

Medicine- Medical Physician and Surgeon-
Accredited School Graduate



AA0000854248

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION				
Last Name	MERCIER	First Name	REBECCA	
Middle Name	JEANNE	Suffix		
Full Name	REBECCA JEANNE MERCIER			
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age 43 Gender
ADDRESS DETAILS				
Street Address	[REDACTED]			
City/State/Zip	PHILADELPHIA PA 19107			
County	Philadelphia	Country	United States	
CONTACT DETAILS				
Phone number	[REDACTED]		Mobile Phone number	
Primary Email Address	[REDACTED]		Secondary Email Address	
CHECKLIST ITEMS				
Checklist name	Status	Submitted Date	Expiration Date	
Application	Pending Review	10/04/2018		
Application Fee	Completed	10/04/2018		
Child Abuse CE	Not Received	10/04/2018		
LEGAL QUESTIONS				
Questions	Answer	Document Uploaded	File Name	
1 Are you submitting a name change with this renewal?	N	No		
2 First Name		No		
3 Middle Name		No		
4 Last Name		No		
5 You must submit a copy of a legal document verifying the name (s). The following are acceptable name change verification documents: (1) Marriage Certificate: (2) Divorce decree which indicates the retaking of your maiden name: (3) Other "legal" document indicating the retaking of a maiden name: (4) For a "legal" name change, a copy of the court document must be provided.		No		
6 With the exception of the one you are currently renewing, 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	No		

7	Please provide the profession and state or jurisdiction.	Medicine- New York	No	
8	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	No	
9	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N	No	
10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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	No	
11	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	No	
12	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?	N	No	
13	Since your initial application or your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
14	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	No	
15	Since your initial application or your last renewal, whichever is later, have you had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?	N	No	
16	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	No	
17	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?		No	
18	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
19	Have you previously reported the complaint to the Board?		No	
20	Provide the docket number:		No	
21	Upload a copy of the entire Civil Complaint, which must include the filing date and the date you were served.		No	
22	Have you completed at least 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids?	Y	No	
23	Do you hold a DEA number or use the registration number of another person or entity to prescribe controlled substances?		No	
24	Have you registered with the Pennsylvania Prescription Drug Monitoring Program?	Y	No	

25	I will be retiring from practice but desire to place my license on active-retired status which will allow me to treat immediate family members. I am exempt from the CME requirements, except for completion of the 2 hours of Board-approved continuing education in child abuse recognition and reporting and 2 hours of Board approved continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids. Renewal must be completed and fee required.	N	No	
26	Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y	No	
27	Upload an explanation or reason for an exemption request.		No	
28	Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/med . Click on General Board Information. If you qualify for an exemption of the continuing education requirements, answer yes to the question. You are required to retain your official continuing education certificates of completion earned for this license renewal period until December 31, 2020.	Y	No	
Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction				
Profession		State/Jurisdiction		
Medicine		New York		
CONFIRMATION				
<input checked="" type="checkbox"/>	All fees are non-refundable. Please check to continue with your transaction. (10/04/2018 09:43:07)			

Person Info

Name: REBECCA JEANNE MERCIER

Address Info

Street Address

Phone

Fax

City Philadelphia

State PA

Zipcode 19107

Country 82

County Philadelphia

Email

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you completed your current CE requirements?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	Medical license NY and NC
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 imtemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?	
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	19107

Date Submitted: Wednesday, October 26, 2016

Education Info

No education records

Employment Information

No employment records

Person Info

Name: REBECCA JEANNE MERCIER

Address Info

Street Address

Phone

Fax

City Philadelphia

State PA

Zipcode 19107

Country 82

County Philadelphia

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	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.	New York, North Carolina, PA
Since your initial application or last renewal, whichever is later, have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?	N
Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?	N
Since your initial application or last renewal, whichever is later, have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.	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? 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:	N
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	

Date Submitted: Friday, November 07, 2014

Education Info

No education records

Employment Information

No employment records

EmailTo [REDACTED]

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject:2019 Anti-Terrorism Advisory Council (ATAC) Conference

Date Sent:04/10/2019



Anti-Terrorism Advisory Council 2019 Conference Invitation

The United States Attorney's Office for the Eastern District of Pennsylvania and the Pennsylvania Office of Homeland Security, in consultation with the Federal Bureau of Investigation – Philadelphia Field Division, cordially invite you to attend the 2019 Annual Anti-Terrorism Advisory Council (ATAC) Conference.

BIOTHREATS: WEAPONS OF MASS DESTRUCTION, PATHOGENS, AND PANDEMICS

Distinguished speakers drawn from national, state, and local law enforcement, medical, and emergency response communities will discuss biotreats, protective measures, and response protocols, within the health care environment and beyond.

FREE EVENT | FREE PARKING | BREAKFAST & LUNCH

LOCATION

SugarHouse Casino Event Center
2nd Floor
1001 N. Delaware Avenue
Philadelphia, PA 19125

MAY 15, 2019

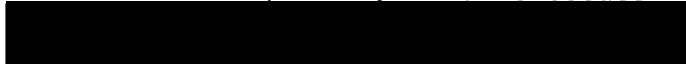
7:00 am – 7:45 am Registration
7:45 am – 3:30 pm Conference

REGISTRATION

See Attached Registration Form | Email Form to Homeland Security

CONTACTS

Michele Mucellin, US Department of Justice



Kristin Daniels, PA Homeland Security



EmailTo: [REDACTED]**EmailFrom:** RA-STPALSNOTIFY@pa.gov**Subject:** Provider Enrollment Deadline - Your Claims May Be Denied**Date Sent:** 06/13/2019

Provider Enrollment Deadline

Your Claims May Be Denied

The Pennsylvania Department of Human Services (DHS) has implemented the Affordable Care Act (ACA) provision requiring all CHIP network providers and practitioners who render, order, prescribe or bill for items or services to CHIP enrollees to be screened and enrolled with DHS.

Effective **July 1, 2019**, claims for services rendered to a CHIP enrollee that are submitted by a provider who does not have a PROMISe ID that corresponds to the location where the service(s) were rendered **will be denied** in accordance with DHS requirements.

If you would like to continue receiving payment for services rendered to CHIP enrollees, please complete your enrollment with the Department as soon as possible.

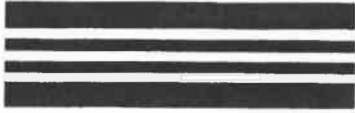
Enrollment information and the ability to enroll electronically are available at the following website: [CHIP Provider Enrollment](#). **Providers are encouraged to enroll electronically.**

If you have any questions or issues with the enrollment process, contact the Provider Enrollment Hotline at 1-800-537-8862, select options 2, 4 and finally option 2 to speak to a representative.

10/16/2019

CHIP Provider Enrollment Claim Denial Alert

**Pennsylvania Department of Human Services
Harrisburg, Pennsylvania**



TARGET SHEET

Board: Medicine

Licensee Full Name:
REBECCA JEANNE MERCIER

License No:
MD449320

3097495_LIC_1_06/27/2013

MD449320

(01/2013)

<p>Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st-medicine@pa.gov</p>	<p>Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>
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**APPLICATION FOR A LICENSE TO PRACTICE MEDICINE
WITHOUT RESTRICTION FOR GRADUATES OF ACCREDITED
MEDICAL SCHOOLS (SCHOOLS IN THE U.S. AND CANADA)**

321781

Submit the \$35 fee, check or money order, made payable to the "Commonwealth of Pennsylvania." **FEES ARE NOT REFUNDABLE.** Check or money order must be in U.S. funds. Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt of payment.

