



Regular Marking Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1490
717-787-2581
Courier Delivery Address
STATE BOARD OF MEDICINE
124 PINE STREET
HARRISBURG, PA 17101

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APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION
For Graduates of <u>ACCREDITED</u> Medical Schools

Official I	Use Or	凹		
Date	10	PE	95	
		36.0	1299	KIS

Application Fee: \$20.00 not refundable

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

NAME:	DANTZIC	SCNDRA		
	lasi	First	Middle	
Permanent A	ddress:			
		Street		
	PHILADELPHIA	PA	PAIR	
	City	State	Zip Code	
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Post Grady	iaie Education:		
PGY1	Hospital: NETWORK FOLLOW IT TO ANGELLING	From: 6/24/93 to:6	1394
PGYZ	Hospital: CAME	From: 7/1/94 to:	<u> 130195</u>
	e following questions, if "YES" to any of them, provide on I copies of relevant documents. Sign and date below.	mplete details on a separate s	heer as well
		YES	NO
시계에 한다는 나무실이 화장된 경기 (8)	any disciplinary action been taken against your license in her state, territory or country?		_X_
cont	e you been convicted, found guilty, or pleaded guilty or nendere, or received probation without verdict as to any fel demonster, including any drug law violation, in any state or rel court?	ony or	<u> </u>
	e you had practice privileges denied, revoked or restricted pital or other health care facility?	in a	_X_
havi	e you had your DEA registration denied, revoked or restri e you had your provider privileges terminated by any med stance agency for cause?		<u> X</u>
slco (No hav	you, or have you ever been, addicted to the intemporate that or to the habitual use of narcotics or other habit-form te: You may answer "NO" if you are currently a particle successfully completed the requirements of the Board fessional Program.)	ing drugs? cipant in or	
belief, I c to unswer authorize present).	at the statements in this application are true and correct to tanderstand that false statements are made subject to the pen in falsification to authorities and may result in the suspensiall hospitals, institutions or organizations, my references, and all governmental agencies and instrumentalities (local, mia State Board of Medicine any information, files or recoming the state of	alties of 18 Pa. C.S. Section of or revocation of my licen personal physicians, employ state, federal or foreign) to a	4904 relating se. I hereby ers (past an
Signature	of Applicant:		
	7/15/95		
	AND ASSESSMENT OF THE PROPERTY	The state of the s	

P.O. Box 2649 Herrisburg, PA 17105-2649

94997.1-9497.5

Certification of Moral Character

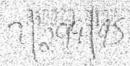
To be completed by two physicians with a license without restriction in good standing in the United States or Canada.

젊었다. 이 경기 나는 하는 나라는 한 학교 사람들은 살았다.	
I hereby certify that I know the applicant to be o knowledge, he/she is not addicted to the intemperate or other habit forming drug. I recommend the ap Commonwealth of Penrsylvania.	use of alcohol or to the habitual use of a parcetic
I have been personally acquainted with the applicar	nt for 2_ year(s) month(s).
SIGNATURE:	Date: 7/13/95
Print or type name as signed above: D. E1560	
State in which licensed: PA	
Oldite III water declared.	
Name of Applicant: 50NDRA DANTZAC	
Name of Applicant: SUNDRA DANTZAC I hereby certify that I know the applicant to be knowledge, he/she is not addicted to the intemperator other habit forming drug. I recommend the applicant of Pennsylvania.	of good moral character and to the best of my e use of alcohol or to the habitual use of a narcotic
I hereby certify that I know the applicant to be knowledge, he/she is not addicted to the intemperator other habit forming drug. I recommend the applicant to be	of good moral character and to the best of my e use of alcohol or to the habitual use of a narcotic pplicant for a license to practice medicine in the
I hereby certify that I know the applicant to be knowledge, he/she is not addicted to the intemperator of other habit forming drug. I recommend the application of Pennsylvania. I have been personally acquainted with the application.	of good moral character and to the best of my e use of alcohol or to the habitual use of a narcotic pplicant for a license to practice medicine in the
I hereby certify that I know the applicant to be knowledge, he/she is not addicted to the intemperator other habit forming drug. I recommend the application of Pennsylvania. I have been personally acquainted with the application.	of good moral character and to the best of my e use of alcohol or to the habitual use of a narcotic pplicant for a license to practice medicine in the ant for year(s) month(s). Date: //3 /95

Return Completed form to Applicant

Return Completed form to Applicant

Regular Mailing Address State Board of Medicine P.O. Box 2649 Harrisburg, PA 17105-2649 Courier Delivery Address State Board of Medicine 124 Fine Street Harrisburg, PA 17101



VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates TO BE COMPLETED BY APPLICANT

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year training Training previou See list	level must be v g are required, of g at a first (PG' is training). Tra- ling on back.	erified. If the training be ne at first (PGY 1) year I Y 1) year must be ACGN ining at a second (PGY 2)	of approved training at a first egan on or after July 1, 1987, level and one at second (PGV) (E approved entry level (train) year must be ACGME appropital, duplicate this form and second entry level (train)	two (2) years of approved 2) year level. ing which requires no ved and can be any specialty
vas in Po econd yo rior to to not be ac	ennsylvania, inf ear of training, he completion o ecepted.	ormation must coincide this form may be compli	ospital where the graduate tr with data on graduate licenss eted and signed by the progra Forms postmarked or signed OF PENSMANNA	e. For applicants still in th am director fifteen (15) day
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ACAILCA .	City		State	
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	r from 7.1.i	/94 To G/30/9	5 Specialty €657N	Level(PGY) 2
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Entry Level Specialtic

Anesthesiology Dermstology Diagnostic Radiology Emergency Medicine Family Practice Central Surgery Internal Medicine Neurology

The following specialties to entry and would not b

Adult Reconstructive Sur Aerospace Medicina Allergy and Immunology Blood Banking Cardiovascular Disease Chemical Pathology Child Neurology Child and Adolescent Ps Colon and Recial Surger Critical Care Dermatepathology Diagnostic Laboratory I Endocrinology and Meti Forensic Pathology Gastroenterology Geriatrics Hand Surgery Hematology Immunopathology Infectious Diseases Medical Microbiology Medical Oncology Musculoskeletal Oncole Neonatal-Perinatal Med Nephrology Neurosurgery

Board adopted April 22

Neuropathology

OF PENNSYLVANIA

MEDICAL

Rehab

d require training prior

logy y/Oncology:

e/Public Health

Return Completed form to Applicant

NAME: DANTZIC

Yegular Mailing Address Sinke Board of Medicine P.O. Box 2649 Harrisburg, PA 17105-2649 Courier Delivery Astress Rate Board of Medicine 124 Pine Street Hampburg, PA 17101

Porce

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING Accredited Medical School Graduates TO BE COMPLETED BY APPLICANT

SONDRA

		MARCE	
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as in Pennsylvania, in econd year of training	program director at the hospital wiformation must coincide with data, this form may be completed and of the approved training. Forms p	s on graduate license. signed by the progra	For applicants still in to m director fifteen (15) do
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ocated in:	Philodelphia	PA	19127
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nd Year from <u>> /</u>	<u> </u>	aliy <u>a Ba</u> YN	Level(PGY) Z
1 certify that	SENDRA DANTE	cc s	successfully completed/wil
	(Name of Applicant) this graduate medical training and If this applicant does not complete		
 "I further certify the completed the train." 		1. Ob 1	ne Strikk Junt 2:0 (Name of Applicant) William
[Seal of Hospital]	Signature of Program Director Date: 10/6/92	170019	rucce_
the hospital has no set co	emplete the following section and have this	form notarized	
I hereby certify that	this hospital has no seal or stamp and that t	his form was completed by	this hospital.
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Program Director's Date:	Signature:	[notary scal]	



