- Critical Care
- Dermatopathology
- Diagnostic Radiology - I
- Endocrinology and Metabolism
- Forensic Pathology
- Gastroenterology
- Geriatrics
- Hand Surgery
- Hematology
- Immunopathology
- Infectious Diseases
- Medical Microbiology
- Medical Oncology
- Musculoskeletal Oncology
- Neonatal-Perinatal Medicine

State Bar of
UNIVERSITY OF
ROCHESTER
MEDICAL CENTER

Directors' Office
601 Elmwood Avenue, Box 612
Rochester, New York 14642

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



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& Rehab
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gy/Oncology
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lica

e/Public Health

Board adopted April 22, 1986

State Board of Medicine
717-783-1400
717-787-2381

933150 0119-356-12
OFFICIAL USE ONLY

M	D	.							
LICENSE NUMBER									
						E	D	U	C

VERIFICATION OF MEDICAL EDUCATION
For Graduates of Accredited Medical Schools

SECTION 1: To be completed by applicant:

Name: WORTMAN MORRIS
Last First Middle

Name of medical school: University of Rochester School of Medicine

Location: 601 Elmwood Avenue, Rochester, NY 14642

SUBMIT THIS VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN COMPLETED FORM DIRECTLY TO THE BOARD.

SECTION 2: To be completed by Dean or Registrar of medical school:

Name of medical student: Morris Wortman, M.D.

Date student began to attend this medical school: September 11, 1972
Month Day Year

Date of graduation: May 22, 1976
Month Day Year

(Seal of School)

I certify that all of the above information is correct.

Signature of
Dean or Registrar: Chase C. Pellett

Date: July 3, 1973

Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in official school envelope. DO NOT RETURN TO APPLICANT.

Regular Mailing Address
State Board of Medicine
P.O. Box 2549
Harrisburg, PA 17106-2549
USA

Special Delivery Address
State Board of Medicine
Room 412, Transportation & Safety Bldg.
Commonwealth Ave. & Penning St.
Harrisburg, PA 17120 USA

UNIVERSITY OF
ROCHESTER
MEDICAL CENTER
601 Elmwood Avenue, Box 601
Rochester, New York 14642

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

17105-2649



30150 0113 8252

NATIONAL BOARD OF MEDICAL EXAMINERS • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104
ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS
 OF THE
 UNITED STATES OF AMERICA

Morris Hotman, MD
 having satisfied all the requirements and having successfully passed the examinations is hereby
 declared a Diplomate of the National Board of Medical Examiners.

Attest **John S. Millis, PhD**
 Chairman of the Board

SEAL **Robert A. Chase, MD**
 President of the Board

Philadelphia, Pa
07/01/77 Certificate # **172258**

RECEIVED DIRECT

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be awarded to the physician named above, who graduated from **Univ of Rochester School of Medicine** in **MAY 1976** and whose birth date is [REDACTED] his physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
PART I passed 06/74		
Anatomy	470	76
Physiology	500	81
Biochemistry	460	78
Pathology	575	85
Microbiology	510	81
Pharmacology	610	88
Behavioral Sciences	495	80
TOTAL TEST (Minimum Passing Score 380/75)	520	81
PART II passed 09/75		
Medicine	410	78
Surgery	455	80
Obstetrics and Gynecology	615	88
Public Health and Preventive Medicine	450	80
Pediatrics	400	77
Psychiatry	600	87
TOTAL TEST (Minimum Passing Score 290/75)	475	81
PART III passed 03/77		
A General Test of Clinical Competence	415	79
TOTAL TEST (Minimum Passing Score 290/75)	415	79

*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

SEE OTHER SIDE FOR SCORE INFORMATION

Melanie Valente
 Secretary for Certification

SEAL

05/07/93
 Date

PA0471

INTERPRETATION OF SCORES

STANDARD SCORES

Part I and Part II Examinations Passed Prior to June 1991

Total test score and subject scores are reported. The total test score is based on the 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 reported on a scale with a mean of 500 and a standard deviation of 100, in increments of 5.