**TO BE COMPLETED BY APPLICANT
(Please print or type)**

NAME:	Last <u>Mercier</u>	First <u>Rebecca</u>	Middle <u>Jeanne</u>
ADDRESS:	Street: [REDACTED]		
City:	<u>Philadelphia</u>	State:	<u>PA</u>
DATE OF BIRTH:	Month [REDACTED] Day [REDACTED] Year [REDACTED]	SOCIAL SECURITY NUMBER:	[REDACTED]
EMAIL ADDRESS:	[REDACTED]		
PHONE NUMBER:	[REDACTED]		
If your medical/licensure records are listed under another name or names, please list below:			
APPLYING USING FCVS (FEDERATION CREDENTIAL VERIFICATION SERVICE):		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
HAVE YOU PREVIOUSLY HELD A PA MEDICAL TRAINING LICENSE?	<input type="checkbox"/> YES - LICENSE NO. _____		<input checked="" type="checkbox"/> NO

MD 11 2013

APPLICATION FOR UNRESTRICTED LICENSE - AMERICAN														
NAME OF APPLICANT:		Last Mercier			First Rebecca			Middle Jeanne						
NAME & ADDRESS OF MEDICAL SCHOOL														
1. NAME OF MEDICAL SCHOOL:		SUNY Downstate Medical Center												
ADDRESS OF SCHOOL:		450 Clarkson Ave Brooklyn NY 11203												
DATE OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:		Month	Day	Year
			09	01	2003		05	30	2007			05	30	2007
2. NAME OF MEDICAL SCHOOL:														
ADDRESS OF SCHOOL:														
DATE OF ATTENDANCE:		FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION:		Month	Day	Year
EXAMINATION INFORMATION														
CHECK LICENSING EXAMINATION(S) PASSED:		<input type="checkbox"/> FLEX		STATE WHERE TAKEN				DATE TAKEN						
								COMPONENT 1: _____ COMPONENT 2: _____						
		<input type="checkbox"/> NATIONAL BOARD		PART I:			PART II:			PART III:				
		<input checked="" type="checkbox"/> USMLE		STEP 1: 06/09/2005			STEP 2: 06/25/2006 ck 07/05/2006 cs			STEP 3: 9/17/2008				
		<input type="checkbox"/> LMCC - CANADIAN												
		<input type="checkbox"/> STATE BOARD		INDICATE STATE WHERE TAKEN: _____										
ACGME POST GRADUATE TRAINING														
PGY 1 HOSPITAL:		New York Presbyterian - Columbia University Medical Center				FROM: (MM/DD/YYYY) 07/01/2007			TO: (MM/DD/YYYY) 07/30/2008					
PGY 2 HOSPITAL:		New York Presbyterian - Columbia University Medical Center				FROM: (MM/DD/YYYY) 07/01/2008			TO: (MM/DD/YYYY) 07/30/2009					
Other HOSPITAL:						FROM: (MM/DD/YYYY)			TO: (MM/DD/YYYY)					
Other HOSPITAL:						FROM: (MM/DD/YYYY)			TO: (MM/DD/YYYY)					

IF YOU NEED TO LIST ADDITIONAL POST GRADUATE TRAINING, PLEASE MAKE COPIES OF THIS FORM.

LEGAL QUESTIONS		
You must answer the following questions.		
If you answer "YES" to #2 through #9, provide complete details on a separate sheet as well as certified copies of relevant documents. <u>Sign and date below.</u>		
	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 any jurisdiction? <u>If yes, list the jurisdiction(s) here:</u> <u>New York North Carolina</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.		X
5. Since May 19, 2002, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?		X
6. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause?		X
8. Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Pennsylvania Department of State 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		
<p>Note that disclosing your social security number on this application is <u>mandatory</u> 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 <u>mandatory</u> 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.</p> <p>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 or certificate. 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 Department of State information, files or records requested by the Board.</p>		
Signature of Applicant	Date	
<u>Rebecca J. Mercier</u>	<u>3/7/2013</u>	
Printed Name of Applicant		

Rebecca J Mercier

Philadelphia PA 19107

Commonwealth of Pennsylvania
State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

To Whom It May Concern:

The Board of Medicine requested that I provide a personal statement regarding civil complaint to complete processing of my medical license applications. Below, please find the statement summarizing the complaint and its status, in my own words.

I have been named in a lawsuit regarding a delivery performed during my residency in New York, NY. The case is being processed in Bronx County, NY. The delivery occurred in 8/2010 during my final year of residency, and was performed by myself and another resident under the supervision of an attending physician. The delivery was an uncomplicated vacuum-assisted delivery performed for an indication of fetal distress. After delivery the baby was noted to have a brachial plexus neurologic injury. The mother and child were referred for evaluation and physical therapy treatment. Reportedly, assessment by an independent physician noted that the child has had essentially full recovery from the injury with minimal ongoing physical deficit.

The case is currently in the discovery phase. I have been deposed and other named defendants are in process of or awaiting deposition. Defense counsel has requested that I be dropped from the lawsuit, and plaintiff's attorney has indicated agreement with that plan.

Please let me know if any further information is required.

Thank you,

Rebecca J Mercier, MD

UNC Department of Obstetrics and Gynecology
Division of Women's Primary Health Care

3027 Old Clinic Bldg., CB# 7570
Chapel Hill, NC 27599-7570
Phone 919/843-7852
Fax 919/966-6001
John Thorp, MD, MPH, Director

Donald Michael Armstrong MD
Amy Bryant, MD
Alice Chuang, MD
Michael D. Evers, MD
David A. Grimes, MD
Jennifer Howell, MD
Rujin Ju, MD
Erika Levi, MD
Rebecca Mercier, MD

Cristina Munoz, MD
Wanda Nicholson, MD
Erica O'Neill, MD
Rachel Peragallo, MD
Lisa Rahangdale, MD
Mary Schlegel, MD
Gretchen Stuart, MD
Jennifer Tang, MD

2013 JUN 12 AM 10 55

Fax Attn: Adrienne 1736
To: PA Board of Medicine From: Rebecca Mercier
Fax: 717-787-7769 Pages: 2
Date: 6/11/13 RE: Discrepancy notice
 Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:** Information contained in this transmission is considered confidential and should be handled accordingly. The information contained within is meant solely for named recipient above. If you have received this transmission in error or have problems with receiving, please call 919/843-7850.

Following page is letter answering request for personal statement regarding civil complaint

Botta, Adrienne

From: ST, MEDICINE
Sent: Tuesday, June 11, 2013 10:19 AM
To: Botta, Adrienne
Subject: FW: Request for Statement: Evaluator Adrienne 1736

From: Rebecca Mercier [REDACTED]
Sent: Tuesday, June 11, 2013 10:10 AM
To: ST, MEDICINE
Subject: Request for Statement: Evaluator Adrienne 1736

Commonwealth of Pennsylvania
State Board of Medicine
PO Box 2649
Harrisburg, PA 17105
EVALUATOR: ADRIENNE 1736

To Whom It May Concern:

The Board of Medicine requested that I provide a personal statement regarding civil complaint to complete processing of my medical license applications. Below, please find the statement summarizing the complaint and its status, in my own words. I am also submitting via fax as well.

