

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

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

Phone: 717-783-1400 or 717-787-2181  
st-medicine@state.pa.us

### APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION For Graduates of UNACCREDITED Medical Schools

131420

**Application Fee:** \$85.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania."  
**Note:** A processing fee of \$20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

NAME: COLES JENNIFER ELIZABETH  
Last First Middle

Permanent Address:

[Redacted Address]

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

BALTIMORE MD 21212  
City State Zip Code

Email address:

[Redacted Email Address]

Date of Birth:

[Redacted Date of Birth]

Social Security Number:

[Redacted Social Security Number]

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

JENNIFER ELIZABETH BROWN (name + records changed during medical school)

Are you applying using credentials verification from FCVS? YES  NO

Have you previously held a Pennsylvania graduate training license?

YES: My license number is \_\_\_\_\_  NO

LIST MEDICAL SCHOOL(S) ATTENDED:

DATES OF ATTENDANCE

BEN BURTON UNIVERSITY OF THE NEBEV

From 08/99 to 05/03  
Mo. & Yr. Mo. & Yr.  
From \_\_\_\_\_ to \_\_\_\_\_  
Mo. & Yr. Mo. & Yr.

Date of Graduation: 05/27/03

Check licensing examination(s) passed:

- FLEX - indicate state where taken: \_\_\_\_\_ Date taken: Component 1 \_\_\_\_\_ Component 2 \_\_\_\_\_
- NATIONAL BOARD - PART I \_\_\_\_\_ PART II \_\_\_\_\_ PART III \_\_\_\_\_
- USMLE STEP 1 8/01 STEP 2 7/02 STEP 3 7/05
- FMCC - Canadian
- STATE BOARD - indicate state where taken: \_\_\_\_\_

**ACOME Post Graduate Training:**

PGY1 Hospital: **SINAI HOSPITAL OF BALTIMORE** From: **7/1/03** to: **6/30/04**  
 PGY2 Hospital: " " From: **7/1/04** to: **6/30/05**  
 PGY3 Hospital: " " From: **7/1/05** to: **6/30/06**

Answer the following questions. If "YES" is answered to #2 through #8, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	YES	NO
1) Do you hold or have you ever held an unrestricted license, certification, or registration (active or inactive, current or expired) to practice medicine and/or surgery in another jurisdiction? <u>If yes, list the jurisdiction(s) below.</u> <b>MARYLAND</b>	X	
2) Have you ever withdrawn an application for a license, certification, or registration, had an application denied or refused, or agreed not to reapply in another state, territory or country?		X
3) Has any disciplinary action been taken against your license, certification, or registration in another state, territory or country?		X
4) Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict as to any felony or misdemeanor, including any drug law violation, in any state or federal court?		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? <b>Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.</b>		
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the <u>entire Civil Complaint</u> which must include the <u>docket number</u> , <u>filing date</u> , and the <u>date you were served</u> .		X

**SIGNED STATEMENT**

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 1104.1(a). In order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information prescribed by DPW about the licensee, including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDHPDB must include the licensee's social security number.

I certify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to disclose to the Board any information, files or records requested by the Board.

[Redacted Signature]

Signature of Applicant

8/27/07  
Date

State Board of Medicine  
P. O. BOX 2649  
HARRISBURG, PA 17105-2649

**Certification of Moral Character**

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months. **ORIGINAL SIGNATURES ARE REQUIRED.**

Name of Applicant: JENNIFER ELIZABETH COLES

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit-forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 4 year(s) 2 month(s).

SIGNATURE: 

Date: 8/28/07

Print or type name as signed above: DAVID G SCHWARZ MD

State in which licensed: MARYLAND License Number: D0056032

Name of Applicant: JENNIFER ELIZABETH COLES

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit-forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 2 year(s) 3 month(s).

SIGNATURE: 

Date: 8/28/07

Print or type name as signed above: JUDE M JACOBSON

State in which licensed: MD License Number: D0062645

**Return Completed Form to Applicant**

Stato: REPUBBLICA ITALIANA  
Etat:  
Staat:  
Stado:  
Estado:  
Staat:  
Dovlet:

Comune di: PLENZA  
Commune de:  
Gemeinde:  
Municipality:  
Municipio de:  
Gemeente:  
Köy veya mahalle:

ATTO N. 10 L.