STATE BOARD OF MEDICINE

Entry Level Specialtit

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

The following specialties a so entry and would not be

Adult Reconstructive Surg Aerospace Medicine Allergy and Immunology Blood Banking Cardiovascular Disease Chemical Pathology Child Neurology Child and Adolescent Psy Colon and Rectal Surgery Critical Care Dermatopathology. Diagnostic Laboratory Im-Endocrinology and Metab Forensic Pathology Gastroenterology Geriatrics Hand Surgery Hematology Immunopathology Infectious Diseases Medical Microbiology Medical Oncology Musculoskeletal Oncology Neonatal-Perinatal Medici Nephrology Neurosurgery

Board adopted April 22, 1

Neuropathology

MEDICAL COLLEGE HOSPITALS

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Hillinghily Avertus

iy Oncology

Sublic Health

Che Federation of State Medical Boards of the United States, Inc. OF PALES WIGER ROAD PECEVED DIPLECT 60 SSS TEXAS PROFILE 1817-148-6500 F0X3592/ 855-4069 EXPRINEE: SONDER S AGETALS. Cindy L. Warrer Administrative Assistant Pennsylvania State Board of Medicine 9. D. Fox 1243 Manrisburg, PR 17:05-82-8 It is pentified that the obove named physician took the Federation Livebeing Entaination on the pare (5) entered below for the Store Medical Lipensing Searchs) listed and outsided the Policing actions FIN: 631026507 Date of Certification: 10/17/95 " STATE ENDO TAKEN FOR COMP 1 DATE OF EXPIN STATE ID A COMP 2 22322 88

NEW YORK 06/93

COMPONENT 1 of FLEX is assigned to evaluate weakyrable assects of the Appowledge and understanding of taxic and clinical sciences; with specific Budhabis of principles are necremient underlying disease and rodes of theuseove

COMPONENT 2 of FLEX to designed to assess the additional cognitive abilities recaired of physicians who will ultimately assume independent reproved bilities for the general health care of patients.

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DED

SONDRA DANTZIC

miladelphia PA 1912

EDUCATION -

RESIDENCY, MEDICAL COLLEGE OF PENNSYLVANIA Philadelphia, Pennsylvania 693 - 797 (anticipated)

Department of Obstetrics and Gynecology

M.D., UNIVERSITY OF VERMONT COLLEGE OF MEDICINE Burlington, Vennont 989-593

PRE-MEDICAL COURSES. UNIVERSITY OF MASS ACHUSETTS Amherst, Massachusetts 687 - 5/88

B.A. HAMPSHIRE COLLEGE

Amherst, Massachuseus

Concentration: Psychology and Physiology of Women Thesis: Bulimia as a Heterogeneous Eating Disorder

RESEARCH **EXPERIENCE**

RECIPIENT, SUMMER RESEARCH FELLOWSHIP

University of Vermont Committee on Medical Research

6.90 - 9.90

Project: Maximizing Comphance to Breast Cancer Screening Guidelines for Mammograms and Clinical Breast Exams

RESEARCH ASSISTANT

Columbia University, Department of Psychopharmacology and New York State Psychiatric Institute

9.84 - 5.87

CLINICAL EXPERIENCE

SENIOR COUNSELOR

Valley Programs, Inc. Northampton, Massachusetts

888 - 889

Deinstitutionalization program for patients with chronic medical and psychiatric illnesses.

FACILITATOR, EATING DISORDERS SUPPORT GROUPS Amherst College and Hampshire College

9/87 - 5/89

PUBLICATIONS

Walsh BT. Kissileff HR. Cassidy SM, Dantzic S, "Eating Behavior of Women with Bulimia". Archives of General Psychiatry, January 1989, 46:1:54-58.

PROFESSIONAL ORGANIZATIONS

American College of Obstetrics and Gynecology, Junior Fellow American Medical Women's Association



Board: Medicine

Licensee Full Name: SONDRA DANTZIC

License No: MD057704L

607861_LIC_5_04/17/2012



COMMONWEALTH OF PENNSYLVANIA STATE BOARD OF MEDICINE P. O. BOX 2649 HARRISBURG, PENNSYLVANIA 17105

st-medicine@pa.gov www.dos.state.pa.us/med April 17, 2012

SONDRA DANTZIC 9849

DOYLESTOWN PA 18901-3127

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

RE: MD057704L

RE: Continuing Education Audit

Dear Licensee:

The State Board of Medicine received your response to the continuing medical education audit being conducted. The information provided has been reviewed and this hereby certifies your compliance with the continuing medical education requirement for the January 1, 2009 - December 31, 2010 biennial renewal period.

Should you have any questions, please contact the Board.

Sincerely,

State Board of Medicine

CONTINUING EDUCATION APPROVAL SHEET

PROFESSION (PLEASE CHECK)

MEDICAL PHYSICIAN & SURGEON

NAME OF CME AUDITOR:

Branda Long

DATE OF REVIEW:

3/30/12

(NOTE: YES OR NO MUST BE CIRCLED)

APPROVED:

YES

APPROVED:

NO

P. O. BOX 2649 HARRISBURG, PENNSYLVANIA 17105 <u>st-medicine@pa.gov</u> www.dos.state.pa.us/med January 30, 2012

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

RE: MD057704L

SONDRA DANTZIC 9849
DOYLESTOWN PA 18901-3127

Dear Doctor

You have been randomly selected for audit of the continuing education hours claimed for the renewal of your physician and surgeon license through December 31, 2010. The State Board of Medicine requires completion of 100 hours of AMA PRA Category 1 or 2 hours of continuing education as outline below:

Twenty (20) credit hours must be completed in AMA PRA Category 1 activities.

- The remaining eighty (80) credit hours may be completed in either Category 1 or Category 2 approved activities.
- A minimum of 12 hours of the 100 must be completed in activities related to patient safety or risk management and may be completed in either Category 1 or 2.
- Details regarding continuing education accepted as Category 1 and 2 can be found on the Board's web site at www.dos.state.pa.us/med.

You must now submit <u>copies</u> of your continuing education documentation totaling a minimum of 100 hours for the renewal period 1/1/09 through 12/31/10. When submitting Category 1 hours, copies should be 8 ½" x 11" and must include your name, name of sponsor, course title, date of completion and number and category of CME credits awarded. <u>Do not submit</u> registration receipts, course agendas, or activity sheets. These do not provide all the information necessary to determine eligibility as outlined above. If you no longer have your certificates, you must contact the course provider for duplicates. THE DOCUMENTATION SUBMITTED WILL NOT BE RETURNED.

Please complete the verification statement below and return this entire page with copies of your continuing education documentation no later than 30 days from the date of this audit notice. If you were exempt from the CME requirement during the required time period, please complete and return this audit notice with documentation of your exemption.

Failure to satisfactorily comply with this audit request will result in a referral to the Professional Compliance Office, which may result in disciplinary proceedings under <u>Section 41 (6) of the Medical Practice Act of 1985 (63 P.S. 422.41 (6).</u> Thank you for your cooperation.

VERIFICATION STATEMENT

I have attached copies of approved continuing education for programs I completed during the licensure period 1/1/09 through 12/104/6

Signature (Required)

Date

Sincerely.

Medical School

Statement of Attendance

Sondra Dantzic MD

Doylestown, PA 18901

Advanced Mind-Body Medicine Professional Training Program

January 31 – February 4, 2009 Minneapolis Marriott City Center Minneapolis, MN

American Medical Association/Physician Recognition Award

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the University of Minnesota and the Center for Mind-Body Medicine. The University of Minnesota is accredited by the ACCME to provide continuing medical education for physicians.