Part I Examination - June & September 1991 Part II Examination - September 1991 & April 1992

Only total test score is reported. The total test score is based on the total number of questions answered correctly on the entire examination. Scores are reported on a scale with a mean of 200 and a standard deviation of 20, in increments of 1.

All Part III Examinations

Only total test score is reported. The total test score is based on the total number of questions answered correctly on the entire examination. Scores are reported on a scale with a mean of 500 and a standard deviation of 100, in increments of 5.

SCALE SCORES

For all examinations, the scale score mean is 62 and the minimum pass total scale score is 75. Scale scores are reported in increments of 1.

EG, HD SE 1 01 AM
MAY 1 1991
SERIES 100-2011

3 0 1 5 0 0 1 1 3

MORRIS WORTMAN, M. D., F.A.C.O.G.
CURRICULUM VITAE

Morris Wortman, M. D.

[REDACTED]
Rochester, New York 14623

Born: [REDACTED]

Children: [REDACTED]

Marital status: [REDACTED]

EDUCATION: Brooklyn College of the City University of New York 1968 -
York 1968 - 72. B. S. Chemistry. Graduated Suma cum
laude. Phi Beta Kappa. Nominated for Cecil Rhoades
Scholarship.

University of Rochester School of Medicine 1972 to 1976

POST-GRADUATE TRAINING:

Internship 1976 - 77 University of Rochester
Affiliated Hospital Program in Ob-Gyn

Residency 1977 - 79 University of Rochester
Affiliated Hospital Program in Ob-Gyn

Chief Resident 1979 - 80 University of Rochester Affiliated
Hospital Program in Ob-Gyn

ACADEMIC AWARDS:

Nominated for Cecil Rhoades Scholarship 1972
Elected Phi Beta Kappa 1971

NON ACADEMIC AWARDS:

Greater Rochester Track Club Most Valuable
Athlete 1974
Elected to represent 1973 U. S. Maccabiah
Team to Israel (Track and Field, Weightlifting)

SPECIALTY BOARDS:

Fellow American College of Obstetrics & Gynecology
November 1982

RECERTIFICATION:

Recertified American College Ob & Gyn 6/89

730150 0113

EMPLOYMENT: Consultant in Obstetrics and Gynecology 1979 -80 Genesee Valley Group Health Association

1980 - 81 Associate Chief of Ob-Gyn GVGHA
1981 - 85 Chief of Service Department of Obstetrics and Gynecology GVGHA
1984 - 1986 Director of the Infertility Program GHVHA
1986 - present private practice (gynecology only)
1982 - 88 Consultant gynecologist Planned Parenthood Yates County, New York

FACULTY ASSIGNMENTS

Clinical Associate Professor Department of Obstetrics and Gynecology University of Rochester School of Medicine

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

Fellow American College of Ob-Gyn
Member American Fertility Society
American Association of Gynecologic Laparoscopists (AAGL)
Member International Federation of Gynecologic Laparoscopists
Member Hysteroscopy Study Group of the AAGL
Gynecologic Laser Society
American Association of Lasers in Medicine & Surgery
Monroe County Medical Society

COMMITTEE MEMBERSHIPS

Affiliated Hospital Advisory Committee 1984-86
Chairman Gynecologic Morbidity Committee at Highland Hospital 1989
Member of Highland Hospital Long Range Planning Committee 1984
Laser Safety Committee 1988 - present
Credentials Committee Lattimore Surgicenter.
Peer Review Committee Lattimore Surgicenter
Gyn Task Force -- PREFERRED CARE
Planned Parenthood Rape Crisis Board - 1991 -

ACCOMPLISHMENTS IN GYNECOLOGY AND OBSTETRICS

Description of a new technique for Cesarean section in 1984 (report on 134 cases) --Presented at Grand Rounds Highland Hospital September 1984

First to accomplish over 300 In-office laparoscopic sterilizations 1983 in Western NY Presented at Grand Rounds Highland Hospital, Genesee Hospital, and Strong Memorial Hospital

1985

First to describe a new technique for intraabdominal transcervical uterine cerclage 1981 -- presented at Highland Hospital Grand Rounds and Strong Memorial Hospital Grand Rounds

First use of the Nd:YAG laser Intraabdominal laparoscopic use in the Greater Rochester area.