Esatto dal registro degli atti di matrimonio  
Extrait des registres de l'état civil concernant un mariage  
Auszug aus dem Eheregister  
Extract of the register of marriages  
Extracto del registro de matrimonios  
Uittreksel uit de registers van de burgerlijke stand omtrent een huwelijk  
Evlernenme kayit hulâsasi sureti

- a) Luogo di celebrazione del matrimonio -- lieu du mariage -- Ort der Eheschließung -- place of marriage -- lugar del matrimonio -- plaats van huwelijksvoltrekking evlernenme yeri
- b) Data della celebrazione -- date du mariage -- Datum der Eheschließung -- date of marriage -- fecha del matrimonio -- datum van het huwelijk -- evlernenme tarihi
- c) Cognome del marito -- nom de famille du mari -- Familiennamen des Ehepartners -- surname of husband -- apellido del marido -- familiennaam van de man -- kocanın soyadı
- d) Prename del marito -- prénom du mari -- Vornamen des Ehepartners -- christian names of husband -- nombres de pila del marido -- voornamen van de man -- kocanın adı
- e) Data di nascita o età del marito -- date de naissance ou âge du mari -- Geburtsdatum oder Lebensalter des Ehepartners -- date of birth or age of husband -- fecha de nacimiento o edad del marido -- geboortedatum of leeftijd van de man -- doğum tarihi, yaşı
- f) Luogo di nascita del marito -- lieu de naissance du mari -- Geburtsort des Ehepartners -- place of birth of husband -- lugar de nacimiento del marido -- geboorteplaats van de man -- kocanın doğum yeri
- g) Cognome della moglie prima del matrimonio -- nom de famille de la femme -- Familiennamen der Ehefrau -- Surname of wife -- apellido de la mujer -- familiennaam van de vrouw -- karının soyadı
- h) Prename della moglie -- prénom de la femme -- Vornamen der Ehefrau -- christian names of wife -- nombres de pila de la mujer -- voornamen van de vrouw -- karının adı
- i) Data di nascita o età della moglie -- date de naissance ou âge de la femme -- Geburtsdatum oder Lebensalter der Ehefrau -- date of birth or age of wife -- fecha de nacimiento o edad de la mujer -- geboortedatum of leeftijd van de vrouw -- doğum tarihi veya yaşı
- j) Luogo di nascita della moglie -- lieu de naissance de la femme -- Geburtsort der Ehefrau -- place of birth of wife -- lugar de nacimiento de la mujer -- geboorteplaats van de vrouw -- karının doğum yeri
- k) Scioglimento o annullamento -- dissolution ou annulation -- Auflösung oder Nichtigerklärung -- dissolution or nullification -- disolución o anulación -- unbinding of marriage -- zeyal veya bülân

PLENZA

COLES

CHRISTIAN LOGAN

TOKIO (GIAPPONE)

BROWN

JENNIFER ELIZABETH

RIDGEWOOD (USA)

Data in cui è rilasciato l'estratto con firma e bollo del Ufficio -- date de délivrance, signature et sceau du dépositaire -- Ausstellungsdatum, Unterschrift und Dienstsiegel des Registrars -- date de expédition, firma y sello del depositario -- datum van afgifte, ondertekening en zegel van de bewaarder -- verrijdigi tarix, nûfus (arval) sahneye memurumun imzası ve mühürü

Data 02/08/2000



UFFICIALE DELLO STATO CIVILE

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

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

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

NAME: COLES JENNIFER ELIZABETH  
Last First Middle

1. If training began before July 1, 1987, one year of approved training at a first (PGY 1) or second (PGY 2) year level must be verified. If the training began on or after July 1, 1987, three (3) years of approved training are required, one at first (PGY 1) year level, one at second (PGY 2) year level and one at third (PGY 3) 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 and third (PGY 3) year must be ACGME approved and can be any specialty. See listing on back.
3. If training was completed at more than one hospital, duplicate this form and submit to each hospital.