I have been named in a lawsuit regarding a delivery performed during my residency in New York, NY. The case is being processed in Bronx County, NY. The delivery occurred in 8/2010 during my final year of residency, and was performed by myself and another resident under the supervision of an attending physician. The delivery was an uncomplicated vacuum-assisted delivery performed for an indication of fetal distress. After delivery the baby was noted to have a brachial plexus neurologic injury. The mother and child were referred for evaluation and physical therapy treatment. Reportedly, assessment by an independent physician noted that the child has had essentially full recovery from the injury with minimal ongoing physical deficit.

The case is currently in the discovery phase. I have been deposed and other named defendants are in process of or awaiting deposition. Defense counsel has requested that I be dropped from the lawsuit, and plaintiff's attorney has indicated agreement with that plan.

Please let me know if any further information is required.

Thank you,

Rebecca J Mercier, MD

--
Rebecca J Mercier
[REDACTED]



Rebecca J. Mercier MD MPH
Department of Obstetrics and Gynecology
Old Clinic Building 3130 / Campus Box 7570
University of North Carolina Chapel Hill
Chapel Hill NC 27599

3/7/2013

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

Dear Sir/Madam -

The following documents are submitted in response to Item #9 of "Legal Questions" on page 3 of the application for physician license. This is a copy of the Civil Complaint related to a single malpractice complaint in which I was named as a resident physician in New York State. I was served regarding this lawsuit in January of 2012. The case is still awaiting settlement or trial. I have been deposed, but the hospital's lawyer has requested that I be dropped from the lawsuit prior to decision. Enclosed is also a letter from the hospital lawyer documenting that request.

If there need be any clarification on this matter, please contact me via the above address, or at this phone number: [REDACTED]

Sincerely,

[REDACTED]
Rebecca J Mercier. MD MPH

MAR 11 2013

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
ESMARIE ROJAS, an infant by her Mother and Natural
Guardian ESMARITA RODRIGUEZ and ESMARITA
RODRIGUEZ, Individually,

Plaintiffs,

-against-

REBECCA MERCIER, M.D., EILEEN F. DEMARCO,
M.D., MICHAEL S. WARREN, M.D., LISA CAREY
GROSSMAN, M.D. and NEW YORK PRESBYTERIAN
HOSPITAL,

Defendants.
-----X

Index No.: 210571x
Date Purchased: 11/16/11

SUMMONS

Plaintiffs designate Bronx
County as the place of trial.

The basis of venue is:
Plaintiff's Residence

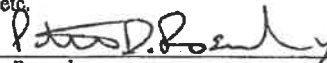
Plaintiffs reside at:
923 Simpson Street, Apt. 2C
Bronx, NY 10459
County of Bronx

To the above named Defendants:

You are hereby summoned to answer the complaint in this action, and to serve a copy of your answer, or, if the complaint is not served with this summons, to serve a notice of appearance on the Plaintiff's attorneys within twenty days after the service of this summons, exclusive of the day of service, where service is made by delivery upon you personally within the state, or, within 30 days after completion of service where service is made in any other manner. In case of your failure to appear or answer, judgment will be taken against you by default for the relief demanded in the complaint.

Dated: New York, NY
November 11, 2011

Yours, etc.



Peter D. Rosenberg
ROSENBERG, MINC, FALKOFF & WOLFF
Attorneys for Plaintiffs
ESMARIE ROJAS and ESMARITA RODRIGUEZ
122 East 42nd Street, Suite 3800
New York, NY 10168
(212) 697-9280
Our File No. 29416

NEW YORK PRESBYTERIAN HOSPITAL
622 West 168th Street
New York, NY 10032

2011 NOV 23 11:24
OFFICE OF LEGAL AFFAIRS
& RISK MANAGEMENT

MAR 11 2012

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
ESMARIE ROJAS, an infant by her Mother and Natural
Guardian ESMARITA RODRIGUEZ and ESMARITA
RODRIGUEZ, Individually,

Plaintiffs,

-against-

REBECCA MERCIER, M.D., EILEEN F. DEMARCO,
M.D., MICHAEL S. WARREN, M.D., LISA CAREY
GROSSMAN, M.D. and NEW YORK PRESBYTERIAN
HOSPITAL,

Defendants.
-----X

CERTIFICATE OF MERIT

Index No.:
Date Purchased:

PETER D. ROSENBERG, an attorney-at-law, duly licensed and admitted to practice before
the Courts of the State of New York, submits the following Certificate of Merit, pursuant to CPLR
Section 3012(a):

That prior to the institution of the within lawsuit counsel for the Plaintiff has conferred with
a physician duly licensed to practice medicine. Based on said medical consultation, the attorneys
are of the good faith belief that the within is a good and meritorious claim.

Dated: New York, NY
November 11, 2011


Peter D. Rosenberg

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

-----X
ESMARIE ROJAS, an infant by her Mother and Natural
Guardian ESMARITA RODRIGUEZ and ESMARITA
RODRIGUEZ, Individually,

VERIFIED COMPLAINT

Index No.:

Plaintiffs,

-against-

REBECCA MERCIER, M.D., EILEEN F. DEMARCO,
M.D., MICHAEL S. WARREN, M.D., LISA CAREY
GROSSMAN, M.D. and NEW YORK PRESBYTERIAN
HOSPITAL,

Defendants.
-----X

Plaintiffs, as and for their Verified Complaint respectfully alleges as follows:
AS AND FOR A FIRST CAUSE OF ACTION ON BEHALF OF PLAINTIFF

1. Upon information and belief, that at all times hereinafter mentioned, the defendant, NEW YORK PRESBYTERIAN HOSPITAL, was and is a domestic corporation duly organized and existing through and by virtue of the laws of the State of New York.
2. Upon information and belief, that at all times hereinafter mentioned, the defendant, NEW YORK PRESBYTERIAN HOSPITAL, was the owner of a hospital facility known as Columbia Presbyterian Medical Center, located in the Borough of Manhattan, City and State of New York.
3. Upon information and belief, that at all times hereinafter mentioned, the defendant, NEW YORK PRESBYTERIAN HOSPITAL, operated, managed, maintained and had care, control and custody of a hospital facility known as Columbia Presbyterian Medical Center, located in the Borough of Manhattan, City and State of New York.
4. Upon information and belief, that at all times hereinafter mentioned, the defendant, NEW YORK PRESBYTERIAN HOSPITAL, through their agents, servants and/or employees held themselves out as being duly competent and qualified to render medical care, attention and treatment

to the general public and for such purposes hired various physicians, nurses, orderlies, technicians and other personnel.

5. Upon information and belief, that at all times hereinafter mentioned, the defendant, REBECCA MERCIER, M.D., was and is a physician duly licensed to practice medicine in the State of New York.