First successful use of the Nd:YAG laser for endometrial ablation November 1988.

First use of the unipolar ball-end electrode for hysteroscopic ablation of the endometrium in the Rochester area as well as Upstate New York November 1989.

First use of the unipolar wire loop electrode hysteroscopic myomectomy Upstate New York January 1990

First laparoscopically assisted vaginal hysterectomy 1990 Monroe County (June 1990)

First laparoscopically accomplished oophorectomy 1989 Highland Hospital

First laparoscopically accomplished removal of an ectopic pregnancy Rochester, N. Y.

First laparoscopically accomplished myomectomy Monroe county.

First to accomplish and describe the technique of hysteroscopic resection of the endomyometrium August 1991

ACCOMPLISHMENTS IN GENERAL SURGERY

Consultant to Dr. Tulsı Dass, Chief of Surgery Highland Hospital, in establishing laparoscopic cholecystectomy program 1990.

PRESENTATIONS AT COURSES

The Use of Lasers in Gynecology 1990 -- Course Director: Morris Wortman Jan 1990 Highland Hospital. Rochester, New York.

The use of the Rollerball resectoscope in Gynecology Feb 1989 Nashville, Tennessee sponsored by HCA Laser Center. Course director: Dr. James Danielle

1 3 0 1 5 0 0 1 1 3

Laparoscopy and Hysteroscopy Workshop, September
1990. Course Director: Morris Wortman, M. D.
Rochester, New York

*Hysteroscopic ablation of the endometrium using the ball-
end electrode* October 1990 Nashville Tennessee. HCA
Laser Center. Course Director: Dr. James Danielle

Pelviscopic Surgery 1991 Presented at Grand Rounds
Highland Hospital January 1991

Pelviscopy for the General Surgeon
Highland Hospital Grand Rounds February 1991

Hysteroscopic ablation of the endometrium
Presented at HCA Laser Center Nashville, TN
February 1991

Advanced Hysteroscopic Surgery
Presented at
St. Vincent's Hospital Erie, Pennsylvania
March 1991

Pelviscopy and Electrosurgery
Grand Rounds Strong Memorial Hospital 9/4/91

Hysteroscopic Surgery
Visiting Professor Teaching Day
St. Mary's Hospital
Knoxville, Tennessee
September 13, 1991

*The Use of the Continuous Flow Resectoscope
in Gynecology*
Course Director: Morris Wortman, M. D.
November 2, 1991 Lattimore Surgicenter
Sponsored by the University of Rochester
and Lattimore Surgicenter

Advanced Laparoscopic Surgery
Hysteroscopic Myomectomy
Electrosurgery for the Gynecologist
Brookwood Medical Center
Birmingham, Alabama
Course Directors: Paul Perry, M. D., James Dorsey, M. D.
November 22, 23, 1991

*The Use of the Continuous Flow Resectoscope In
Gynecology*
December 11, 1991
Grand Rounds presentation Crouse Irving Memorial
Hospital, Syracuse, New York

Endometrial Ablation December 23, 1991
 The Guthrie Clinic
 Robert Packard Hospital
 Sayre, Pennsylvania

The Use of the Continuous Flow Resectoscope in Gynecology
 March 7, 1992 Buffalo Children's Hospital
 Buffalo, New York

Rape--Medical and Forensic Aspects
 Grand Rounds Highland Hospital
 March 19, 1992

Advanced Hysteroscopic Surgery
 December 28, 1992
 Albany Medical Center
 Albany, New York

Hysteroscopic Endomyometrial Resection--A Review of 50 cases
 Grand Rounds Highland Hospital
 January 20, 1992
 Rochester, New York

PRESNTATION AT SCIENTIFIC MEETINGS

Hysteroscopic ablation of the endometrium with the Nd:YAG laser: A Review of 26 cases
 District II Meeting of the American College of Obstetricians and Gynecologists
 June 6, 1990 Sagamore Hotel Glens Falls, New York.
 Course Director: Gerald Guerlot, M. D.