The University of Minnesota designates this educational activity for a maximum of 29.75 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

American Academy of Physician Assistants

AAPA accepts AMA Category 1 CME credit for the PRA from organizations accredited by ACCME.

Other Health Care Professionals

Other health care professionals who participate in this CME activity may submit their Statements of Attendance to their appropriate accrediting organizations or state boards for consideration of credit. The participant is responsible for determining whether this activity meets the requirements for acceptable continuing education.

Ginny Jacobs, M.Ed., MLS, CCMEP Director, Continuing Medical Education University of Minnesota Medical School Office of Continuing Medical Education
University Park Plaza, Suite 601
2829 University Avenue, SE
Minneapolis MN/55472

Phone: 612-626-7600 FAX: 612-626-7766 Web: <u>www.cme.umn.edu</u>

Number of Credits Claimed: 29.75

Please retain this statement for your records. Replacement copies can be obtained for a \$25 service fee.

MAR 9 8 2012

American Society for Colposcopy and Cervical Pathology

Devoted to the Study of Early Cervical Neoplasia

The American Society for Colposcopy and Cervical Pathology (ASCCP) certifies that

Sondra Dantzic, MD

has participated in the educational activity titled 2010 ASCCP Biennial Meeting and its ancillary CMR workshops at the Green Valley Ranch Resort in Las Vegas, Nevada on March 24-27, 2010.

The American College of Obstetricians and Gynecologists has assigned 29 cognate credits to this program.

Actual ACOG cognate credits this participant claims: 21

In Charle Ja.

PRESIDENT



EDUCATION CHAIR



Please click here to refer this program to your colleagues

CERTIFICATE OF COMPLETION

INFORMED certifies that

SONDRA BETH DANTZIC

has participated in the educational activity titled 2008-2009 Physician Update: Cultural Competency

on

June 20, 2009

and is awarded 7 AMA PRA Category 1 Credit(s). TM

InforMed is approved by the Accreditation Council for Continuing Medical Education (ACCME) to sponsor continuing education for physicians.

William J. Ruff

Director, Program Administration

The	correct a	nswei	rs to	the t	est q	uesti	ons:	Your answers missed
1	A	11	С	21	Α	31	В	15
2	В	12	В	22	Α	32	Α	* ;
3	False	13	D	23	D	33	D	, ,
4	True	14	В	24	Α	34	В	
ý	A	15	B\$	25	A	38	<u>G</u>	
6	A	16	В	26	В	36	С	
7	D	17	В	27	В			
8	D	18	В	28	C			
9	С	19	Е	29	Α			
10	C	20	В	30	С			

This is to certify that

Sondra Dantzic, MD

has attended, in its entirety, the Family Violence Prevention Fund's



in New York, NY August 12, 2009

3 total hours/credits

Esta Sola

Esta Soler, President, Family Violence Prevention Fund

September 20, 2009

Date

The Family Violence Prevention Fund's National Health Resource Center on Domestic Violence is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. FVP, certifies that this continuing medical education activity meets the criteria for a maximum of 3 hours of credit in Category to of the Physician's Recognition Award of the American Medical Association.



Kenneth L. Noller, M.D.
Director of Evaluation
American Board of Obstetrics and Gynecology
2915 Vine Street

Dallas, TX 75204

Phone: Fax: (214) 871-1943

March 9, 2012

589 Christopher Lane Doylestown, PA 18901

Dear Doctor:

Congratulations! I am pleased to inform you that you have satisfactorily completed the 2009 Maintenance of Certification assignments. You have earned 35 AMA Category 1 CME credits. These will be awarded by the American College of Obstetricians and Gynecologists (ACOG).

Documentation of completion of the MOC process will be furnished to the engraving company.

Your certification status in Obstetrics and Gynecology on March 9, 2012 is "active". The MOC process requires a new application and participation each year.

Please use this letter to provide documentation of your status for your hospitals. Please remember that you must re-apply for MOC each year. The application for the 2010 MOC process will be available through your ABOG Member Login page beginning in November, 2009.

Sincerely yours,

Kenneth Noller, M.D. Director of Evaluation

KLN

ABOG ID: 970737

MAR 2 3 2012

Incorporated 1930
A founding member of The American Board of Medical Specialties

A057978



Kenneth L. Noller, M.D. Director of Evaluation American Board of Obstetrics and Gynecology 2915 Vine Street Delice TV 7520A

Phone: Fax: (214) 871-1943

March 9, 2012

Sondia Beth Dantzic M.D. 589 Christopher Lane Doylestown, PA 18901

Dear Doctor:

Congratulations! I am pleased to inform you that you have satisfactorily completed the 2010 Maintenance of Certification Part II assignments. You have earned 35 AMA Category 1 CME credits. These will be awarded by the American College of Obstetricians and Gynecologists (ACOG).

Documentation of completion of the MOC process will be furnished to the engraving company.

Your certification status in Obstetrics and Gynecology on March 9, 2012 is "active". The MOC process requires a new application and participation each year.

Please use this letter to provide documentation of your status for your hospitals. Please remember that you must re-apply for MOC each year. The application for the 2011 MOC process will be available through your ABOG Member Login page beginning in November, 2010.

Cincoroly yours

Kenneth Noller, M.D. Director of Evaluation

KLN

ABOG ID: 970737

MAR 23 2012

Incorporated 1930
A founding member of The American Board of Medical Specialties www.abog.org

A057978

CERTIFICATE OF ATTENDANCE



NAF's 34th Annual Meeting Liberty, Justice and Abortion

April 26-27, 2010

Philadelphia, Pennsylvania

The National Abortion Federation (NAF) is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.

NAF certifies that

SONDRA DANTZIC, MD

(Name of participant)

Has participated in the educational activity titled "NAF's 34th Annual Meeting—Liberty, Justice and Abortion" on April 26-27, 2010. This activity was designated for a maximum of 12 AMA PRA Category 1 Credits.

Many states require documentation of continuing education for licensure renewal for nurses and other professionals. This certificate is your documentation of attendance. Individuals with professional degrees should contact their state licensing Board to determine the acceptability of AMA PRA Category 1 Credits. The

Vicki Saporta President and CEQ

Sally Burgess, MBA

Chair of the Board of Directors

DOYLESTOWN, Pennsylvania 18901.

INFORMED

Certificate of Completion

This Certifies that

Name: SONDRA DANTZIC License #: MD057704L

Has participated in the Endufing Material activity titled:
2012-2013 Pennsylvannia Patient Safety Update

Patient Safety Update, Self-Directed Learning, the Internet, and CME

and is awarded 13 AMA PRA Category 1 Ocedit(s) ™

Date of Completion: 3/20/2012

William J. Ratliff Director, Program Administration

Score Information

88 %

Correct answers are:

1. C 2. C 3. A 4. B 5. D 6. B 7. A 8. B 9. A 10. A 11. A 12. C 13. A 14. B 15. D 16. B 17. C 18. A 19. D 20. C 21. A 22. C 23. A 24/B 25. A 26. A 27. B 28. D 29. C 30. C 31. C 32. D 33. B 34. A 35. C 36. B 37. A 38. D 39. B 40. C 41. C