*To be completed by the program director at the hospital where the graduate training occurred. If training was in Pennsylvania, information must coincide with data on graduate license. For applicants still in the third year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.*

NAME OF HOSPITAL WHERE TRAINING WAS COMPLETED: SINAI HOSPITAL OF BALTIMORE

NAME OF SPONSORING INSTITUTION: N/A  
LOCATED IN: BALTIMORE MARYLAND  
City State

1st Year from 7/01/2003 To 6/30/2004 Specialty OB/GYN Level (PGY) 1  
2nd Year from 7/01/2004 To 6/30/2005 Specialty OB/GYN Level (PGY) 2  
3rd Year from 7/01/2005 To 6/30/2006 Specialty OB/GYN Level (PGY) 3  
4th Year 7/01/2006 To 6/30/2007 Specialty OB/GYN Level (PGY) 4

"I certify that the above named applicant successfully completed will successfully complete this graduate medical training and that there was no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified." 1

Signature of Program Director:   
(Seal of Hospital) Date: 8/29/07

**If the hospital has no seal, complete the following section and have this form notarized!**

In addition to the above certification, I hereby certify that this hospital has no seal or stamp and that this form was completed by this hospital.

Program Director's Signature \_\_\_\_\_  
Date \_\_\_\_\_ [notary seal]  
Notary's Commission expires on \_\_\_\_\_

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

STATE BOARD OF MEDICINE  
P.O. BOX 2649  
HARRISBURG, PA 17105-2649  
(717) 737-2301

Entry Level Specialties

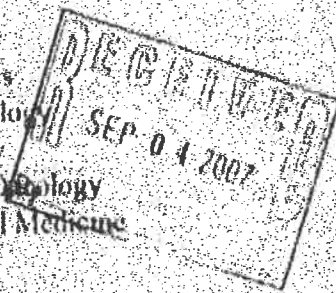
Anesthesiology  
Dermatology  
Diagnostic Radiology  
Emergency Medicine  
Family Practice  
General Surgery  
Internal Medicine  
Neurology

Obstetrics & Gynecology  
Pathology  
Pediatrics  
Physical Medicine & Rehab  
Preventive Medicine  
Psychiatry  
Transitional Year

The following specialties are listed in the Directory of Residency Training Programs and require training prior to entry and would not be considered entry level specialties

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

Neuroradiology  
Nuclear Medicine  
Nuclear Radiology  
Occupational Medicine  
Ophthalmology  
Orthopaedic Surgery  
Otolaryngology  
Pediatric Cardiology  
Pediatric Endocrinology  
Pediatric Hematology/Oncology  
Pediatric Nephrology  
Pediatric Orthopaedics  
Pediatric Pulmonology  
Pediatric Radiology  
Pediatric Surgery  
Radiation Oncology  
Preventive Medicine Public Health  
Public Health  
Pulmonary Diseases  
Rheumatology  
Selective Pathology  
Sports Medicine  
Thoracic Surgery  
Trauma Orthopedics  
Urology  
Vascular Surgery



JH 100

RECEIVED DIRECT

State Board of Medicine  
117-141-1400  
117-147-2100

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

- Submit this Verification of Medical Education Form to all medical schools attended.
- School(s) must attach certified copy of diploma and transcripts.
- Upon completion, school must return this form, certified copy of diploma, and transcripts directly to the Board in an official school envelope.

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

Name: COLES JENNIFER ELIZABETH  
Last First Middle

Name of medical school: Medical School for International Health  
BEN GURION UNIVERSITY OF THE NEGEV

Location: BEER-SHEVA, ISRAEL

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

Name of medical student: COLES JENNIFER ELIZABETH  
Last First Middle

Date student began to attend this medical school: Aug 1 1999  
Month Day Year

Total number of academic years completed in this medical school: 4

Total number of weeks of academic instruction completed: 180

Total number of weeks of clinical instruction completed: 70

Date of graduation: May 27 2003  
Month Day Year

Name of Medical School: Medical School for International Health

[Seal of School]

I certify that all of the above information is correct.

Signature of  
Dean or Registrar

Date 2/18/07

**DO NOT RETURN TO APPLICANT.**

Regular Mailing Address  
 State Board of Medicine  
 P.O. Box 2649  
 Harrisburg, PA 17105-2649 U.S.A.

Courier Delivery Address  
 State Board of Medicine  
 2601 North Third Street  
 Harrisburg, PA 17110 U.S.A.