The Hysteroscopic Management of Intractable Uterine Bleeding -- A Review of 81 Cases
 International Federation of Gyn Endoscopists
 Barcelona, Spain
 October 2, 1991

The Use of the Continuous Flow Resectoscope in the Management of Intractable Uterine Bleeding --A Review of 103 Cases with Follow-Up
 The International Congress of Gynecologic Endoscopy combined with the 21st Annual Meeting of the American Association of Gyn Laparoscopists
 Chicago, Illinois
 September 28, 1992

Visiting Professor at Albany Medical College December 28, 1992 to demonstrate resectoscopic techniques for the gynecologist

930150 0113

FACULTY FOR ONGOING COURSES IN GYNECOLOGY

HCA Laser Center Nashville, Tennessee
Dr. James Danielle, Director

Brookwood Medical Center Birmingham, Alabama
Dr. Paul Parry, Course Director
Birmingham, Alabama

Director Gynecologic Endoscopy Courses of Western New
York

Office Hysteroscopy: Didactic and Hands-On
Workshop. Rochester, New York

CONSULTATION POSITIONS

Appointed to CABOT MEDICAL, Inc. Member of the Medical
Advisory Board. Effective 8/1/91

Consultant to TAP Pharmaceuticals on the role of
GnRH Analogues for preparation in endometrial
ablation (1991)

Consultant to U. S. Surgical on the development
of a Stapling device for Cesarean Section (1985)

Surgical preceptor for TAP Pharmaceuticals (1991-present)

Surgical preceptor for ACMI (1992 - present)

Surgical preceptor for Karl Storz Endoscopy
(1991 - present)

VOLUNTEER WORK

American College of Ob-Gyn Volunteer Program.
Visiting Attending in Ob-Gyn at the Tuba City
Hospital. Tuba City, Arizona June 23 - July 15, 1988

CURRENT RESEARCH INTERESTS

Hysteroscopic ablation of the endometrium with
Unipolar electro-surgery

Hysteroscopic resection of the endometrium with
the continuous flow resectoscope

The use of midazolam in office gynecologic surgery

The establishment of an acceptable community-wide
credentialing program in hysteroscopic and advanced
laparoscopic surgery

7-30150 0113

The use of GnRH analogues in preparation for advanced hysteroscopic surgery

PAPERS ACCEPTED FOR PUBLICATION & PRESENTATION

The Hysteroscopic Management of Intractable Uterine Bleeding -- A Review of 103 Cases
Accepted for publication on 2/27/93 by The Journal of Reproductive Medicine for 6/93

Hysteroscopic Endomyometrial Resection (EMR) --A Review of 100 cases with follow-up. To be presented at the Annual Meeting of the American Association of Gynecologic Laparoscopists 11/93 San Francisco, Ca

Hysteroscopic Endomyometrial Resection and Hysteroscopic Ablation of the Endometrium with the Ball-and Electrode-- A comparison. Accepted for presentation at the AAGL Annual meeting 11/93 San Francisco, Ca

PAPERS CURRENTLY BEING PREPARED FOR PUBLICATION

Hysteroscopic ablation of the endometrium--A comparison between the Nd:YAG laser and unipolar electro-surgery

Hysteroscopic Endomyometrial Resection--A Review of Eighty Five Cases

Hysteroscopic Endomyometrial Resection vs. Endometrial ablation with the ball-and electrode--A Comparison

Comparing the Morbidity of Hysterectomy and Hysteroscopic endometrial ablation/resection for the treatment of Intractable uterine bleeding.

VIDEO JOURNAL PRESENTATIONS

Hysteroscopic Endomyometrial Resection--Uterine "Coring" Technique VJOG November 1992

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CUSTOMER SERVICE UNIT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

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THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, WILFMAN MORRIS WAS ISSUED LICENSE/CERTIFICATE NUMBER 138183 FOR THE PRACTICE OF MEDICINE ON 05/25/79.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:
DATE OF BIRTH: 12/19/50
SCHOOL ATTENDED: UNIVERSITY OF ROCHESTER
DATE OF GRADUATION: 05/01/76
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIC OF LICENSURE:
BY NATIONAL BOARD CERT #172258 DATED 07/01/77

HP1421000149E IMORE

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: 12/31/94
ADDRESS: 206 WHITE SPRUCE BLVD. ROCHESTER NY 14620-1605

REGULATORY INFORMATION: NO CHARGES HAVE BEEN PREFERRED AGAINST THIS LICENSEE.