6. Upon information and belief, that at all times hereinafter mentioned, the defendant, REBECCA MERCIER, M.D., held herself out as being duly competent and qualified to render medical care, attention and treatment to the general public.

7. Upon information and belief, that at all times hereinafter mentioned, the defendant, REBECCA MERCIER, M.D., was an employee of the defendant, NEW YORK PRESBYTERIAN HOSPITAL.

8. Upon information and belief, that at all times hereinafter mentioned, the defendant, REBECCA MERCIER, M.D., was on the staff of and/or had privileges at the aforesaid Columbia Presbyterian Medical Center.

9. Upon information and belief, that at all times hereinafter mentioned, the defendant, EILEEN F. DEMARCO, M.D., was and is a physician duly licensed to practice medicine in the State of New York.

10. Upon information and belief, that at all times hereinafter mentioned, the defendant, EILEEN F. DEMARCO, M.D., held herself out as being duly competent and qualified to render medical care, attention and treatment to the general public.

11. Upon information and belief, that at all times hereinafter mentioned, the defendant, EILEEN F. DEMARCO, M.D., was an employee of the defendant, NEW YORK PRESBYTERIAN HOSPITAL.

12. Upon information and belief, that at all times hereinafter mentioned, the defendant, EILEEN F. DEMARCO, M.D., was on the staff of and/or had privileges at the aforesaid Columbia Presbyterian Medical Center.

13. Upon information and belief, that at all times hereinafter mentioned, the defendant, MICHAEL S. WARREN, M.D., was and is a physician duly licensed to practice medicine in the State of New York.

14. Upon information and belief, that at all times hereinafter mentioned, the defendant, MICHAEL S. WARREN, M.D., held himself out as being duly competent and qualified to render medical care, attention and treatment to the general public.

15. Upon information and belief, that at all times hereinafter mentioned, the defendant, MICHAEL S. WARREN, M.D., was an employee of the defendant, NEW YORK PRESBYTERIAN HOSPITAL.

16. Upon information and belief, that at all times hereinafter mentioned, the defendant, MICHAEL S. WARREN, M.D., was on the staff of and/or had privileges at the aforesaid Columbia Presbyterian Medical Center.

17. Upon information and belief, that at all times hereinafter mentioned, the defendant, LISA CAREY GROSSMAN, M.D., was and is a physician duly licensed to practice medicine in the State of New York.

18. Upon information and belief, that at all times hereinafter mentioned, the defendant, LISA CAREY GROSSMAN, M.D., held herself out as being duly competent and qualified to render medical care, attention and treatment to the general public.

19. Upon information and belief, that at all times hereinafter mentioned, the defendant, LISA CAREY GROSSMAN, M.D., was an employee of the defendant, NEW YORK PRESBYTERIAN HOSPITAL.

20. Upon information and belief, that at all times hereinafter mentioned, the defendant, LISA CAREY GROSSMAN, M.D., was on the staff of and/or had privileges at the aforesaid Columbia Presbyterian Medical Center.

21. That on or about the 27th day of August 2010, the said plaintiff, ESMARITA

RODRIGUEZ, presented at the aforesaid Columbia Presbyterian Medical Center seeking medical care, attention and treatment.

22. That on or about the 27th day of August, 2010, the said defendant, NEW YORK PRESBYTERIAN HOSPITAL, through their agents, servants and/or employees at the aforesaid Columbia Presbyterian Medical Center undertook to render medical care, attention and treatment to the said plaintiff, ESMARITA RODRIGUEZ.

23. That on or about the 27th day of August 2010, the said plaintiff, ESMARITA RODRIGUEZ, was admitted to the aforesaid Columbia Presbyterian Medical Center.

24. That on or about the 27th day of August 2010, the said plaintiff, ESMARITA RODRIGUEZ, was admitted to the aforesaid Columbia Presbyterian Medical Center as a service patient.

25. That on or about the 28th day of August 2010, the said infant plaintiff, ESMARIE ROJAS, was delivered on the premises of the aforesaid Columbia Presbyterian Medical Center.

26. That on or about the 28th day of August 2010, the said defendant, REBECCA MERCIER, M.D., did deliver and/or did assist in delivering the said infant plaintiff, ESMARIE ROJAS, on the premises of the aforesaid Columbia Presbyterian Medical Center.

27. That on or about the 28th day of August 2010, the said defendant, EILEEN F. DEMARCO, M.D., did deliver and/or did assist in delivering the said infant plaintiff, ESMARIE ROJAS, on the premises of the aforesaid Columbia Presbyterian Medical Center.

28. That on or about the 28th day of August 2010, the said defendant, MICHAEL S. WARREN, M.D., did deliver and/or did assist in delivering the said infant plaintiff, ESMARIE ROJAS, on the premises of the aforesaid Columbia Presbyterian Medical Center.

29. That on or about the 28th day of August 2010, the said defendant, LISA CAREY GROSSMAN, M.D., did deliver and/or did assist in delivering the said infant plaintiff, ESMARIE ROJAS, on the premises of the aforesaid Columbia Presbyterian Medical Center.

30. That subsequent to her said delivery on the premises on the aforesaid Columbia

Presbyterian Medical Center on or about the 28th day of August 2010, the said infant plaintiff, ESMARIE ROJAS, remained an inpatient at the aforesaid Columbia Presbyterian Medical Center.

31. That by reason of the aforesaid and the medical treatment rendered to the said plaintiffs by defendants herein, the medical condition of the said infant plaintiff was caused to deteriorate and/or worsen resulting in severe and lasting injuries to her body, as well as shock to her nervous system.

32. That the aforesaid occurrence was caused solely and wholly, through and by reason of the negligence of the said defendants, individually and/or jointly; the said plaintiffs in no way contributing thereto.

33. That the aforesaid occurrence was caused solely and wholly, through and by reason of the negligence of the said defendants, individually and/or jointly in failing and neglecting to treat the said plaintiffs in accordance with good and accepted medical customs, practices and standards; in failing and neglecting to perform a cesarean section; in causing injury to the said infant plaintiff during the course of her said delivery; in failing and neglecting to perform the necessary and requisite obstetrical maneuvers so as to avoid injury to the said infant plaintiff; in causing, permitting and/or allowing the medical condition of the said infant plaintiff to deteriorate and/or worsen; and the said defendants were otherwise negligent herein.

34. That by reason of the aforesaid, the infant plaintiff has been rendered sick, sore, lame and disabled; that she suffers, has suffered and may in the future continue to suffer great pain; that she has been compelled to seek medical care, attention and treatment in an effort to see herself cured of her said injuries and may in the future be so compelled; that she has been required to expend various sums of money in an effort to see herself cured of her said injuries and may in the future be so required; that she has been confined to a hospital and to her home and bed for a period of time and may in the future be so confined; that she has been disabled from attending to her usual duties and activities and may in the future be so disabled; and that she has otherwise been damaged herein.

35. That by reason of the aforesaid, this plaintiff has been damaged in an amount which

exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

AS AND FOR A SECOND CAUSE OF ACTION ON BEHALF OF PLAINTIFF

36. That this plaintiff repeats, reiterates and realleges each and every allegation contained in the First Cause of Action with the same force and effect as if fully set forth herein at length.

