SUBMIT A COPY OF A CURRENT USMLE/NBME/FLEX LICENSE OR EXAM SCORES. REQUIRED SCORES ARE BASED ON THE PGY LEVEL REQUIREMENTS CAN BE FOUND IN THE RENEWAL INSTRUCTIONS.

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

[redacted] SOBER

RENEWAL APPLICATION

STEPHANIE PAULA SOBER 9849
PENNSYLVANIA HOSPITAL
MARY MARTINO COORDINATOR
ACADEMIC AFFAIRS OFFICE
800 SPRUCE STREET
PHILADELPHIA PA 19107

MAY 27 2008

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

[redacted]

I will not be participating in graduate training in Pennsylvania after the expiration date indicated below and request inactive status. No fee is required. QUESTIONS MUST STILL BE ANSWERED

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES	NO	If YES to 2-8 - provide details AND attach certified copies of legal document(s)
	X	1 Do you hold or have you ever held a license, certification or registration (active or inactive, current or expired) to practice this profession in any other state or jurisdiction? List
	X	2 Since your initial application or your last renewal, have you ever had disciplinary action taken against your license, certification or registration in any state or jurisdiction?
	X	3 Since your initial application or your last renewal, have you ever withdrawn an application for a license, certification or registration that an application denied or refused, or agreed not to reapply in any state or jurisdiction?
	X	4 Since your initial application or your last renewal, have you been convicted, found guilty or pleaded nolo contendere or received probation without verdict as to any felony or misdemeanor, excluding any drug law violations, or any criminal charges pending or unresolved in any state or jurisdiction?
[redacted]		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 Since your initial application or your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
	X	7 Since your initial application or 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	8 Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. If the Civil Complaint was previously submitted, provide a statement, which lists the docket number.

Please review and update, as necessary, the following information regarding your license:

	Beginning Date	Ending Date	Level	Specialty	Hospital #	Hospital Name
Current	06/18/2007	06/14/2008	Level 1	Obstetrics and Gynecology	HS0009181L	PENNSYLVANIA HOSPITAL
Renewal	[illegible]		[illegible]	[illegible]	[illegible]	[illegible]

Signature of Licensee (Mandatory) [redacted] Date 5/16/08

Medical School Graduation Date [illegible] SSN [redacted]

ATTACHMENTS FOR RENEWING:

- **FEE** – $15.00 check payable to "COMMONWEALTH OF PENNSYLVANIA". Write your license number on your payment. A $20.00 fee will be assessed for a returned payment.
- **LATE FEE** - $5.00 per month or part of a month. Late renewal fee will be assessed if postmarked after the expiration date.
- **NAME CHANGE DOCUMENT** – Submit a photocopy of a legal document verifying name change (i.e., marriage certificate, divorce decree, etc.)
- **PGY 2 LEVEL** – Copy of your USMLE Step 1 and 2 scores OR FLEX 1 and 2 scores OR National Board Part 1 and 2 scores OR an acceptable combination as indicated in the regulations.
- **PGY 3 LEVEL or above** – Copy of your USMLE Step 1 scores OR FLEX 1 and 2 scores OR National Board Parts 1-3 scores OR an acceptable combination as indicated in the regulations OR a copy of your unrestricted license WHICH SHOWS THE CURRENT EXPIRATION DATE.

USMLE
United States Medical Licensing Examination

UNITED STATES MEDICAL LICENSING EXAMINATION™

Students and graduates of U.S. and Canadian medical schools are registered for Step 2 by the
NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
3750 Market Street, Philadelphia, Pennsylvania 19104-3190
Telephone: (215) 590-9700

STEP 2 CLINICAL SKILLS (CS) SCORE REPORT

Name Sober, Stephanie Paula **Test Date** March 19, 2007

USMLE ID [redacted]

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 2 is designed to assess whether an examinee can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention. The inclusion of Step 2 in the USMLE sequence is intended to ensure that due attention is devoted to principles of clinical science and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine. There are two components to Step 2: a Clinical Knowledge (CK) examination and a Clinical Skills (CS) examination. This report represents results for the Step 2 CS examination only. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The overall Pass/Fail outcome provided below represents your result for the administration of the Step 2 CS on the test date shown above. For examinees who failed the test, a graphical performance profile is provided on the second page of this report.

Overall Pass/Fail Outcome
[redacted]

The overall outcome for Step 2 CS reported above is based upon the minimum passing levels set by USMLE for the three Step 2 CS subcomponents. The three subcomponents are Integrated Clinical Encounter (ICE), Communication and Interpersonal Skills (CIS), and Spoken English Proficiency (SEP). It is necessary to pass all three subcomponents in order to obtain an overall passing outcome on the Step 2 CS. Results for the three Step 2 CS subcomponents are reported below.