REMARKS:

I, FRANCIS W. MORRIS, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE BEEN ADVISED BY THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE ABOVE SAID INFORMATION IS TRUE AND CORRECT.

6641

Francis W. Morris, by R. J. Murphy
PRINCIPAL CLERK 03/22/94

THE UNIVERSITY OF THE STATE OF NEW YORK
STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CUSTOMER SERVICE UNIT
CULTURAL EDUCATION CENTER
ALBANY, NEW YORK 12230

50131-L

I HEREBY CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, WORTMAN MORRIS
LICENSE/CERTIFICATE NUMBER 132183 FOR THE PRACTICE OF
ON 05/25/79.

RECORDS ALSO INDICATE THE FOLLOWING INFORMATION:

DATE OF BIRTH: [REDACTED]
SCHOOL ATTENDED: UNIVERSITY OF ROCHESTER
DATE OF GRADUATION: 05/01/76
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:
NATIONAL BOARD CERT #172258 DATED 02/01/77

NY 1427#000149C JMORE

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.

PREVIOUSLY REGISTERED: YES
ADDRESS: 209 WHITE SPRUCE BLVD ROCHESTER NY 14622-1605
REG PERIOD ENDS: 12/31/94

ADDITIONAL INFORMATION: NO CHARGES HAVE BEEN REFERRED AGAINST THIS LICENSEE.

I, FRANCIS HARRIS, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE THE SOLE 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.

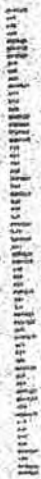
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Francis Harris
PRINCIPAL CLERK
05/18/93
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PLS 293/05-9177
NEW YORK STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CULTURAL EDUCATION CENTER
EMPIRE STATE PLAZA
ALBANY, NEW YORK 12230

Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, Pa 17105-2649

17105-2649



JUN 30 6 32 AM '93

DOCUMENT NO.: 9019931410206001

RESPONSE TO INFORMATION DISCLOSURE REQUEST

PROCESS DATE: 05/25/93

PAGE 1



(FILE QUERY)

NO INFORMATION ON FILE FOR IDENTIFIED PRACTITIONER

NAME: (LAST, FIRST, MIDDLE, SUFFIX)

OTHER NAME USED: MORTMAN, MORRIS

ORGANIZATION NAME: [REDACTED]

CITY, STATE, ZIP CODE: ROCHESTER NY 14623

HOME ADDRESS: [REDACTED]

CITY, STATE, ZIP CODE: [REDACTED]

LICENSE NO.: [REDACTED]

DATE OF BIRTH: [REDACTED]

FEDERAL DEA NO.: [REDACTED]

PROFESSIONAL SCHOOL: UNIVERSITY OF ROCHESTER SCHOOL OF MEDICI

UNIVERSITY OF ROCHESTER SCHOOL OF MEDICI

WORK COUNTRY: [REDACTED]
HOME COUNTRY: [REDACTED]
STATE OF LICENSE: NY
SOCIAL SECURITY NO.: [REDACTED]
FEDERAL DEA NO.: [REDACTED]
YEAR OF GRADUATION: 1976
FIELD OF LICENSE: 010

NO INFORMATION ON FILE FOR IDENTIFIED PRACTITIONER

NATIONAL PRACTITIONER DATA BANK
STATE BOARD
MADISON, GA 30601-6040

SENSITIVE INFORMATION ENCLOSED

THE ENCLOSED INFORMATION WAS SUBMITTED TO THE NATIONAL PRACTITIONER DATA BANK UNDER TITLE IV OF PUBLIC LAW 98-600, HEALTH CARE QUALITY IMPROVEMENT ACT OF 1986, AS AMENDED. THE INTENT OF THIS LEGISLATION IS TO ENCOURAGE RESEARCH EFFORTS IN PROFESSIONAL PEER REVIEW AND TO RESIST THE ABILITY OF INCOMPETENT PRACTITIONERS TO MOVE FROM STATE TO STATE WITHOUT DISCOVERY OF PREVIOUS SUBSTANDARD PERFORMANCE OR UNPROFESSIONAL CONDUCT.