37. That the said defendants failed and/or neglected to advise and/or inform the said plaintiffs of all risks, hazards and dangers inherent in the medical treatment rendered to the said plaintiffs; that the said defendants failed to receive an informed consent therefore; and that said defendants were otherwise negligent herein.

38. That by reason of the aforesaid this plaintiff has been damaged in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

AS AND FOR A THIRD CAUSE OF ACTION ON BEHALF OF PLAINTIFF

39. That this plaintiff repeats, reiterates and realleges each and every allegation contained in the First and Second Causes of Action with the same force and effect as if fully set forth herein at length.

40. That the said infant plaintiff, EMARIE ROJAS, is an infant under the age of fourteen (14) years and that the said plaintiff, ESMARITA RODRIGUEZ, is her mother and natural guardian.

41. That by reason of the aforesaid, this plaintiff has been deprived of the love, society, services and affection of her said daughter, the said infant plaintiff, ESMARIE ROJAS; that she had been compelled to seek medical care, attention and treatment in an effort to see her said daughter cured of her said injuries and may in the future be so compelled; and that she has otherwise been damaged herein.

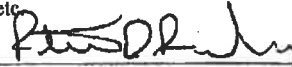
42. That by reason of the aforesaid this plaintiff has been damaged in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction.

WHEREFORE, Plaintiffs demand judgment against the defendants on the First Cause of Action in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction; plaintiffs demand judgment against the defendant on the Second Cause

of Action in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction; plaintiffs demand judgment against the defendant on the Third Cause of Action in an amount which exceeds the jurisdictional limits of all lower courts which would otherwise have jurisdiction; together with the costs and disbursements of this matter.

Dated: New York, NY
November 11, 2011

Yours, etc.




Peter D. Rosenberg
ROSENBERG, MINC, FALKOFF & WOLFF, LLP
Attorneys for Plaintiffs
122 East 42nd Street, Suite 3800
New York, NY 10168
(212) 697-9280
Our File No. 29416

ATTORNEY'S VERIFICATION

PETER D. ROSENBERG, an attorney duly admitted to practice before the Courts of the State of New York, affirms the following to be true under the penalties of perjury: I am an attorney at ROSENBERG, MINC, FALKOFF & WOLFF, LLP attorneys of record for Plaintiffs, EMARIE ROJAS and ESMARITA RODRIGUEZ. I have read the annexed COMPLAINT and know the contents thereof, and the same are true to my knowledge, except those matters therein which are stated to be alleged upon information and belief, and as to those matters I believe them to be true. My belief, as to those matters therein not stated upon knowledge, is based upon facts, records, and other pertinent information contained in my files.

This verification is made by me because Plaintiffs are not presently in the county wherein I maintain my offices.

Dated: New York, NY
November 11, 2011


Peter D. Rosenberg

March 7, 2013

TO WHOM IT MAY CONCERN

Re: ***Licensing Application of Rebecca Mercier, M.D. – status in re: Rojas v. NYPH***
MCB File No. 16-82778 (BGH)

Dear Sir/Madame:

In response to your request, kindly be advised that this firm represents Rebecca J. Mercier, M.D. in the matter of *Esmarie Rojas, an infant by her mother and natural guardian, Esmerita Rodriguez and Esmerita Rodriguez, Individually v. NewYork-Presbyterian Hospital, et al. We intend to vigorously defend this matter.*

This matter arises out of the labor and delivery concerning the plaintiff-mother, Esmerita Rodriguez, performed on August 28, 2010 at NewYork-Presbyterian Hospital by attending physician, Eileen F. DeMarco, M.D. and several residents, one of whom is Rebecca Mercier, M.D. It is alleged that the infant-plaintiff, Esmarie Rojas, suffered a left brachial plexus during the course of the delivery.

This case is in the early stages of discovery. Dr. Mercier has recently been deposed, and plaintiff's counsel has indicated that they intend to discontinue her from this action upon completion of depositions of all parties. Dr. Mercier was one of several individuals named as defendants in this case. As noted above, Dr. DeMarco was the attending physician and was responsible for the management of the plaintiff-mother's labor and delivery, while Dr. Mercier was a resident assisting in the delivery.

We will follow with plaintiff's counsel based on their representation that once depositions of all defendants are complete, Dr. Mercier will be discontinued from the case.

March 7, 2013
Page 2

Should you require any additional information, please do not hesitate to contact me.

Very truly yours,

MARTIN CLEARWATER & BELL LLP

Olga Nikiciuk

bcc: BGH
ML

me

AB

(01/2013)

PENNSYLVANIA STATE BOARD OF MEDICINE				
VERIFICATION OF MEDICAL EDUCATION (For Graduates of American/Canadian Medical Schools)				
SECTION 1 - TO BE COMPLETED BY APPLICANT				
NAME:	Last Mercier	First Rebecca	Middle Jeanne	
NAME OF MEDICAL SCHOOL:	SUNY Downstate Medical Center			
LOCATION:	Brooklyn, New York			
Submit the verification of medical education form to your medical school and request the school 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 SCHOOL:	SUNY Downstate Medical Center			
NAME OF MEDICAL STUDENT:	Last Mercier	First Rebecca	Middle J.	
DATE STUDENT BEGAN TO ATTEND THIS MEDICAL SCHOOL:	Month 8	Day 15	Year 03	
DATE OF GRADUATION:	Month 5	Day 31	Year 07	
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT				
SIGNATURE OF DEAN/REGISTRAR:	<i>Arene Smith</i>			
DATE:	Month 3	Day 25	Year 13	
(Seal of School)	<p>Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in an official school envelope.</p> <p style="text-align: center;">DO NOT RETURN THIS FORM TO THE APPLICANT</p>			
<u>Regular Mailing Address</u> STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381		<u>Courier Delivery Address</u> STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110		

RECEIVED DIRECT

RECEIVED
 JUN 27 2013
 BY _____

m0

AB

(01/2013)

VERIFICATION OF ACGME APPROVED GRADUATE MEDICAL TRAINING
(Graduates of American/Canadian Medical Schools)

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last <u>Mercier</u>	First <u>Rebecca</u>	Middle <u>Jeanne</u>
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.	Effective immediately, ALL applicants will be required to submit verification of any and all U.S. or Canadian postgraduate training completed (including ACGME or non-ACGME accredited). This is in addition to verifying the required PGY1 and PGY2 listed above. <u>Until all postgraduate training has been verified, the application will be considered incomplete and a license will NOT be issued.</u>		
4.	If training was completed at more than one hospital, duplicate this form and submit to each hospital.		

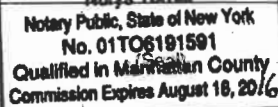
SECTION 2 – TO BE COMPLETED BY PROGRAM DIRECTOR WHERE THE GRADUATE TRAINING OCCURRED

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.