Wrong answered questions are: 4,5,24,38

Payment Information Card Used: Visa

Amount: \$ 75.00

Date: 3/20/2012

MAR 23 2012

Name:SONDRA DANTZIC Address Info	
Email:	
Street Address:	verizon.net
Phone	
Fax	
CityDoylestown	
StatePA	
Zipcode189013127	
Country82	
CountyBucks	
Survey Response Summary	
Question Response Summary	
Are you submitting a name change with this renewal?	N
Do you hold a license/certificate (active, inactive or	
expired) to practice in any other state or jurisdiction?	Y
Since your initial application or last renewal, whichever	
is later, have you had disciplinary action taken against	N
your license, certificate or registration issued to you in	IN .
any profession in any other state or jurisdiction?	
Since your initial application or last renewal, whichever	
is later, 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	N
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.	
Since your initial application or last renewal, whichever	
is later, have you withdrawn an application for a license,	
certificate or registration, had an application denied or	N
refused, or for disciplinary reasons agreed not to reapply	
for a license, certificate or registration in any profession in any other state or jurisdiction?	
Since your initial application or last renewal, whichever	
is later, have you been arrested for criminal homicide,	
aggravated assault, sexual offenses or drug offenses in	N
any state, territory or country?	
Since your last renewal, have you been the subject of a	N
civil malpractice law suit? If yes, please submit a copy of	
the entire Civil Complaint which must include the filing	
date and the date you were served. If you previously	

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 last renewal, whichever is later, have you had practice privileges denied, revoked or restricted in a hospital or health care facility?	N
Since your initial application or last renewal, whichever is later, have your provider privileges been denied, revoked or restricted by any medical assistance agency for cause?	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	N
Have you met your current CE requirements?	Y
Education Information	
No education records	
Employment Information	
No employment records	
remarks Remarks: Continuing Education Information	
No CE Course records	

.

Person Info Name:SONDRA DANTZIC	
Address Info	
Street Address	Ema th @verizon.net
Phone	
Fax	
City Doylestown	
StatePA	
Zipcode189013127	
Country 82	
CountyBucks	

CountyBucks	
Survey Response Summary	Marine State of the
Question Response Summary	
	N
Have you met your current CE requirements?	Y
recognition and reporting?	Y
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.	NY, NJ
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.	N
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?	
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 gurrent medical professional liability insurance in the Commonwealth of	N
i voli answer "No" piease provine an explanation of feason for an exemption fedilest	Exempt because not practicing in PA
Date Submitted: Tuesday, December 30, 2014	
Education Info	
No education records	

Employment Information

No employment records

Address Info	
Street Address	@gmail.com
Phone	
Fax	
CityDoylestown StatePA	
Zipcode189013127	
Country 82	
CountyBucks	
Survey Response Summary	
Question Regionse Summary	A STATE OF THE PARTY OF THE PARTY.
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 of authorization to practice any health-related profession in any state or jurisdiction.	
If you answered yes to the above question, please provide the profession and jurisdiction.	
jurisuicuori. Since your initial application or last renewal, whichever is later, have you had d	iscinlingay action
taken against a professional or occupational license, certificate, permit, registra authorization to practice a profession or occupation issued to you in any state of	ation or other
have you agreed to voluntary surrender in lieu of discipline? Do you currently have any disciplinary charges pending against your profession	nal or
Do you currently have any disciplinary charges pending against your profession occupational license, certificate, permit or registration in any state or jurisdiction.	
Since your initial application or last renewal, whichever is later, have you withd	
application for a professional or occupational license, certificate, permit or regi	
application denied or refused, or for disciplinary reasons agreed not to apply or professional or occupational license, certificate, permit or registration in any staurisdiction?	
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	
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. Do you currently have any criminal charges pending and unresolved in any stat	e or jurisdiction? N
Since your initial application or last renewal, whichever is later, have you had y	DEA
registration denied, revoked or restricted?	our DEA 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 a Medicare, third party payor or another authority?	gency, N
Since your initial application or your last renewal, whichever is later, have you	
practice privileges denied, revoked, suspended, or restricted by a hospital or a facility?	
Since your initial application or your last renewal, whichever is later, have you	
a hospital, university, or research facility with violating research protocols, falsion engaging in other research misconduct?	fying research, N
Since your initial application or last renewal, whichever is later, have you engage	red in the
intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or substances that may impair judgment or coordination?	other drugs or
Since your initial application or your last renewal, whichever is later, have you of a civil malpractice lawsuit?	been the subject Y
If yes, please submit a copy of the entire Civil Complaint, which must include the date you were served. PLEASE NOTE: If you previously reported the consorred you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child	abuse Y
recognition and reporting? Do you maintain current medical professional liability insurance in the Common	wealth of Y
Pennsylvania?	
f you answer "No", please provide an explanation or reason for an exemption	
Please provide the zip code of your primary employer/practice location. This discollected for the purpose of identifying healthcare professionals during state emmay be provided to the Pennsylvania Emergency Management Agency for office	nergencies and 18106
Date Submitted: Thursday, December 01, 2016	
Education Info	

03703

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

M D - 0 5 7 7 0 4 - L D A N T Z R N E W

THIS IS YOUR RENEWAL NOTICE

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

SONDRA DANTZIC
PHILADELPHIA, PA 19127

YOUR CURRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PENNSYLVANIA WILL EXPIRE ON DECEMBER 31, 1996. TO RENEW TH DUGH
DECEMBER 31, 1998 SERASE COMPLETE THE CUESTIONS BELOW AND SUBDIT A CHECK OF MONEY ORDER IN THE AMOUNT OF \$80.00, KADE
PAYABLE TO THE "COMMONWEALTH OF PA." ECCORD. THE LICENSE NUMBER OF THE FRONT OF YOUR PAYMENT. A LATE PENALTY FEE OF \$5.00
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 BETURNED UNPAID BY YOUR BANK, RECARDLESS OF THE REAGON. 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 PROPERSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARGE: PATLURE TO NO SO WILL RECUT IS SUSPENSION ON REVOCATION OF YOUR LICENSE.

ANY DISCIPLINARY ACTION TAKEN IN SIGHER STATE, TERRITORY OR COUNTRY SHALL BE RESORTED TO THE BOARD ON THE BIENNIAL RENEWAL NOTICE OR WITHIN 10 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER

THE POLLOWING QUESTIONS HOST BE ANSWERED. IF YOU ANSWER "YES" TO QUESTIONS 2, 1, 4, OR 5 DELCO, PLEASE PROVIDE COMPLETE DETAILS ON 8 1/2 X 11 SHEETS OF PAPER AND INCLUDE OFFICE OF LEGAL DOCUMENTS, IF ANY

- () N 1 DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SUBGRRY IN ANY OTHER JURISDICTION? IF YES, LIST EACH ONE ON THE BACK
- () (2) SINCE YOUR LAST RENEWAL, HAS ANY DISCIPLINARY ACTION DEEN TALEN AGAINST YOUR LIVENSE IN ANOTHER STATE, TERRITORY OR COUNTRY?
- () () SINCE YOUR LAST RENEWAL, HAVE YOU BEEN CONVICTED, FOUND SUILTY OR NOLO CONTENDERS, OR RECEIVED PROBATION WITHOUT ... VERDICT AS TO ANY FELONY OR HISDERBANDR, INCLUDING ANY DRUG LAW VIOLATION, IN ANY STATE OR FEDERAL COURT?
- () X 4 SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED. REVOKED OR RESTRICTED IN A HOSPITAL OF OTHER HEALTH
- () N 5 SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED. REVOKED OR RESTRICTED ON HAVE YOU HAD YOUR PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE ACENCY FOR CAUSE?

IP 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.