BEN-GURION UNIVERSITY OF THE NEGEV  
The Faculty of Health Sciences  
Joyce & Irving Goldman Medical School

M.D. Program in International Health and Medicine  
in Collaboration with Columbia University Health Sciences

The Rector of the University and the Dean of the  
Faculty of Health Sciences, upon the recommendation  
of the Faculty Council and with the Approval of the Senate

have conferred the degree of


**DOCTOR OF MEDICINE**


upon

**Jennifer Elizabeth Coles**

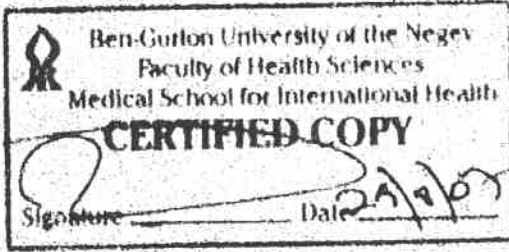
having completed the required course of study  
as laid down in the Constitution of the  
University and its Regulations

In witness thereof the seal of the University  
and its authorized signatories are appended below

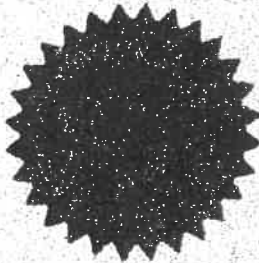
  
Prof. Jimmy Weinblatt  
Rector

  
Prof. Rivka Curmi  
Dean of the Faculty

Beer-Sheva, Israel, May 27th, 2005



**M.D.**



אוניברסיטת בן-גוריון בנגב  
הפקולטה לבריאות  
בית המדרש לרפואה לילדים ומחלות נוספות  
התוכנית לרפואה בינלאומית  
בשותף עם אוניברסיטת קולומביה בברוקלין

דקטור האוניברסיטה ודיקן הפקולטה  
לפדעי הבריאות, על פי הבלצת בוגרת  
הפקולטה ואישור הסינאס

בענינים אלה התואר


**דוקטור לרפואה**

לבג

**ג'ניפר אליזבת קולס**

לאחר סיום כיתה את פסקת לימודיה  
בהתאם לחוקת האוניברסיטה ותקנותיה

ולראיה הוספך בתעודה זו החותם  
ובאנו על החתום

  
פרופ' ריבקה קורמי  
דיקן הפקולטה

  
פרופ' ג'ימי וינבלט  
רקטור

10-272705-2705

RECEIVED DIRECT



RECEIVED DIRECT

August 29, 2007

Student Name

Jennifer Elizabeth Coles

Social Security/Passport Number



Registration Number

850002742

COURSE NAME AND NUMBER	TOTAL COURSE HOURS	FINAL GRADE
<b>Yearly Courses Fall - Spring 1999- 2000</b>		
0014-0015 BGMG (Biochem/Genetics/Mol Bio/Cell Bio)	140	Pass
0009-0011 Microbiology	131	Pass
0016-0017 Clinical Day / Communication	100	Pass
0030 International Health & Medicine*	52	Honors
0007 Psychosocial Aspects in Medicine	36	Honors
0060 Hebrew 5	82	Pass
<b>Fall 1999</b>		
0020 Biostatistics	20	Honors
0020 Epidemiology	53	Honors
0010 Emergency Medicine	40	Pass
<b>Winter 1999</b>		
0024 Pathology	60	Pass
0022 Pharmacology	48	Pass
0006 Physiology	60	Pass
0019 Immunology	46	Pass
0018 Histology	50	Pass
0095 Introductory Psychiatry	22	Pass
<b>Spring 2000</b>		
0023 Hematology System	90	Honors
0025 Preventative Cardiology 5	40	Pass

5 This course is graded by attendance only  
\* Part of the International Medicine requirement

[In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.]



EXPLANATORY NOTES ARE PRINTED ON REVERSE SIDE

Ben-Gurion University of the Negev  
Faculty of Health Sciences  
Medical School for International Medicine  
In Collaboration with Columbia University Medical Center

**Address**

Medical School for International Health  
Ben-Gurion University of the Negev  
P.O.B. 823

Beer Sheva, Israel 84105  
Tel: (972) 5-6479000/9  
Fax: (972) 5-6479556  
mda@med2.bgu.ac.il

**EXPLANATORY NOTES**

**TRANSCRIPT OF ACADEMIC RECORD**

This transcript is a complete academic record of all coursework towards the degree of Doctor of Medicine (M.D.) completed at Ben-Gurion University of the Negev, Beer Sheva, Israel.