HOSPITAL WHERE TRAINING WAS COMPLETED:	<u>New York Presbyterian Hospital</u>		
NAME OF SPONSORING INSTITUTION:	<u>Columbia University</u>		
LOCATED IN:	CITY <u>New York</u>	STATE <u>New York</u>	ACGME ACCREDITED
PGY LEVEL	FROM (MM/DD/YYYY) #	TO (MM/DD/YYYY)	SPECIALTY
<u>1-4</u>	<u>07/01/2008</u>	<u>6/30/2011</u>	<u>OB/GYN</u>
PGY LEVEL	FROM (MM/DD/YYYY)	TO (MM/DD/YYYY)	SPECIALTY

"I certify that the above named applicant successfully completed/will successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." If there has been disciplinary or administrative action regarding this applicant, please provide a separate statement outlining the details.

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

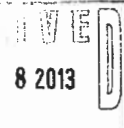
Signature of Program Director <u>Rini Borrusa-Ratan MD</u>	Date <u>March 19, 2013</u>
	Notary Signature <u>[Signature]</u> Notary Commission Expiration Date: <u>AUGUST 18, 2016</u>

Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381	Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA. 17110
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RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL HOSPITAL ENVELOPE

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MAY 8 2013





State University of New York
Health Science Center at Brooklyn
also known as: SUNY Downstate Medical Center

OFFICE OF THE REGISTRAR
TRANSCRIPT OF ACADEMIC RECORD

Record of: Rebecca Jeanne Mercier

Page: 1

Current Name: Rebecca Jeanne Mercier

Issued To: State Board of Medicine
2601 North Third Street
Harrisburg, PA 17110

Date Issued: 25-MAR-2013

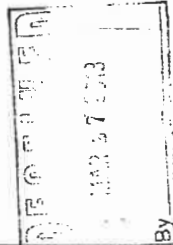
SSN: [REDACTED]
Level: Doctor of Medicine

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Course Level: Doctor of Medicine Matriculated: 2003 Fall Primary Program Doctor of Medicine Program : Medicine College : College of Medicine Campus : SUNY Downstate Major : Medicine Degree Awarded Doctor of Medicine 31-MAY-2007 Primary Degree Program : Medicine College : College of Medicine Campus : SUNY Downstate Major : Medicine Inst. Honors: AOA Medical Honor Society			
Institution Information continued: Total Earned Credits 28.50 Term: 2004 Fall MEDI 2110 Essentials of Clin. Med. II 5.50 Y 0.00 MEDI 2111 Gastrointestinal Systems II 3.00 P 6.00 MEDI 2115 Overview 0.50 P 1.00 MEDI 2201 Immunity, Inflammation & Infection 9.00 HP 27.00 MEDI 2205 Hematology/Oncology 4.00 HP 12.00 NERU N220 Basic Mechanism of Clinical Neuro Science 0.00 EP 0.00 Total Earned Credits 16.50 Term: 2005 Spring MEDI 2107 Cardiovascular & Respiratory Systems II 5.50 HP 16.50 MEDI 2110 Essentials of Clin. Med. II 5.50 P 11.00 MEDI 2112 Endocrine, Reproductive & Urinary Systems II 4.50 H 18.00 MEDI 2114 Nervous System/Psychopathology 5.50 H 22.00 Total Earned Credits 21.00 Term: 2005 Fall EMBD 3701 Emergency Medicine Clerkship 2.00 HP 6.00 MEDI 3000 Transition to Clerkship 0.50 P 1.00 NERU 3201 Neurology Clerkship 4.00 H 16.00 OBGY 3301 Women's Health Clerkship 6.00 H 24.00 PEDS 3401 Pediatrics Clerkship 6.00 H 24.00 Total Earned Credits 18.50 Term: 2006 Spring FAMP 3802 Prim Care I - Fam Prac. 6.00 H 24.00 MEDI 3101 Medicine Clerkship 10.00 HP 30.00 SURG 3601 Surgery Clerkship 8.00 H 32.00 Total Earned Credits 24.00 Term: 2006 Fall HUME 4051 History of Medicine 4.00 H 16.00 OBGY 4310 Perinatal Medicine 4.00 H 16.00			
SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
INSTITUTION CREDIT: Term: 2003 Fall MEDI 1105 Musculoskeletal System 5.00 HP 15.00 MEDI 1106 Blood/Lymphoid & Head & Neck 3.00 HP 9.00 MEDI 1108 Genes to Cells / Skin & Conn. Tissue 3.00 HP 9.00 MEDI 1110 Essentials of Clin. Med. I 6.00 Y 0.00 Total Earned Credits 11.00 Term: 2004 Spring MEDI 1107 Cardiovascular & Respiratory Systems 5.50 HP 16.50 MEDI 1110 Essentials of Clin. Med. I 6.00 H 24.00 MEDI 1111 Gastrointestinal Tract 5.00 HP 15.00 MEDI 1112 Endocrine, Reproductive & Urinary Systems 6.00 H 24.00 MEDI 1114 Neuroscience 6.00 HP 18.00			

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Anne Sm

Not considered official without Seal and Registrar's signature.



The Family Educational Rights and Privacy Act of 1974 (as amended) prohibits the release of this information without the student's written consent. An official transcript must include the signature of the registrar and the seal of the college. This document reports academic information only. Confidential record for your exclusive use only. NOT TO BE GIVEN TO STUDENT UNDER ANY CIRCUMSTANCES.

State University of New York Health Science Center at Brooklyn

COLLEGE OF MEDICINE

TRANSCRIPT KEY

Grading Systems as of July 1, 1995

H – Honors	F – Fail	WP – Withdrawal/Passing	EP – Elective Course Pass
HP – High Pass	I – Incomplete	WF – Withdrawal/Failing	IP – In Progress
P – Pass	CR – Credit	EF – Elective Course Fail	Y – Year-long Course
C – Conditional	W – Withdrawal	EH – Elective Course Honors	Z – Research Year

Explanation of Grades

Honors	Outstanding work in the subject area, far exceeding requirements of the course.
High Pass	Above average work in the subject area which exceeds the requirements of the course.
Pass	Successful completion of all requirements of the course.
Conditional	Borderline failure, requiring remedial work for part of the course. (i.e. written exam)
Fail	Failure to successfully complete the requirements for a major part of the course.
Incomplete	A portion of the requirements of the course have not been attempted, usually for reasons beyond the control of the student. (i.e. illness)
Credit	The transcript notation when a student has advanced standing for a course previously completed.
Withdrawal	Student withdraws from a course prior to 25% of the completion of the course.
Withdrawal Passing	Student withdraws from a course at a passing level after 25% completion but prior to 75% of the completion of the course.
Withdrawal Failing	Student withdraws from a course at a failing level after 25% completion but prior to 75% of the completion of the course. WF is considered an academic deficiency.
EF, EH, EP	Electives during the pre-clinical years are taken for no credit. In the grades Elective Fail, Elective Honors and Elective Pass, the "E" signifies a non-credit elective. The definitions of the second letter of the grade are reflected above.
In Progress	Course is still in progress.
Year-long Course	Will be listed as the grade for the first semester for a year-long course.
Research Year	Research in Maintenance Matriculation.

Grading System prior to July 1, 1995

H – Honors	U – Unsatisfactory	EF – Elective Course Fail
HP – High Pass (effective Fall 1989)	I – Incomplete	EH – Elective Course Honor
P – Pass	E – Exemption	EP – Elective Course Pass
S – Satisfactorily		

A recorded grade which has a slash (/) with a new grade after it indicates a change of grade. The last grade is considered the FINAL grade.