TUN AND DATE BELOW AND PROVIDE THE REQUESTED INFORMATION

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

MD - 0 5 7 7 0 4 .. L DANTZ RNEW

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

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

SOMDRA DANTZIC

HIGHANDIA

PHILADELPHIA, PA 19127

YOUR CORREST LICENSE TO PRICEIUS RECTURE AND SORGERY IN PENNSYLVANIA WILL PRETER OF ORGENDER OF 1806. TO PRIES TOUR LICENSE THROUGH DECEMBER 11, 2000, CONCLETE THE CHESTORN RIGHS AND STRUCK WITH A CHECK OF MODEL OF MADE IN THE RESPECT OF \$125,00 MADE PAYANTS TO YEE *COMMONMENTH OF PA " METTE YOUR LITTERING BOMBER OR THE PAOUT OF THE PAYMENT. A LOTE FEE OF \$5.50 PER ROWN PILST BE CHARGED FOR REHERALS POSTMAFFED AFTER DECOURS II. 1998. A CROCHERING FOR SEC. 520 OF WILL HE CHARGED FOR ANY CHECK OF MINEY OFFICE DURATO BY YOUR DAIR, RECREPCESS OF THE REASON OF YOU HAVE A CHAPPE OF MADO ADDRESS ADDRESS, CHAPPER FOR CHAPPE DEXT TO THE THE PRINTED HARD AND ADDRESS ABOVE. A MARK SIGNED EXCUSORS SUBMISSION OF A COPY OF A COURT OFFICE MARKINGS CRUTIFICATE, MINDER. DUCKER OR COBER OFFICIAL DOCUMENT.

MOTION OF THE THE THE THE PERSONNELS, AND HOST PRINTED THE REQUIRED PROPERTIES OF PROPERTIONS OF PROPERTY AND PARTY AND PARTY HE SERGITARD FRE AND CAT FORD BURGINARDE. FATHURE TO DO SIG SILD, REBURT IN DUSPRISHDED OF RESERVED OF YOUR LICEUSE.

ANY DISCIPLINADO ACTION TAYON IN ANYTHER STATE, TREETORY ON COUNTRY GUALD ON SUPPRISH TO THE ROAD ON THE RIGHTAL REMERAL MOTICE BE WITHIN 10 DAYS OF FINAL DISPOSITION, MISCREYER TO COURSE,

THE POLICHING CHESTIONS MUST BE ARRESTED IN YOU ARREST TO QUESTIONS 2, 2, 4, 58 5 REC'M, YOU KNOT PROVIDE COMPLETE DELAYING ON WITH RAIL OF PAPER AND INCLUDE CODIES OF LEGAL DOCUMENTS, IN ANY, FAILURE TO PROVIDE DOCUMENTS WILL DILLAY THE PROCESS.

DO YOU BOLD A LICENSE TO DEED THE BENTLINE AND OUTSIERY IN MAY STILL DOLLS TOTAL IF THE, LIST MACH OUR RELOW. N 2. BINCE YOUR LAST RENEMAL, THE MICHIEF STATE, THEN TORY OF COUNTRY TAKEN AND DISCIPLINARY ACTION TIPEDNESS WEIGHTARY

TROUGH ALLOW ALL CANADORS THE REST TOUR OF PARTIES OF PARTIES OF THE PROPERTY OF THE PROPERTY AS A SECOND OF THE PARTIES OF TH BINCE YOUR LEST KROEMAL, NAVE YOU HERD CONFICTED, POUND WITHY, PLEADED WITH CONFERNIER, ESCRIPTO PROBETTAR STINGUT. VERDICE, OF RECEIVED ANY PRIME DESPOSITION DESCRIPTION ACCULTED OR EXERTEDAD, WITH PROPERT TO ANY CHIMINE OF PRIME. INCLUDING ANY LATER THE SECRETARY OF THE SPECIAL CASE AND ALLESTED, CHARGES FROM THE LOW SPECIAL OF IN ANY STATE OF PLUSHALL DODET! (A SUMMARY TRAPPLE VIOLETICA PHOTOS NOT HE CONSTITUED AS A CRIMINAL OFFERSE.)

A. BINCH YOUR LAST BEHEMAN, FOR DISCIPLINARY MEASONS HAVE YOU STRUCKED AN ARVICECTION FOR A GICEBOR, HAD AN AVERTAGE AND AN ARVINARY OF FOR A LICENSE LEGIND OR REPUBED, OF AUSSED DOT TO REAPPLY FOR A LICENSE IN AUCTION STATE, TERRITORY OF COUNTRY A LICENSE INCLUDES A RESIDERATION OF CRETIFICATION.

STHER YOUR LARY BENEVAL, HAVE YOU HAD FRACTICE PRIVILEGES DESIRED, REVOKED, MUSPERBER, RESCRICTED, MUSPERBERED IN LIVEY OF DESCENDING OR REGIONMENT TERMEDIATED THE A DESPITAL OR ALL HEALTH CARR FACILITYS

6), BIHER YOUR LAGT RUBBIAL, HAVE YOU HAD YOUR ORK REGISTRATION DENTED, PRIODED OR RESTRICTED OR HAVE YOU DRD WHILE PROVIDES PRIVILEGED AMOUNTATION BY ANY PROJUCTOR ARMIGIANCE AGENCY, MAY CAUGE?

IF YOU MARY YOUR LICENSE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE BEGIN NO KER IS REQUIRED. YOU ARE STILL RECOVERD TO ANSWES THE QUESTICAL SIGN AND SAME SAME

MY REPRESENTATIONS, AND RESPONSES THE THE PROCESSOR ARE THUS AND CORRECT TO THE REST OF HE ZURALFORS. I UNDERSTAND THAT THEY ARE BUBUROF TO THE PENALTIES OF 18 PA C.R. 4904. RESATING TO UNDORSE PALSFECTION TO ASTROPHIESE.

DATE 11 4 98

Official Une Only

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

M D - 0 5 7 7 0 4 - L D A N T Z R N E W

THIS IS YOUR RENEWAL NOTICE - REQUIRED FEE - \$125.00

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

SONDRA DANTZIC

DOYLESTOWN, PA 18901

YOUR CHRRENT LICENSE TO PRACTICE MEDICINE AND SURGERY IN PERBSYLVANIA WILL EXPIRE ON DECEMBER 31, 2000. TO RENEH YOUR LICENSE
THROUGH DECEMBER 31, 2002. COMPLETE THE QUESTIONS BELOW AND REMAIN WITH A CHECK OF MONRY UNION IN THE AMOUNT OF \$125.00 MADE
PAYABLE TO THE "COMMONNEALTH OF PA." WRITE YOUR LICENSE NUMBER ON THE FRONT OF THE FAYMENT. A LATE FEE OF \$5.00 PER NONTH WILL DE
CHARGED FOR RENEWALS POSTMARKED AFTER DECEMBER 31, 2000. A PROCESSING FEE OF \$20.00 WILL BE CHARGED FOR ANY CHECK OR MONEY ORDER
UNPAID BY YOUR DANK, REGARDLESS OF THE REASON. IF YOU HAVE A CHANGE IN NAME AND/OR ADDRESS, INDICATE THE CHANGE NEXT TO THE
PER-PRINTED NAME AND ADDRESS ABOVE. A NAME CHANGE REQUIRED SUBMISSION OF A COPY OF A COURT ORDER, MARRIAGE CERTIFICATE. DIVORCE
DECREE OR OTHER OPPICIAL DOCUMENT.

NOTICE, IF YOU PRACTICE IN PENNSYLVANIA, YOU MUST MAINTAIN THE REQUIRED AMOUNT OF PROFESSIONAL LIABILITY INSURANCE AND PAY THE REQUIRED FEE AND CAT FUND SURCHARDE. PAILURE TO DO SO WILL RESULT IN SUSPENSION OF REVOCATION OF YOUR LICENSE.

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

THE POLLOWING QUESTIONS MUST BE ANDWERED. IF YOU ARREST TO QUESTIONS 2, 3, 4, OR 5 DELOW, YOU MUST PROVIDE COMPLETE DETAILS.