**ACADEMIC CALENDAR**

The academic year is composed of three trimesters: Fall, Winter, and Spring. Four semesters of academic study are required to complete the M.D. degree.

**GRADING SYSTEM**

Grades are awarded on a pass/fail/ honors grading system. Pass is 1.5 SDs below and honors is 1 SD above the class mean but not lower than 2.

**COURSE NUMBERS**

Course numbers consist of the University's designation code AB1-4, XXXX, only the last two digits have been scribbled in this document.

**COURSE HOURS/CREDIT**

Course hours include the total time students spend in lectures, laboratories, clinical rotations, or other educational settings. Credits are calculated by the University Registrar's office based on each course's format and teaching methods.

**USMLE REQUIREMENTS**

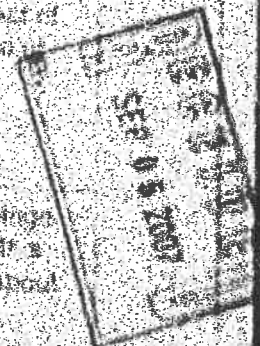
Students who intend to apply for residency in the United States must take the USMLE Step 1 by the end of the summer between the second and third year.

**ACCREDITATION**

Ben-Gurion University of the Negev, listed in the WHO Directory of Medical Schools is accredited by the Israel Council for Higher Education and the U.S. Department of Education Code Book of schools. The Medical School for International Health received temporary approval from the New York State Board of Medical Examiners.

This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without

**TO TEST FOR AUTHENTICITY** - The paper used for this transcript displays the stamp of Ben-Gurion University, centered on the face. In photocopies the stamp's symbol will not appear. The registrar's authenticity, if you have further questions about this document, please contact our office at the number listed.



ACADEMIC TRANSCRIPT

Faculty of Health Sciences  
Medical School for International Health  
In Collaboration with Columbia University Medical Center

RECEIVED DIRECT  
August 29, 2007

Student Name:  
Jennifer Elizabeth Coles

Social Security/Passport Number:  
[REDACTED]

Registration Number:  
050002742

COURSE NAME AND NUMBER	TOTAL COURSE HOURS	FINAL GRADE
Fall 2000		
0263 Anatomy of the Thorax	65	Honors
0221 Cardiology System	120	Pass
0222 Respiratory System	100	Pass
0262 Anatomy of the Abdomen and Pelvis	60	Honors
0224 Endocrinology System	90	Pass
0227 Nephrology System	80	Pass
0220 Embryology E	20	Pass
0264 Hebrew	150	Pass
Winter 2000		
0264 Anatomy of the Head and Neck	60	Pass
0226 Gastrointestinal System	100	Pass
0279 Reproductive System	65	Pass
0267 Anatomy of the Limbs	65	Pass
0133 Grant writing	10	Pass
0236 Disaster relief	15	Honors
Spring 2001		
0230 Rheumatology System	60	Honors
0228 Neuroanatomy	55	Pass
0295 Advanced Psychiatry	30	Pass
0298 Neurology System	140	Pass
0270 Introduction to Clinical Medicine	150	Pass
0237 Medical Ethics**	20	Pass

- E This course is divided between trimesters
- S This course is graded by attendance only
- \* Part of the International Medicine requirement
- \*\* Elective course

[In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.]



EXPLANATORY NOTES ARE PRINTED ON REVERSE SIDE

Ben-Gurion University of the Negev  
Faculty of Health Sciences  
Medical School for International Medicine  
In Collaboration with Columbia University Medical Center

**Address**

Medical School for International Health  
Ben-Gurion University of the Negev  
P.O. Box

Beer Sheva, Israel 84115

Tel: [REDACTED]

Fax: (972) 8479886  
[REDACTED]

**EXPLANATORY NOTES**

**TRANSCRIPT OF ACADEMIC RECORD**

This transcript is a complete academic record of all coursework towards the degree Doctor of Medicine (M.D.) completed at Ben-Gurion University of the Negev, Beer Sheva, Israel.

**ACADEMIC CALENDAR**

The academic year is comprised of three trimesters - Fall, Winter, and Spring. Four years of academic study are required to complete the M.D. degree.