THE LEGISLATION ALSO ESTABLISHED THE NATIONAL PRACTITIONER DATA BANK, AN INFORMATION CLEARINGHOUSE, TO COLLECT AND RELEASE CERTAIN INFORMATION RELATED TO THE PROFESSIONAL COMPETENCE AND CONDUCT OF PHYSICIANS, DENTISTS, AND IN SOME STATES, OTHER HEALTH CARE PRACTITIONERS. REGULATIONS COVERING THE DATA BANK ARE CODIFIED AT 45 CFR PART 80. RESPONSIBILITY FOR DATA BANK IMPLEMENTATION RESIDES IN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

THE NATIONAL PRACTITIONER DATA BANK IS PRIMARILY A FLAGGING SYSTEM WHOSE PRINCIPAL PURPOSE IS TO FACILITATE A MORE COMPREHENSIVE REVIEW OF PROFESSIONAL CREDENTIALS. DATA RECEIVED FROM THE DATA BANK SHOULD BE USED IN COMBINATION WITH OTHER SOURCES OF DATA IN MAKING DETERMINATIONS ON GRANTING CLINICAL PRIVILEGES OR IN EMPLOYMENT AFFILIATION OR LICENSURE DECISIONS. SETTLEMENT OF A CLAIM MAY OCCUR FOR A VARIETY OF REASONS WHICH DO NOT NECESSARILY REFLECT NEGATIVELY ON THE PROFESSIONAL COMPETENCE OR CONDUCT OF THE PHYSICIAN, DENTIST, OR OTHER HEALTH CARE PRACTITIONER. MANAGEMENT IN SETTLEMENT OF A MEDICAL MALPRACTICE COMPLAINT OR CLAIM SHALL NOT BE CONSTRUED AS CREATING A PRESUMPTION THAT MEDICAL MALPRACTICE HAS OCCURRED.

INFORMATION REPORTED TO THE DATA BANK IS CONSIDERED CONFIDENTIAL. PERSONS AND ENTITIES WHICH RECEIVE INFORMATION FROM THE DATA BANK EITHER DIRECTLY OR FROM ANOTHER PARTY MUST USE IT SOLELY WITH RESPECT TO THE PURPOSE FOR WHICH IT WAS PROVIDED. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS OF TITLE IV SHALL BE SUBJECT TO A CIVIL MONETARY PENALTY OF UP TO \$10,000 FOR EACH VIOLATION.

IF YOU REQUIRE FURTHER ASSISTANCE, PLEASE CONTACT THE DATA BANK AT 1-800-767-8732.

MORRIS WOSTMAN
ROCHESTER, NY 14619

STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PA 17105-2649



Norris Wortman

[REDACTED]
Rochester, NY 14623

May 26, 1993

Dear Doctor:

The items checked below are required to complete your application. Additional information is listed below the item, if necessary. You may not practice in the Commonwealth of Pennsylvania until a license has been issued by the Pennsylvania State Board of Medicine.

1. Application - page 1
2. Application - page 2
3. Application - page 3 - Certification of Moral Character
4. Application - page 4 - Verification of ACGME Approved Graduate Medical Training - must be received DIRECTLY from the Hospital(s) in official hospital envelope(s).
5. Application - page 6 - Verification of Medical Education - must be received DIRECTLY from the Medical School in an official Medical School envelope.
6. National Board scores - Endorsement of Certification must be received DIRECTLY from the National Board in an official agency envelope.
7. LMCC score certification must be received DIRECTLY from the Medical Council of Canada in an official agency envelope.
8. USMLE scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope.
9. FLEX scores must be received DIRECTLY from the Federation of State Medical Boards, Inc. in an official agency envelope.
10. State Board score certification must be received DIRECTLY from the State Medical Board in an official State Board envelope.
11. Curriculum vitae
12. Fee in the amount of \$20.00 made payable to the "Commonwealth of Pennsylvania". Check or money order must be drawn on a U.S. 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.
13. Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board envelope from the following states: Letter of good standing from New York was not received DIRECTLY, therefore we can not accept it.
14. National Practitioner Data Bank Disclosure Information.
15. Other: The application that you have submitted is outdated. Please refer to the enclosed new applications regarding the additional items that are required.