ON 8 1/2 x 11 SHEETS OF PAPER AND INCLUDE COPIES OF LEGAL DOCUMENTS, IF ANY PAILURE TO PROVIDE DOCUMENTS WILL DELAY THE PROCESS.

YES NO	
() (/1.	DO YOU HOLD A LICENSE TO PRACTICE MEDICINE AND SURGERY (ACTIVE OR INACTIVE, CURRENT OR EXPIRED) IN ANY OTHER JURISDI
TION? IF YE	s, LIST EACH ONE.
	SINCE YOUR LAST RENEWAL. HAS ANOTHER STATE, TERRITORY OR COUNTRY TAKEN ANY DISCIPLINARY ACTION (INCLUDES VOLUNTARY, SURRENDER OF A LICENSE) AGAINST YOU OR FILED CHARGES AGAINST YOU THAT HAVE NOT BEEN RESOLVED IN YOUR PAVORY.
() (//3.	BINCE YOUR LAST RENEWAL, HAVE YOU DEEN CONVICTED, POUND GUILTY, PREADED NOW CONTENDERS, RECEIVED PROBATION WITHOUT VERDICT, OR RECEIVED ANY OTHER DISPOSITION (EXCLUDING ACQUITTAL OR DISMISSAL), WITH RESPECT TO ANY CRIMINAL OFFENSE. INCLUDING ANY DRUG LAW VIOLATIONS, OR DO YOU HAVE ANY CRIMINAL CHARGES PENDING AND DWRESOLVED IN ANY STATE OR FEDERA
	COURT? (A SUMMARY TRAFFIC VIOLATION SHOULD NOT BE CONSIDERED AS A CRIMINAL OFFENSE.)
(1) (/ 1 .	SINCE YOUR LAST REMEMAL, FOR DISCOPLINARY REASONS HAVE YOU WITHDRAWN AN APPLICATION FOR A LICENSE, HAD AN APPLICATION FOR A LICENSE DENIED OR REFUSED, OR AGREED NOT TO REAPPLY FOR A LICENSE IN ANOTHER STATE, TERRITORY OR COUNTRY? A LICENSE INCLUDES A REGISTRATION OR CERTIFICATION.
(1 1/15.	SINCE YOUR LAST RENEWAL, HAVE YOU HAD PRACTICE PRIVILEGES DENIED. REVOKED, SUSPENDED, RESTRICTED, SURRENDERED IN LII OF DISCIPLINE OF EMPLOYMENT TERMINATED IN A HOSPITAL OF ANY HEALTH CARE PACILITY?
(1 1/16	SINCE YOUR LAST RENEWAL, HAVE YOU HAD YOUR DEA REGISTRATION DENIED, REVOKED OR RESTRICTED OR HAVE YOU HAD YOUR

IP YOU WANT YOUR LIGHNEE PLACED ON "INACTIVE" STATUS PLACE AN "X" IN THE BLANK TO THE RIGHT. NO FEE IS REQUIRED. YOU ARE STILL REQUIRED TO ANSWER THE QUESTION, SIGN AND DATE BELOW.

PROVIDER PRIVILEGES TERMINATED BY ANY MEDICAL ASSISTANCE AGENCY FOR CAUSE?

MY REPRESENTATIONS AND RESPONSES IN THIS DOCUMENT ARE THUR AND CORRECT TO THE BEST OF MY ENOWIRDGE. I UNDERSTAND THAT THEY ARE SUBJECT TO THE PENALTIES OF 18 PA. C.S. 4564, RELATING TO UNSWORN PALSIFICATION TO AUTHORITIES.

BIGINTURE

DATE 10:2.00

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

RENEWAL APPLICATION - MD

MD057704L Renewal ID : 510649 DANTZIC

SONDRA DANTZIG DOYLESTOWN PA 18901-3127

RETURN TO:

State Board of Medicine PO Box 8414 Harrisburg, PA 17105-8414

Important Information

You can now renew your license online by pointing your browser to www.myLicense.state.pa.us and following the instructions as indicated. Your license renewal will be processed easier and quicker than by mail.

I will not be practicing this profession in Pennsylvania after the expiration date indicated below and request inactive status.
 No fee is required. Renewal must still be completed – questions answered, signed and dated.
 I am retired from practice but desire to keep my license active to treat immediate family members. I am exempt from the medical professional bability insurance and CME requirements. Renewal must be completed and fee required.

Name Change	Address Change						
Indicate new name below. Submit a photocopy of a legal document verifying hame change. (i.e., marriage certificate, divorce decree or legal document indicating retaking of a margen name, etc.)							

THE FOLLOWING QUESTIONS MUST BE ANSWERED

YES NO If YES to question 2, 3, 4, 5, 6, 7 or 8 – provide details AND attach certified copies of legal document(s).

1. Do you hold a license (active, mactive or expeed) to practoe in any other state or jurisdiction? List NEW JECEY

2. Since your initial application or your last renewal, have you had disciplinary action taken against your license in any other state or jurisdiction?

3. Since your initial application or your last renewal, have you withdrawn an application for a bisense, had an application for a

ticense deriliad or refused, or agreed not to reapply for a license if ady state or jurisdiction?

4 Since your initial application or your last renewal, have you been convicted, found guilty or pleaded noto contender, or received probation without varidicties as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?

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 Since your initial application or your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facting?

7. Since your mittal application or your tast 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?

8. Since May 19, 2002, have any majoractice complaints been filed against you?

Lam in compliance with the professional liability insurance requirements under Section 711 of the Medical Care Availability and

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relation to unsavin falsification to authorities and may result in my license being disciplined.

Reduction of Error (MCare) Act No. 13 of 2002.

Signature of Licenses (Mandatory)	Date Date
EXPIRATION DATE:	December 31, 2002
FEE - Payable to "COMMONWEALTH OF PENNSYLVANIA" While your license number on your payment: A \$20,00 fee will be assessed for returned payment.	\$360.00 MD057704L
Late FEE - \$5.00 per month; or part of a month Late renewal fee will be assessed if postmarked after Depender 31,	PRACTICING ON AN EXPIRED LICENSE MAY RESULT IN DISCIPLINARY ACTIONS AND ADDITIONAL MONETARY PENALITIES

SPOA 1615 (REV. 1/93)

Courter Delivery Address Jier Halling Address State Board of Redicino OFFICIAL USE COLY ate Board of Medicine Am 612, Transportation & Safety Side .O. BOX 2649 Compressed th Ave. & Forster St. Herrisburg, PA 17105-2649 717-783-1400 Herristurg, PA 17120 717-787-2381 APPLICATION FOR A GRADUATE LICENSE YOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE LICENSE - DO NOT USE TO RENEW NOTE: A processing fee of \$20.00 will be charged for any check or money order returned unpai your bank, regardless of the reason for non-payment. Official Use Only PEE - 615.00 MAKE PEE PAYABLE TO COMMONWEALTH OF PERMETLYANTA YES NOT REPURDABLE TRIS APPLICATION MUST BE SUMMITTED AT LEAST 60 DAYS PRIOR TO START OF TRAINING TO BE COMPLETED BY APPLICANTS Please Print or Type SONDRA DANTZIC MANE: NATOEN ADDRESS! STREET 05401 BURLINGTON 210 CB02 STATE TEXTEPHONE DATE OF SOCIAL) 41 (11 NUMBERSE BIRTHE SECURITY & MONTH/DATE/VEAR 4-772-93 (MED (D) MANE & ADDRESS OF HEDYCAL SCHOOL DATE OF GRADUATION DATES OF ATTENDANCE 8-89-9 5-93 UNIVERSITY OF VERSMONT IOLIEBE OF MEDICINE DATES OF PREVIOUS TRAINING SPECKALTE MANE & ADDRESS OF HOSPITAL(S) NONE TO DE COMPLETED BY HOSDITAL LOCATED IN PERSONLYANIA: NAME OF HOSPITAL: Medical College Hospitals Main Clinical Campus ADDRESS OF HOSPITAL 3300 Henry Avenue, Philadelphia, PA LEVEL IN TEAR IN SPECIALTY: Obstetrics and Gynecology TRAINING CI lst TRAINING: June 21, 1994 June 21, 1993 DATES OF TRAINING REQUESTED:

