

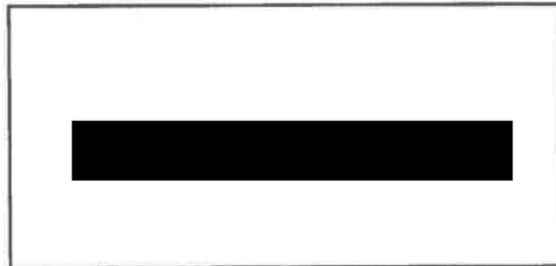


**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
**STEPHANIE PAULA SOBER**

**License No:**  
**[REDACTED]**



**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](mailto: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

NAME: SOBER STEPHANIE PAULA  
 Last First Middle

Permanent Address:

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

Street  
 City State Zip Code

Email address

Date of Birth: Social Security Number:

MM DD YYYY

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

N/A

Are you applying using credentials verification from FCVS? YES X NO

Have you previously held a Pennsylvania graduate training license?

X YES; My license number is MT190343 NO

**LIST MEDICAL SCHOOL(S) ATTENDED:**

UNIV. OF PENNSYLVANIA

**DATES OF ATTENDANCE:**

From: 08/2003 to 05/2007  
 MM/YYYY MM/YYYY

From: to  
 MM/YYYY MM/YYYY

Date of Graduation: 05/14/2007  
 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 X STEP 2 X STEP 3 X  
 ( ) LMCC - Canadian  
 ( ) STATE BOARD - indicate state where taken:



## ACGME Post Graduate Training:

PGY1 Hospital: PENNSYLVANIA HOSPITALFrom: 06/18/2007 to: 06/17/2008PGY2 Hospital: PENNSYLVANIA HOSPITALFrom: 06/18/2008 to: 06/17/2009

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:</u>		X
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, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
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?		
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</u> , <u>filing date</u> , and the <u>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 requested by the Board.

Signature of Applicant

Date

**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: STEPHANIE SOBER

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 per [REDACTED] applicant for 4 year(s) 0 month(s).

SIGNATURE: [REDACTED] Date: 1/18/11

Print or type name as signed above: DOMINIC MARCIANO

State in which licensed: PA License Number: [REDACTED]

Name of Applicant: STEPHANIE SOBER

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 per [REDACTED] applicant for 5 year(s) \_\_\_\_\_ month(s).

SIGNATURE: [REDACTED] Date: 1/17/11

Print or type name as signed above: JACK LUDWIG

State in which licensed: PA License Number: [REDACTED]

**Return Completed Form to Applicant**

49-101 (REV. 01-10)  
**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](mailto:st-medicine@state.pa.us)

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

RECEIVED DIRECT

**VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING**  
**Accredited Medical School Graduates**

NAME: SOBER STEPHANIE PAULA  
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: PENNSYLVANIA HOSPITAL

NAME OF SPONSORING INSTITUTION: UNIVERSITY OF PENNSYLVANIA

LOCATED IN: Philadelphia PA 19107  
City State

1st Year from 06/18/07 To 06/17/08 Specialty Ob/Gyn Level (PGY) 1  
2nd Year from 06/18/08 To 06/17/09 Specialty Ob/Gyn Level (PGY) 2

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was no disciplinary action outstanding against this applicant. If this applicant does not complete training, I will be notified." 

This is a true and correct copy of this document. Therefore, I will have this form notarized to verify that this is a true and correct copy of this document.

Program Director's Signature: 

Date: 1/18/11

[Seal of Hospital]

[notary seal]

Notary's Signature: \_\_\_\_\_

Notary's Commission expires on: \_\_\_\_\_

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



License 2000 - I2kprod - Pennsylvania DOS/BPOA

File Person/Facility License Activities Window Help

Licensee - STEPHANIE PAULA SOBER ( Medicine )

General Licenses Education Employment Public Info Supp. Info.

License #	Type	Status	Probation? (Limited?)
<not issued>	Medical Physician and Surgeon	Pending	<input type="checkbox"/> <input type="checkbox"/>
06/19/2011 Composite Medical Practice - 06/19/2011 to 06/19/2011			

Address

Detail

Specialties	Issue Date	Expiration Date	Primary
Level 1	06/19/2007	06/17/2009	<input type="checkbox"/>
Level 2	06/18/2008	06/17/2009	<input type="checkbox"/>
Level 3	06/18/2008	06/17/2010	<input type="checkbox"/>
Level 4	06/18/2010	06/17/2011	<input checked="" type="checkbox"/>

Supp. Info.

Additional

Documents

New Edit Delete

Ready

start License 2000 I2kprod - Pennsylvania DOS/BPOA





RECEIVED DIRECT

**VERIFICATION OF MEDICAL EDUCATION**  
**For Graduates of Accredited Medical Schools**

**SECTION 1: To be completed by applicant:**

Name: SOBER STEPHANIE PAULLA  
Last First Middle  
Name of medical school: UNIVERSITY OF PENNSYLVANIA SCHOOL OF  
Location: PHILADELPHIA, PA MEDICINE

**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: Stephanie Paula Sober

Date student began to attend this medical school: 8/13/2003  
MM/DD/YYYY

Date of graduation: 5/14/2007  
MM/DD/YYYY

I certify that all of the above information is correct.