The College of Medicine does not assign quality points to its grades and therefore does not calculate a GPA.

In accordance with the Family Educational Rights and Privacy Act of 1974, this information is released with the condition that it not be made available to any other party without written consent of the student.



State University of New York
Health Science Center at Brooklyn
also known as: SUNY Downstate Medical Center

OFFICE OF THE REGISTRAR
TRANSCRIPT OF ACADEMIC RECORD

Record of: Rebecca Jeanne Mercier

Page: 2

Current Name:

Date Issued: 25-MAR-2013

SSN: [REDACTED]

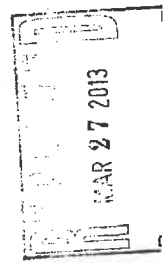
Level: Doctor of Medicine

SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Institution Information continued:			
OBGY 9764	Reproductive Choice, NYU	4.00 H	16.00
PEDS 4400	Subinternship in Clinical Pediatrics	4.00 H	16.00
PSYH 3501	Psychiatry Clerkship	6.00 H	24.00
Total Earned Credits		22.00	
Term: 2007 Spring			
ANES 3901	Anesthesiology Clerkship	2.00 HP	6.00
MEDI 4004	Emerging Concepts in Medicine	2.00 P	4.00
MEDI 5000	Transition to Residency	0.50 P	1.00
PATH 4366	Forensic Pathology	2.00 HP	6.00
PREV 4540	Health Care in Developing Countries	6.00 H	24.00
PRIM 4003	Primary Care II Clerkship	4.00 P	8.00
Total Earned Credits		16.50	
***** END OF TRANSCRIPT *****			

RECEIVED DIRECTOR

Anne Sme

Not considered official without Seal and Registrar's signature.



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Confidential record for your exclusive use only.
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COLLEGE OF MEDICINE

TRANSCRIPT KEY

Grading Systems as of July 1, 1995

H – Honors	F – Fail	WP – Withdrawal/Passing	EP – Elective Course Pass
HP – High Pass	I – Incomplete	WF – Withdrawal/Failing	IP – In Progress
P – Pass	CR – Credit	EF – Elective Course Fail	Y – Year-long Course
C – Conditional	W – Withdrawal	EH – Elective Course Honors	Z – Research Year

Explanation of Grades

Honors	Outstanding work in the subject area, far exceeding requirements of the course.
High Pass	Above average work in the subject area which exceeds the requirements of the course.
Pass	Successful completion of all requirements of the course.
Conditional	Borderline failure, requiring remedial work for part of the course. (i.e. written exam)
Fail	Failure to successfully complete the requirements for a major part of the course.
Incomplete	A portion of the requirements of the course have not been attempted, usually for reasons beyond the control of the student. (i.e. illness)
Credit	The transcript notation when a student has advanced standing for a course previously completed.
Withdrawal	Student withdraws from a course prior to 25% of the completion of the course.
Withdrawal Passing	Student withdraws from a course at a passing level after 25% completion but prior to 75% of the completion of the course.
Withdrawal Failing	Student withdraws from a course at a failing level after 25% completion but prior to 75% of the completion of the course. WF is considered an academic deficiency.
EF, EH, EP	Electives during the pre-clinical years are taken for no credit. In the grades Elective Fail, Elective Honors and Elective Pass, the "E" signifies a non-credit elective. The definitions of the second letter of the grade are reflected above.
In Progress	Course is still in progress.
Year-long Course	Will be listed as the grade for the first semester for a year-long course.
Research Year	Research in Maintenance Matriculation.

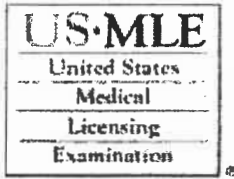
Grading System prior to July 1, 1995

H – Honors	U – Unsatisfactory	EF – Elective Course Fail
HP – High Pass (effective Fall 1989)	I – Incomplete	EH – Elective Course Honor
P – Pass	E – Exemption	EP – Elective Course Pass
S – Satisfactorily		

A recorded grade which has a slash (/) with a new grade after it indicates a change of grade. The last grade is considered the FINAL grade.

The College of Medicine does not assign quality points to its grades and therefore does not calculate a GPA.

In accordance with the Family Educational Rights and Privacy Act of 1974, this information is released with the condition that it not be made available to any other party without written consent of the student.



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, 400 Fuller Wiser Road, Suite 300, Euless, TX 76039-3856 -- Telephone (817) 868-4000

Date: 03/07/2013

Recipient:

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

Examinee ID#: 4-085-344-2

Date of Birth: [REDACTED]

Examinee: Mercier, Rebecca
Alt Name(s): Mercier, Rebecca Jeanne

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

USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
06/09/2005	Pass	237	182	96	75	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
08/25/2006	Pass	254	182	99	75	

Clinical Skills (CS)*

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
07/05/2006	Pass					

USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
09/17/2008	Pass	220	187	93	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.

MAR 07 2013

RECEIVED DIRECT

the **DataBank**

P.O. Box 10832
Chantilly, VA 20153-0832

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

MD

5500000380575029
Process Date: 03/11/2013
Page: 1 of 1

AB

MERCIER, REBECCA JEANNE - SELF-QUERY RESPONSE

A. SUBJECT IDENTIFICATION INFORMATION (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: MERCIER, REBECCA JEANNE
Date of Birth: [REDACTED] **Gender:** FEMALE
Organization Name: UNIVERSITY OF NORTH CAROLINA
Organization Type: GENERAL/ACUTE CARE HOSPITAL (301)
Work Address: 3130 OLD CLINIC BUILDING DEPT OB-GYN, CB 7570 UNIVERSITY OF NORTH CAROLINA, CHAPEL HILL, NC 27598
Social Security Number: [REDACTED] **DEA:** FM1439365
NPI: 1005295645
License: PHYSICIAN (MD), 2011-00386, NC, OBSTETRICS & GYNECOLOGY
Professional School(s): SUNY DOWNSTATE MEDICAL CENTER (2007)

B. PAYMENT INFORMATION

Credit Card Information: [REDACTED]
NPDB Charge: [REDACTED] **NPDB Bill Reference Number:** N30648952
HIPDB Charge: \$8.00* **HIPDB Bill Reference Number:** H30648952
* Each charge will appear separately on your credit card statement.
Transaction Date: 03/11/2013 **Additional Paper Copies Requested:** 0

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 03/11/2013

The following report types have been searched:			
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

Copies of these reports are enclosed for restricted/limited use as prescribed by statutes listed on the preceding cover page.