BEST-VAC-NEEDS DATE-PERSTH-DAY-VEAD

MANE OF PROGRAM DIRECTOR:

EMPING DAVE-HOUVE-DAV-VEAG

Glenda Donoghue M.D., Assoc. Dean for Post Graduate Jad. Educ

List all states, territories and countries in which you have ever a license to practice medicine and surgery (active or inactive, current e	
All of the questions must be answered. You must sign and date this freturning it to be processed.	om bes
If you answer "YES" to any of the questions, you must provide comple on a separate 8 $1/2 \times 11$ sheet.	to data W NO
1. Has any disciplinary action been taken against your license in another state, territory or country?	
2. Have you been convicted, found guilty, or pleaded guilty or nolo contenders, or received probation without vardict as to any felony or misdessanor, including any drug law violation, in any state or federal court?	
3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?	_ 1
4. 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?	
PRINT NAME OF APPLICANT person completing this application, that I am of good moral character, and that all person completing this application, that I am of good moral character, and that all therein are true and complete to the best of my knowledge and belief. I hereby a therein are true and complete to the best of my knowledge and belief. I hereby a therein are true and complete to the best of my knowledge and belief. I hereby a thought and all governmental agencies and instrumentalities (local, state, federal present), and all governmental agencies and instrumentalities (local, state, federal to release to the Fennsylvania State Board of Medicine any infermation, files or recent by the Soard.	l statome athorita es (gast as fosal
Signature of Applicant:	
Date: 3-27-93	

SONDRA DANTZIC

Burilington, Vermons 0540F

EDUCATION'

M.D., UNIVERSITY OF VERMONT COLLEGE OF MEDICINES
Burlington, Vermont
9/89 - 5/93 (anticipated)

PRE-MEDICAL COURSES, UNIVERSITY OF MASSACHUSETTS
Amberet, Massachusetts
6/87 - 5/88

B.A., HAMPSHIRE COLLEGE
Amherst, Massachusetts
9/81 - 5/85
Concentration: Psychology and Physiology of Wonten (4)
Thesis: Enlinia as a Herrogenous Rating Disparting.

RESEARCH EXPERIENCE

RECIPIENT, SUMMER RESEARCH FELLOWSHIP

University of Versions Committee on Medical Researching
6/90 - 9/90

Project: Maximizing Compliance to Breast Causer Screening
Guidelines for Maximograms and Clinical Breast Russia

RESPARCH ASSISTANT

Columbia University, Department of Psychopharuncology
and New York State Psychlatric flusticate

9/84 - 5/87

CLINICAL EXPERIENCE

SENIOR COUNSIZOR.

Valley Programs, Inc.

Northampton, Massachusetts

8/88 - 8/89:

Deinstitutionalization program for patients with

chronic medical and psychiatric illnesses.

PACILITATOR, BATING DISORDERS SUPPORT GROUPS

Ambarat College cad Hampshire College

9/87 - 5/89

FUBLICATIONS VALUE BT, Klosled HB, Castley SAS, Daniel S, "Eather States of States of General Population Inches 46:1:54-50.

HONORS Meternal Potel Medicine (AD), Obstetrice and Gynccology, Pojechamy

PROFESSIONAL
ORGANIZATIONS American Medical Wessen's Association
Prosident, UVM Medical Student Chapter, 1990 and 1990 of Attended National Conference, 1990

American Riedles Association

SPOA 1619 (86V. 1/93)

tegular Mailing Address State Board of Medicina 0.0. Bos 2649 Harrisburg, PA 17105-2649 717-783-1400 717-787-2381

Couring ballvery Address State Goord of Hadtelns &m 612, Transportation & Safety Bldg. Commonapeith Ave. & Forster St. Harrisburg, PA 17120

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE LICENSE - DO NOT USE TO RENEW NOTE: A processing fee of \$20.00 will be charged for any check or money order returned unpaid your bank, regardless of the reason for non-payment. official Use Only

PER - \$15.00 The court of the contract of

HAKE FEE PAYABLE TO COMMONWEALTH OF PERMEYLVANIA FEE NOT REPUNDABLE

THIS APPLICATION KUST BE SUBMITTED AT LEAST SO DAYS PRIOR TO START OF TRAINING

and extension of the w

TO BE COMPLETED BY APPLICANT!

		2 22 5	2.5	0.72 - 24				21.5
10	10	8.6		ri	12	or:	T	y pa

SONDRA BETH MIDOLA MAIDEN FIRST ADDRESSI STREET 05401 4197 62976 41974216682

BURLINGTON UT \$10.cook STATES TO ST TELEPHONE HOLKBERES (. . .) DATE OF SOCIAL: MONTH/OATE/YEAR BIRTH SECURITY #_

NAME & ADDRESS OF NEDICAL SCHOOL DATES OF ATTENDANCE (NOTES OF ATTENDANCE) COLLEGE OF WEDVINE

DATE OF GRADUATION

NAME & ADDRESS OF HOSPITAL(8) NONE

DATES OF PREVIOUS TRAINING

TOXINING PROPERTY LAG

TO BE COMPLETED BY HOSPITAL LOCATED IN PENHSYLVANIA:

NAME OF HOSPITAL: Medical College Mospitals Main Clinical Cambus BS-- 150-15

ADDRESS OF HOSPITAL THE Menry Avenue, Philadelphia, FA: 19129 --SPECIALTY: Obstetrics and Synecology TRAINING YEAR IN TRAINING: June 21, 1994

FART- VADINTHON-STAD DRICKS June, 21 1793 DATES OF TRAINING REQUESTED! RASY YAC HIMON-STAG DMINNISS

* NAME OF PROGRAM DIRECTOR: Greats Demonths H.D., Asnoc. Dean for Post Graduate Red. Elec

Xxxxxx glus MD

SIGNATURE OF PROGRAM DIRECTOR:

List all states, territories and countries in which you have ever po- license to practice medicine and surgery (active or inactive, current or	expire
All of the questions must be answered. You must sign and date this for returning it to be processed.	orm bef
If you answer "YES" to any of the questions, you must provide comple on a separate 8 1/2 x 11 sheet.	te deta
1. Has any disciplinary action been taken against your license in another state, territory or country?	
2. Have you been convicted, found guilty, or pleaded guilty or noto contenders, or received probation without verdict as to any felony or misdemsanor, including any drug law violation, in any state or federal court?	
3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?	
4. 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?	
PRINT NAME OF APPLICANT person completing this application, that I am of good moral character, and that a person completing this application, that I am of good moral character, and that a therein are true and complete to the best of my knowledge and belief. I hereby therein are true and complete to the best of my knowledge and belief. I hereby hospitals, institutions or organizations, my references, personal physicians, employ hospitals, institutions or organizations, my references, personal physicians, employ hospitals, institutions or organizations, my references, personal physicians, employ hospitals, institutions or organizations and instrumentalities (local, state, federal present), and all governmental agencies and instrumentalities (local, state, federal present), and all governmental agencies and instrumentalities (local, state, federal present), and all governmental agencies and instrumentalities (local, state, federal present).	authorize ers (past
by the Board.	
Signature of Applicant:	