[Seal of School]

Signature

Date: 2/2/11

*School of Medicine*

**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 2849  
Harrisburg, PA 17105-2849

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

RECEIVED  
FEB 07 2011





# 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: 01/17/2011

Recipient:

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

RECEIVED DIRECT

Examinee: Sober, Stephanie  
Alt Name(s): Sober, Stephanie Paula

Examinee ID#: 51640010  
Date of Birth: [REDACTED]

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	
02/13/2006	Pass	235	182	95	75	

USMLE STEP 2						
Clinical Knowledge (CK)						
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
01/17/2007	Pass	222	182	90	75	
Clinical Skills (CS)*						
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
03/19/2007	Pass					

USMLE STEP 3						
Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
PENNSYLVANIA 03/27/2008	Pass	232	184	96	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 18 2011

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

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank  
P.O. Box 10832 •  
Charlottesville, VA 20153-0832  
<http://www.npdb-hipdb.hrsa.gov>

MD BL  
5500000066334036  
Process Date: 03/23/2011  
Page: 1 of 1

## SELF-QUERY RESPONSE

This self-query was processed under the provisions of:

☒ Title IV (NPDB)

☒ Section 1921 (NPDB)

☒ Section 1128E (HIPDB)

<b>A. SEARCH RESULTS:</b> 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	Peer Review Organization Action(s):	No Reports

<b>B. SUBJECT IDENTIFICATION INFORMATION</b>	
Subject Name:	SOBER, STEPHANIE PAULA
Gender:	FEMALE
Date of Birth:	[REDACTED]
Other Name(s) Used:	
Organization Name:	PENNSYLVANIA HOSPITAL
Organization Type:	GENERAL/ACUTE CARE HOSPITAL (301)
Home or Work Address:	[REDACTED]
City, State, ZIP:	[REDACTED]
Telephone:	[REDACTED]
Social Security Numbers (SSN):	[REDACTED]
Individual Taxpayer Identification Numbers (ITIN):	
Professional School(s) & Year of Graduation:	UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE (2007)
Occupation/Field of Licensure (Code):	PHYSICIAN INTERN/RESIDENT (MD) (015)
State License Number, State of Licensure:	[REDACTED] PA
Specialty:	OBSTETRICS & GYNECOLOGY (50)
Drug Enforcement Administration (DEA) Numbers:	
National Provider Identifiers (NPI):	
Federal Employer Identification Numbers (FEIN):	
Unique Physician Identification Numbers (UPIN):	

<b>C. PAYMENT INFORMATION</b>			
Credit Card Number:	[REDACTED]	Expiration Date:	[REDACTED]
Additional Paper Copies Requested:	0		
NPDB Charge:	\$8.00*	NPDB Bill Reference Number:	N25219603
HIPDB Charge:	\$8.00*	HIPDB Bill Reference Number:	H25219603
* Each charge will appear separately on your credit card statement.		Transaction Date:	03/23/2011

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-660, as amended, and Section 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990 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 \$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.

APR 25 2 011

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>

5500000066334036

Process Date: 03/23/2011

Page: 1 of 1

To: SOBER, STEPHANIE PAULA



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 Section 1921 of the Social Security Act as well as 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 1921 of the Social Security Act, as amended by Section 5(b) of the Medicare and Medicaid Patient and Program Protection Act of 1987, and as amended by the Omnibus Budget Reconciliation Act of 1990, expanded the scope of the NPDB. Section 1921 was enacted to protect program beneficiaries from unfit health care practitioners and health care entities, and to improve the anti-fraud provisions of Federal and State health care programs. This legislation authorizes the NPDB to collect certain adverse State licensure actions, as well as any negative action or finding that a State licensing authority, peer review organization, or private accreditation organization has concluded against a health care practitioner or health care entity. Regulations governing the NPDB are codified at 45 CFR Part 60.

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**

## **Stephanie Sober, MD**

### **EDUCATION/TRAINING**

**Residency – Obstetrics & Gynecology, 2007-present**  
*Pennsylvania Hospital, Philadelphia, PA*

**MD, 2007**  
*University of Pennsylvania School of Medicine, Philadelphia, PA*

**Postbaccalaureate Premedical Certificate Program, 2002**  
*Bryn Mawr College, Bryn Mawr, PA*

**BA in International Relations & Spanish, 2001**  
*Stanford University, Palo Alto, CA*

*Boston University in Madrid, Fall 1999*

*Middlebury Spanish Language School, Summer 1998*

### **INTERNSHIPS**

**Bridging the Gaps: Community Health Internship Program, Covenant House, Philadelphia, PA, Summer 2004**

**Latin American and Caribbean Program (LACP), The Carter Center, Atlanta, GA, Summer 2000**  
**IEPALA (el Instituto de Estudios Politicos para America Latina y Africa), Madrid, Spain, Fall 1999**