----- **No Reports Found** -----

MAR 20 2013

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

Rebecca J. Mercier MD, MPH

University of North Carolina

Chapel Hill, NC 27599

Email: [REDACTED] Phone: [REDACTED]

RESIDENCY

New York Presbyterian-Columbia, New York, NY Obstetrics and Gynecology Resident July 2007 - June 2011

PROFESSIONAL EXPERIENCE – EMPLOYMENT HISTORY

University of North Carolina Chapel Hill, NC Clinical Fellow/Visiting Assistant Professor July 2011 – current
Planned Parenthood of Central North Carolina Physician October 2011 - current

EDUCATION

SUNY Downstate Medical Center Brooklyn, NY Doctor of Medicine May 2007
SUNY Downstate Medical Center Brooklyn, NY Master of Public Health May 2006 Honors Graduate
Hunter College New York, NY Post Baccalaureate Pre-Medical Coursework 2000 - 2003
Vassar College Poughkeepsie, NY Bachelor of Arts: Drama 1996

MEDICAL LICENSE

North Carolina April 2011 (current)
New York State January 2009 (expired)

HONORS/AWARDS

Alpha Omega Alpha SUNY Downstate Medical Center 2007
Roy Milner Seideman Award SUNY Downstate Medical Center 2006
Awarded to graduating MPH student with highest grade point average
William T Robinson Scholarship SUNY Downstate Medical Center 2004
Scholarship received in recognition of commitment to public health in medicine
Phi Beta Kappa Mu chapter of Vassar College 1996

PUBLICATIONS

Mercier RJ, Garrett J, Siega-Riz A, Thorp J. Pregnancy intention and postpartum depression: Secondary data analysis from a prospective pregnancy cohort. British Journal of Obstetrics and Gynecology. Publication pending 2013
Mercier RJ, Zerden M. Intrauterine anesthesia for gynecologic procedures: a systematic review. Obstetrics & Gynecology. 2012 Sep;120(3):669-77

POSTER PRESENTATIONS

Pregnancy intention and postpartum depression in a prospective pregnancy cohort
ACOG District IV meeting: Poster Presentation Charleston, SC October 2012
Acceptability and use of post-abortion resources by urban women - a pilot study
Reproductive Health 2011: Poster Presentation Las Vegas, NV September 2011
Assessing Medical Students' Knowledge of Emergency Contraception at a Large Urban Medical School
ACOG Annual Meeting: Poster Presentation San Diego, CA May 2007

LECTURES AND GRAND ROUNDS

Beyond Plan B: Updates in Emergency Contraception Columbia Presbyterian November 2011
Management of Post-Abortal Bleeding Columbia Presbyterian November 2009
Self-Induced Abortion From the Developing World to Washington Heights Columbia Presbyterian March 2009

TEACHING / MEDICAL EDUCATION

Reproductive Medicine Course UNC School of Medicine
Small group and case-based learning group leader for second year medical students
OB-Gyn Clerkship Lectures UNC school of Medicine
Lectures on benign breast disease for third year medical students

Semic, Cindy

From: ST, MEDICINE
Sent: Thursday, March 07, 2013 8:04 AM
To: Semic, Cindy
Subject: FW: North Carolina License Verification for Dr. Rebecca Jeanne Mercier

From: verifications@ncmedboard.org [mailto:verifications@ncmedboard.org]
Sent: Wednesday, March 06, 2013 8:07 PM
To: ST, MEDICINE
Subject: North Carolina License Verification for Dr. Rebecca Jeanne Mercier

321781



North Carolina Medical Board

03/06/2013

Name	Rebecca Jeanne Mercier, MD
Renewal Date	10/08/2013
Public Action	No
Pending Investigation(s)	No

License Number	License Type	Issue Date	Current Status	Expire Date
2011-00386	MD	03/23/2011	Active	

Public Actions can be found on our website. Go to www.ncmedboard.org and then select 'Look up a Licensee' under Quick Links.

To receive certified copies of Public Actions, please email [REDACTED]

If you have questions regarding Pending Investigation, email [REDACTED]

For general Verification questions, email [REDACTED]

Sincerely,

R. David Henderson

R. David Henderson
Executive Director

RECEIVED DIRECT

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

BOARD ACTION CLEARANCE REPORT

March 13, 2013

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

Re: Board Action Query Dated: March 13, 2013
Your Reference Number: CAT
FSMB Batch Number: BQ2219381

The following is a report of the search results from the Board Action Data Bank as of March 13, 2013
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of March 13, 2013

Item	Name	DOB	School	Yr/Grad	Request ID
3	GILL, SAUMYA	[REDACTED]		2007	26423794
		LICENSE HISTORY <u>State Board</u> CALIFORNIA IOWA TEXAS			
2	HINKS, ROBERT	[REDACTED]		1982	26423792
		LICENSE HISTORY <u>State Board</u> COLORADO NORTH CAROLINA VIRGINIA			
4	MERCIER, REBECCA	[REDACTED]		2007	26423799
		LICENSE HISTORY <u>State Board</u> NEW YORK NORTH CAROLINA			

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.

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

June 3, 2013

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

Re: Board Action Query Dated: June 3, 2013
Your Reference Number: AB
FSMB Batch Number: BQ2268733

The following is a report of the search results from the Board Action Data Bank as of June 3, 2013
for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of June 3, 2013

Item	Name	DOB	School	Yr/Grad	Request ID
1	MERCIER, REBECCA JEANNE	[REDACTED]		2007	26714002
LICENSE HISTORY State Board NEW YORK NORTH CAROLINA					

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@pa.gov
www.dos.state.pa.us/med
June 3, 2013

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

REBECCA JEANNE MERCIER 9849

PHILADELPHIA PA 19107

EVALUATOR: ADRIENNE 1736

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.**

- APPLICATION – QUESTIONS PAGE
 - PLEASE PROVIDE PERSONAL STATEMENT REGARDING CIVIL COMPLAINT (I.E. – IN YOUR OWN WORDS, WHAT OCCURRED TO CAUSE CIVIL COMPLAINT) – THIS CAN BE SUBMITTED VIA EMAIL OR FAX

**APPLICATIONS NOT COMPLETED WITHIN SIX MONTHS
WILL REQUIRE UPDATES OF CERTAIN DOCUMENTS.**

You may check the status of your application online at www.mylicense.state.pa.us. Click on the link [duplicate licenses/address changes/application status](#). First time users will be required to register and create a user ID and password. Your registration code to register is: **g8aQXPEz**

Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA
STATE BOARD OF MEDICINE
P. O. BOX 2649
HARRISBURG, PENNSYLVANIA 17105
st-medicine@pa.gov
www.dos.state.pa.us/med
March 26, 2013

REBECCA JEANNE MERCIER 9649
[REDACTED]
PHILADELPHIA PA 19107

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- > Verification of ACGME Approved Graduate Medical Training **must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelope.**

rcv
3/27
> Verification of Medical Education **must be received DIRECTLY from the medical school in an official, sealed Medical School envelope.**

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LICENSE HISTORY
State Board
NEW YORK
NORTH CAROLINA

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June 3, 2013

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March 26, 2013

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- Verification of Medical Education **must be received DIRECTLY from the medical school in an official, sealed Medical School envelope.**

rcv
3/27

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Sincerely,

Pennsylvania State Board of Medicine

8732



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

11/05/2019

License Information

REBECCA JEANNE MERCIER

Philadelphia, Pennsylvania 19107

Board/Commission: State Board of Medicine

Status Effective Date: 06/27/2013

LicenseType: Medical Physician and Surgeon

Issue Date: 06/27/2013

Specialty Type:

Expiration Date: 12/31/2020

License Number: MD449320

Last Renewal: 10/11/2018

Status: Active

Disciplinary Action Details

No disciplinary actions were found for this license.

This site is considered a primary source for verification of license credentials provided by the Pennsylvania Department of State.