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

MD 050131 L

W O R T M R N E W

THIS IS YOUR RENEWAL NOTICE

STATE DEPARTMENT OF REVENUE

15 JULY 1964

WALTER W. WILSON

WALTER W. WILSON

WALTER W. WILSON

YOUR LICENSE IS EXPIRING AND YOU MUST RENEW IT IN ORDER TO CONTINUE TO EXERCISE YOUR PROFESSIONAL RIGHTS. YOU WILL RECEIVE A RENEWAL NOTICE FROM THE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS. IF YOU DO NOT RECEIVE A RENEWAL NOTICE, YOU SHOULD CONTACT THE BUREAU IMMEDIATELY. THE BUREAU WILL BE RESPONSIBLE FOR THE RENEWAL OF YOUR LICENSE. IF YOU ARE CURRENTLY OUT OF STATE, YOU SHOULD CONTACT THE BUREAU IMMEDIATELY. IF YOU ARE CURRENTLY IN STATE, YOU SHOULD CONTACT THE BUREAU IMMEDIATELY. IF YOU ARE CURRENTLY OUT OF STATE, YOU SHOULD CONTACT THE BUREAU IMMEDIATELY. IF YOU ARE CURRENTLY IN STATE, YOU SHOULD CONTACT THE BUREAU IMMEDIATELY.

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

Official Use Only

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MD - 050131 - L
WORTMAN RNEW

THIS IS YOUR RENEWAL NOTICE

STATE BOARD OF MEDICINE
P.O. BOX 8414
HARRISBURG, PA. 17105-8414

MORRIS WORTMAN

ROCHESTER, NY 14623

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1996. TO RENEW THROUGH DECEMBER 31, 1998 PLEASE COMPLETE THE QUESTIONS BELOW AND SUBMIT A CHECK OR MONEY ORDER IN THE AMOUNT OF \$80.00, MADE PAYABLE TO THE "COMMONWEALTH OF PA." RECORD YOUR LICENSE NUMBER ON THE FRONT OF YOUR PAYMENT. A LATE PENALTY FEE OF \$5 PER MONTH WILL BE CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 1996. 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 YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE PRE-PRINTED NAME AND ADDRESS ABOVE AND ATTACH A COPY OF LEGAL DOCUMENTATION OF THE NAME CHANGE.

NOTICE: IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED PRE AND CAT FUND SURCHARGE. FAILURE TO DO SO WILL RESULT IN SUSPENSION OR REVOCATION OF YOUR LICENSE.

ANY DISCIPLINARY ACTION TAKEN IN ANOTHER STATE, TERRITORY OR COUNTRY SHALL BE REPORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE OR WITHIN 30 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER.

THE FOLLOWING QUESTIONS MUST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 3, 4, OR 5 BELOW, PLEASE PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY.

YES NO

- () 1. DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE ON THE BACK.
- () 2. SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
- () 3. SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND 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?
- () 4. SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED, REVOKED OR RESTRICTED IN A HOSPITAL OR OTHER HEALTH CARE FACILITY?
- () 5. 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?

IF YOU WANT YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT.
NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTIONS ABOVE.

SIGN AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION.

SOCIAL SECURITY NUMBER

DATE OF BIRTH

NAME OF MEDICAL SCHOOL

Univ of Rochester

YEAR OF GRADUATION

1976

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT UNDER PENN. C.S. SECTION 4904 RELATING TO OATHSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

DATE

9/30 /96

00000713