### **EMPLOYMENT EXPERIENCE**

**Medical Assistant, Dermatology Department, Massachusetts General Hospital 2002-2003**  
**Research Assistant, Center for Latin American Studies, Stanford University 2000-2001**

### **TEACHING EXPERIENCE**

**Instructor, Bryn Mawr College In-House MCAT Course Verbal Reasoning and Writing Sample Sections 2004-2006**

**Preceptor, First Year Medical Student Pelvic Anatomy Workshop, University of Pennsylvania School of Medicine 2010-present**

### **VOLUNTEER EXPERIENCE**

**Stanford University Alumni Interviewer 2008-present**  
**Students Teaching AIDS To Students (STATS), Philadelphia, PA 2003-2004**  
**Urban Nutrition Initiative Fruit Stand Project, Philadelphia, PA 2003-2004**





Adopt-a-School Program, Physicians for Social Responsibility, Philadelphia, PA 2001-2002  
Reproductive Health Counselor, Elizabeth Blackwell Health Center for Women 2001-2002  
Sexual Health Peer Resource Center Counselor, Stanford University 2000-2001

#### **ACADEMIC/INSTITUTIONAL COMMITTEES**

Reproduction Course Focus Group, University of Pennsylvania School of Medicine 2004

#### **LICENSURE/CERTIFICATION**

National Board of Medical Examiners 2008

#### **PROFESSIONAL MEMBERSHIPS**

American College of Obstetricians and Gynecologists (ACOG)  
American Medical Association (AMA)

#### **HONORS/AWARDS**

Resident Teaching Award 2009

#### **SKILLS**

Fluent in Spanish, oral and written

#### **RESEARCH/PUBLICATIONS/PRESENTATIONS**

Sober SP, Schreiber CA. Controversies in family planning: are all oral contraceptive formulations created equal? *Contraception* In Press, available online December 2010.

Sober S, Ratcliffe S, Creinin M, Schreiber C. Ovulation resumption after medical abortion with mifepristone and misoprostol.

•Poster Presentation at Reproductive Health 2010, Atlanta, GA, September 24, 2010.

•Oral Presentation 66<sup>th</sup> Annual Meeting of the American Society for Reproductive Medicine, Denver, CO, October 25, 2010.

•Abstract published in *Contraception* 2010;82(2):207 and *Fertility and Sterility* 2010;94(4):S5.

Schreiber CA, Sober S, Ratcliffe S, Creinin MD. Ovulation resumption after medical abortion with mifepristone and misoprostol. *Contraception* In Press, available online February 2011.

Merriman J, Elovitz M, Sober S, Parry S, Rychik J, Pare E. Congenital Heart Defects and IUGR: Fact or Fiction? Does the Type of CHD Matter?

•Poster Presentation 28<sup>th</sup> Annual Meeting of the Society of Maternal Fetal Medicine, Dallas, TX, February 1, 2008.

•Abstract published in *American Journal of Obstetrics and Gynecology* 2007;197(6):S146.

•Poster Presentation Annual CRRWH Research Retreat University of Pennsylvania Medical Center, May 2008.

Merriman J, Elovitz M, Parry S, Sober S, Rychik J, Pare E. Pregnancies Complicated by Fetal Congenital Heart Defect: Are Obstetrical Outcomes Different?



- Poster Presentation 54<sup>th</sup> Annual Scientific Meeting of the Society of Gynecologic Investigation, Reno, NV, March 15, 2007.
- Poster Presentation Annual CRRWH Research Retreat University of Pennsylvania Medical Center, May 2007.

Grand rounds presentations:

- The Role of Uterine Artery Embolization in Postpartum Hemorrhage, August 26, 2009.
- Management of Disseminated Intravascular Coagulation, March 31, 2010.



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**

April 29, 2011

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

Re: Board Action Query Dated: April 29, 2011  
Your Reference Number: BLONG  
FSMB Batch Number: BQ1901909

The following is a report of the search results from the Board Action Data Bank as of April 29, 2011 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of April 29, 2011

Item	Name	DOB	School	Yr/Grad	Request ID
1	SOBER, STEPHANIE			2007	

**LICENSE HISTORY**

State Board

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.



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2649  
HARRISBURG, PENNSYLVANIA 17105  
[st-medicine@state.pa.us](mailto:st-medicine@state.pa.us)  
[www.dos.state.pa.us/med](http://www.dos.state.pa.us/med)  
March 30, 2011

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

STEPHANIE PAULA SOBER [REDACTED]  
[REDACTED]

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.**

- **BOTH** the National Practitioner Data Bank **AND** the Healthcare Integrity and Protection Data Bank self query disclosure information ([www.npdb-hipdb.com](http://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](http://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: ifei2tyg**

Sincerely,

Pennsylvania State Board of Medicine