**GRADING SYSTEM**

Grades are awarded on a pass/fail/letter grading system. Pass is 1.5 SDs below the mean and Honors is 1.5 SDs above the class mean but not lower than 85%.

**COURSE NUMBERS**

Course numbers consist of the University's designation code 491 2-XXXX, of which the last two digits have been omitted in this document.

**COURSE HOURS/CREDIT**

Course hours include the total time students spend in lectures, laboratories, clinical rotations, or other educational settings. Credits are calculated by the University Registrar's office based on each course's format and teaching methods.

**USMLE REQUIREMENTS**

Students who intend to apply for residency in the United States must pass the USMLE Step 1 by the end of the summer between the second and third years.

**ACCREDITATION**

Ben-Gurion University of the Negev is listed in the W.H.O. Directory of Medical Schools, is accredited by the Israel Council for Higher Education and the U.S. Department of Education Code Book of schools. The Medical School for International Health received medical approval from the New York State Board of Medicine.

This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to, accessed by outside agencies or third parties without

**TO TEST FOR AUTHENTICITY** - The paper used for this transcript displays the watermark of Ben-Gurion University centered on the face. In photocopied documents the symbol will not appear. The registrar's authenticity. If you have further questions about this document, please contact our office at the number listed.



אוניברסיטת בן גוריון נגב  
Ben-Gurion University of the Negev

# ACADEMIC TRANSCRIPT

Faculty of Health Sciences  
**Medical School for International Health**  
In Collaboration with Columbia University Medical Center

August 29, 2007

RECEIVED DIRECT

Student Name  
Jennifer Elizabeth Coles

Social Security/Passport Number  
[REDACTED]

Registration Number  
850002742

### Clinical Courses, Fall 2001

COURSE NAME AND NUMBER	NUMBER OF WEEKS	FINAL GRADE
0310 Emergency Medicine	1	Pass
0379 Obstetrics and Gynecology	6	Pass
0373 Internal Medicine	10	Honors
0371 Pediatrics	7	Pass
0398 Neurology	3	Pass

### Clinical Courses, Spring 2002

COURSE NAME AND NUMBER	NUMBER OF WEEKS	FINAL GRADE
0374 General Surgery*	7	Honors
0378 Psychiatry	4	Honors
0372 Family Medicine	4	Pass
0330 Cross Cultural Medicine	0.5	Pass

\* Part of the International Medicine requirements.  
\* Ear, Nose and Throat was studied as part of Surgery

[In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.]



EXPLANATORY NOTES ARE PRINTED ON REVERSE SIDE

Ben-Gurion University of the Negev  
Faculty of Health Sciences  
Medical School for International Health  
In Collaboration with Columbia University Medical Center

**Address**

Medical School for International Health  
Ben-Gurion University of the Negev  
P.O.B. 653  
Beer-Sheva, Israel 84105  
Tel. (072) 8-647000/6  
Fax (072) 8-647004/4  
mlh@mondnet.com.il

**EXPLANATORY NOTES**

**TRANSCRIPT OF ACADEMIC RECORD**

This transcript is a complete academic record of all coursework toward the degree of Doctor of Medicine (M.D.) completed at Ben-Gurion University of the Negev, Beer-Sheva, Israel.

**ACADEMIC CALENDAR**

The academic year is comprised of three trimesters - Fall, Winter, and Spring. Five years of academic study are required to complete the M.D. degree.

**GRADING SYSTEM**

Grades are awarded on a pass/fail/honors grading system. Pass is 1.0 SDs below a class mean of 1.0 SDs above the class mean but not lower than 65%.

**COURSE NUMBERS**

Course numbers consist of the University's designation code AB1-B-XXXX. Only the last four digits have been supplied in this document.

**COURSE HOURS/CREDIT**

Course hours include the total time students spend in lectures, laboratories, clinical rotations, or other educational settings. Credits are calculated by the University Registrar's Office based on each course's format and teaching methods.

**USMLE REQUIREMENTS**

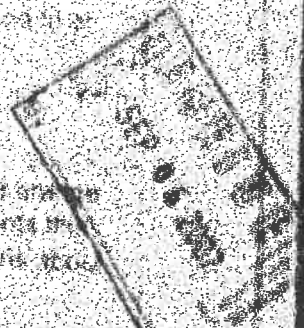
Students who intend to apply for residency in the United States must take the USMLE Step 1 exam by the end of the summer between the seventh and eighth years.