ICE	*CIS*	*SEP*
[redacted]		

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USMLE
United States Medical Licensing Examination

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3750 Market Street, Philadelphia, Pennsylvania 19104-3190
Telephone: (215) 590-9700

STEP 2 CLINICAL KNOWLEDGE (CK) SCORE REPORT

Solier, Stephanie Paula

Test Date: January 17, 2007

USMLE ID: [redacted]

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 2 is designed to assess whether an examinee can apply medical knowledge, skills, and understanding of clinical science essential for the provision of patient care under supervision, including emphasis on health promotion and disease prevention. The inclusion of Step 2 in the USMLE sequence is intended to ensure that our attention is devoted to principles of clinical sciences and basic patient-centered skills that provide the foundation for the safe and competent practice of medicine. There are two components to Step 2: a Clinical Knowledge (CK) examination and a Clinical Skills (CS) examination. This report represents results for the Step 2 CK examination only. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent, each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 2 CK on the test date shown above.

[redacted]	This result is based on the minimum passing score set by USMLE for Step 2 CK. Individual licensing authorities may accept the USMLE recommended pass/fail result or may establish a different passing score for their own jurisdictions.
[redacted]	This score is determined by your overall performance on Step 2 CK. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 221 and 24, respectively, with most scores falling between 140 and 260. A score of 182 is set by USMLE to pass Step 2 CK. The standard error of measurement (SEM)† for this scale is seven points.
[redacted]	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 182 on the scale described above, is set by USMLE to pass Step 2 CK. The SEM† for this scale is three points.

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†Your score is influenced both by your general understanding of clinical science and the specific set of items selected for this Step 2 CK examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were to be repeatedly using different sets of items covering similar content.

USMLE
United States Medical Licensing Examination

UNITED STATES MEDICAL LICENSING EXAMINATION

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NATIONAL BOARD OF MEDICAL EXAMINERS® (NBME®)
3750 Market Street, Philadelphia, Pennsylvania 19104-3190
Telephone (215) 590-9700

STEP 1 SCORE REPORT

Sober, Stephanie Paula **Test Date: February 13, 2006**

USMLE ID: [redacted]

The USMLE is a single examination program consisting of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 1 is designed to assess whether an examinee understands and can apply important concepts of the sciences basic to the practice of medicine, with special emphasis on principles and mechanisms underlying health, disease, and modes of therapy. The inclusion of Step 1 in the USMLE sequence is intended to ensure mastery of not only the sciences underlying the safe and competent practice of medicine in the present, but also the scientific principles required for maintenance of competence through lifelong learning. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 1 on the test date shown above.

[redacted]	This result is based on the minimum passing score set by USMLE for Step 1. Individual licensing authorities may accept the USMLE recommended pass/fail result or may establish a different passing score for their own jurisdictions.
[redacted]	This score is determined by your overall performance on Step 1. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools are approximately 216 and 24, respectively, with most scores falling between 140 and 260. A score of 182 is set by USMLE to pass Step 1. The standard error of measurement (SEM)[1] for this scale is six points.
[redacted]	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 182 on the scale described above, is set by USMLE to pass Step 1. The SEM[1] for this scale is two points.

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[1] Your score is influenced both by your general understanding of the basic biomedical sciences and the specific set of items selected for this Step 1 examination. The Standard Error of Measurement (SEM) provides a [illegible] of the variation in scores that would be expected to occur if an examinee [illegible]

Commonwealth of Pennsylvania
Department of State
Bureau of Professional and Occupational Affairs
PO Box 2649 Harrisburg PA 17105-2649

07 488619

License Type

Graduate Medical Trainee
Obstetrics and Gynecology

Training Level

Level 1

Effective Date

06/18/2007

STEPHANIE PAULA SOBER
PENNSYLVANIA HOSPITAL
MARY MARTINO COORDINATOR
ACADEMIC AFFAIRS OFFICE
800 SPRUCE STREET
PHILADELPHIA PA 19107

License Number

[redacted]

Expiration Date

06/17/2008

Commissioner of Professional and Occupational Affairs

Signature

MAY 27 2008

Person Info
Name:STEPHANIE PAULA SOBER
Address Info
Street Address [redacted] **Email:** [redacted]
Phone
Fax
City [redacted]
State [redacted]
Zipcode
Country
County

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	N
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	MD PA
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	[redacted]
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	

Date Submitted: Tuesday, December 09, 2014

Education Info

No education records

Employment Information

No employment records

Person Info
Name:STEPHANIE PAULA SOBER
Address Info
Street Address: [redacted] **Email:** [redacted]
Phone
Fax
City [redacted]
State
Zipcode
Country
County

Survey Response Summary	
Question	Response Summary
Are you submitting a name change with this renewal?	N
Have you completed your current CE requirements?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	MD Pennsylvania, MD New Jersey
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	[redacted]
Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N
Since your initial application or your last renewal, whichever is later, have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?	N
Since your initial application or your last renewal, whichever is later, have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N
Since your initial application or your last renewal, whichever is later, have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?	N
Since your initial application or last renewal, whichever is later, have you engaged in the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	[redacted]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	19107

Date Submitted: Thursday, December 08, 2016

Education Info

No education records

Employment Information

No employment records