Charle if gray

SONDRA DANTZIC

Burlington Vermont 09401

EDUCATION

M.D., UNIVERSITY OF VERMONT COLLEGE OF MEDICINE Burlington, Vermont 9/89 - 5/93 (anticipated)

PRE-MEDICAL COURSES, UNIVERSITY OF MASSACHUSETTS
Amherst, Massachusetts
6/87 - 5/88

B.A., HAMPSHIRE COLLEGE Amherst, Massachusetts 9/81 - 5/85

Concentration: Psychology and Physiology of Women Taesis: Bullmin as a Heterogeneous Eating Disorder

RESEARCH EXPERIENCE

RECIPIENT, SUMMER RESEARCH FELLOWSHIP
University of Vermont Committee on Medical Research
6/90 - 9/90
Project: Maximizing Compliance to Breast Cancer Screening
Guidelines for Mammograms and Clinical Breast Exams

RESEARCH ASSISTANT
Columbia University, Department of Psychopharmacology
and New York State Psychiatric institute
9/84 - 5/87

CLINICAL EXPERIENCE

SENIOR COUNSELOR
Valley Programs, Inc.
Northampton, Massachusetts
8/88 - 8/89
Delastitutionalization program for patients with
chronic medical and psychlatric illnesses.

FACILITATOR, EATING DISORDERS SUPPORT GROUPS Amberet College and Hampshire College 9/87 - 5/89

PUBLICATIONS

Which BT, Kisslieff HR, Cassidy SM, Danizle S. "Eating Rehavior of Women with Bullinia." Archives of General Psychiatry, January 1989, 46:1:54-58.

HONORS

Maternal Petal Medicine (Al), Obstetrics and Gyaccology, Psychiatry

PROFESSIONAL ORGANIZATIONS

American Medical Women's Association President, UVM Medical Student Chapter, 1990 and 1991 Attended National Conference, 1990

American Medical Association

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COMMONWEALTH OF PENNSYLVANIA: DEPARTMENT OF STATE BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS STATE BOARD OF MEDICINE F P.O. BOX 2649 -

DANTZ RNEW

MT 0 3 2 9 5 2 - T

HARRISBURG, PENNSYLVANIA 17105-2649 717-783-1400

> SONDRA BETH DANTZIC MEDICAL COLLEGE OF PA C/O JANET BESS HOUSE STAFF OFFICE 3300 HENRY AVENUE PHILADELPHIA, PA 19129

Present Training Period:

Beginning Ending Hospital

Level Specialty License # Hospital Name Date Date HS-000140-L MEDICAL COLLEGE OF PA-07/01/94 06/30/95 2 OBG

THIS IS YOUR RENEWAL NOTICE

1. Renewal Training Period:

Beginning Ending

Hospital

Date Date Level Specialty License # HOSPITAL MANGE OF CONTROL MEDICAL CONTROL MEDICAL CONTROL CONTROL

- 2. If you are not training in PA past ending date, check here.
- Required Attachment Sec #18 on instruction page;

Physician must answer all questions, sign and date form.

4: Do you hold a license to practice medicine and surgery in any other jurisdiction? If yea, ant each mez

5. Since your last renewal, her any liverplinery action been taken against your license in another state, -- ritory or country?

6. Since your last renewal, have you been convicted, found guilty, or pleaded quilty or note contenders, or received probation without verdict as to any felony or misdemedica, and inding any drug law violation, in any state of federal court.

7, Since your last reputal; have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?

g. Singe 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?

GRADUATE LICENSE RENEWAL INFORMATION AND INSTRUCTIONS

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

- 1. Indicate the correct information for the next training period in the space marked "Renewal Training Period" (1).
- If you are not going to train past the ending date, check the "Not Training in PA past ending date" (2).
- 3. REQUIRED ATTACHMENTS

 A Attach a copy of your unrestricted license/registration card displaying expiration date OR copy of scores of FLEX 1; OR National Woords Part I and II; OR Part I of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE.
 - B Attach a copy of your unrestricted license/registration card displaying expiration date OR copy of scores of FLEX 1 and 2; OR National Boards Part I, II and III; OR Part 1 of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE plus Part III of the National Boards or Step 3 of the USMLE; OR Part 1 of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE plus FLEX 2; OR FLEX 1 plus Step 3 of the USMLE.
- 4. Answer questions 4-8 on the renewal notice. If you answer "YES" to questions 5-8, you must provide complete details on an additional sheet. If, after the Board has issued a license any of the events in questions 5,6,7, or 8 occur, you must report that matter to the Board in writing within 30 days after its occurrence.
- 5. Sign and date the form.
- 6. Attach a \$10.00 fee made payable to the "Commonwealth of PA", Write your license number on your check. (The number is at the top of the notice). An individual reg is due for each renewal. Mail # ... address on top of the renewal notice.

NOTE -

A late penalty fee of \$8.00 per month or part of a month is charged for renewals postmarked after the ending date.

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

If, since your last renewal, you have experienced difficulties as a result of alcohol or other drugs such as diagnosis of/treatment themical dependency of abuse or arrests for chemical use-related offenses, you may contact the Bureau's Professional Health Monitoring Program for confidential information and assistance at 1-800-554 34.5.

PECELVED

official thes only

MT - 0 3 2 9 5 2 - T

DANTZ RNEW

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

P.O. BOX 2649 HARRISBURG, PENNSYLVANIA 17105-2649 //

> SONDRA BETH DANTZIC MEDICAL COLLEGE OF PA C/O JANET BESS HOUSE STAFF OFFICE 3300 HENRY AVENUE

PHILADELPHIA, PA 19129

1. Renewal Training Period:

Present Training Period:

Beginning Ending Hospital

Date Date Level Specialty License # Hospital Name
07/01/95 06/30/96 3 OBG HS-000140-L MEDICAL COLLEGE OF PA

THIS IS YOUR RENEWAL NOTICE

	Beginning Date	Ending Date	Level	Specialty	Hospital License #	Hospital Name		
	7/1/96	6/30/97	4	0 <u>B</u> 6	H 5 000140 C	Med tol PA		
2	If you are	not trainin	ng in PA	past ending	date, check he	ere.		
3.	Required A	tachment -	See #3B	on instruct	ion, page.			
		Physic	cian mus	t answer all	questions, sig	gn and date form.	Yes	No
4.	Do you hold jurisdiction				e and surgery :	in any other		X
5. Since your last renewal, has any disciplinary action been taken against your license in another state, territory or country?								
6.	quilty or i	nolo conten misdemeanor	dere, or	received pr	obation withou	guilty, of pleaded t verdict as to any , in any state or	1 - 4. 11 21	 X
7.					ctice privileg care facility?	es denied, revoked or		Χ
8.	or restric		you had	your provid		tion denied, revoked terminated by any		7
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official Use Only

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

MT - 0 3 2 9 5 2 - T

DANTZ RNEW

SONDRA BETH DANTZIC ALLEGHENY UNIV HOSPITALS-EAST FALLS C/O JANET BESS HOUSE STAFF OFFICE 3300 HENRY AVENUE PHILADELPHIA, PA 19129

Present Training Period:

Beginning Ending

Hospital

Date Date

Level Specialty License #

Hospital Name

07/01/96 06/30/97 4 OBG

HS-000140-L ALLEGHENY UNIV HOSPITALS-EAST FALLS

THIS IS YOUR RENEWAL NOTICE

1. Renewal Training Period:

Beginning Ending

Date

Date

.... Hospital

Level Specialty License # Hospital Name

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

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

Physician must answer all questions, sign and date form.

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

medical assistance agency for cause?