**ACCREDITATION**

Ben-Gurion University of the Negev is listed in the WHO Directory of Medical Schools and is accredited by the Israel Council for Higher Education and the U.S. Department of Education Code Book of schools. The Medical School for International Health received specialty approval from the New York State Board of Medicine.

This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be reproduced or accessed by outside agencies of third parties without

**TO TEST FOR AUTHENTICITY:** The paper used for this transcript displays the emblem of Ben-Gurion University centered on the face. In photocopied documents, this symbol will not appear. The registrar's authenticity. If you have further questions about this document, please contact our office at the number listed.



Faculty of Health Sciences  
Medical School for International Health  
In Collaboration with Columbia University Medical Center

ACADEMIC TRANSCRIPT

August 29, 2003

RECEIVED DIRECT

Student Name:

Jennifer Elizabeth Coles

Social Security/Passport Number:

[REDACTED]

Registration Number:

850002742

Clinical Courses, Summer/Fall, 2002

COURSE NAME AND NUMBER		NUMBER OF WEEKS	FINAL GRADE
4001 Sub-Internship at Presbyterian Hospital, NY <sup>2</sup>	Family Medicine	4	Honors
4002 Elective at Presbyterian Hospital, NY <sup>2</sup>	Obstetrics/Gynecology Ambulatory Care	4	Honors
4003 Sub-Internship at St. Luke's-Roosevelt Hospital, NY <sup>2</sup>	Internal Medicine	4	Honors
4020 Elective at Presbyterian Hospital, NY <sup>2</sup>	Family Planning & Reproductive Health	2	Honors

Clinical Courses, Winter/Spring, 2002-2003

COURSE NAME AND NUMBER		NUMBER OF WEEKS	FINAL GRADE
4075 Clerkship Kenya	International Health & Medicine	8	Pass
4096 Anesthesiology <sup>1</sup>	Surgery Sub Specialty	1	Honors
4094 Ophthalmology <sup>1</sup>	Surgery Sub Specialty	1	Pass
4097 Imaging <sup>1</sup>	Medicine Sub Specialty	1	Pass
4098 Dermatology <sup>1</sup>	Medicine Sub Specialty	1	Pass
4088 Elective at Soroka Medical Center <sup>1</sup>	Cardiology	2	Pass

COURSE NAME AND NUMBER	TOTAL COURSE HOURS	FINAL GRADE
00047 Poverty & Health <sup>2</sup>	15	Pass

<sup>1</sup> Part of the International Medicine requirements

<sup>1</sup> Soroka University Medical Center

<sup>2</sup> Columbia University Medical Center

This student has fulfilled all the requirements towards the degree  
Doctor of Medicine.

She received her diploma May 27, 2003

[In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.]



EXPLANATORY NOTES ARE PRINTED ON REVERSE SIDE

Ben-Gurion University of the Negev  
Faculty of Health Sciences  
Medical School for International Medicine  
In Collaboration with Columbia University Medical Center

**Address**

Medical School for International Health  
Ben-Gurion University of the Negev  
P.O. B. 653

Beer-Sheva, Israel 84105

Te: [REDACTED]

Fax: (972) 8-6479858  
[REDACTED]

**EXPLANATORY NOTES**

**TRANSCRIPT OF ACADEMIC RECORD**

This transcript is a complete academic record of all coursework towards the degree Doctor of Medicine (M.D.) completed at Ben-Gurion University of the Negev, Beer-Sheva, Israel.

**ACADEMIC CALENDAR**

The academic year is comprised of three trimesters - Fall, Winter, and Spring. Four years of academic study are required to complete the M.D. degree.

**GRADING SYSTEM**

Grades are awarded on a pass/fail/honors grading system. Pass is 1.5 SDs below and Honors is 1.5 SDs above the class mean, but not lower than 85%.

**COURSE NUMBERS**

Course numbers consist of the University's designation code AB1-B-XXXX. Only the last four digits have been supplied in this document.

**COURSE HOURS/CREDIT**

Course hours include the total time students spend in lectures, laboratories, clinical situations or other educational settings. Credits are calculated by the University Registrar's office based on each course's format and teaching methods.

**USMLE REQUIREMENTS**

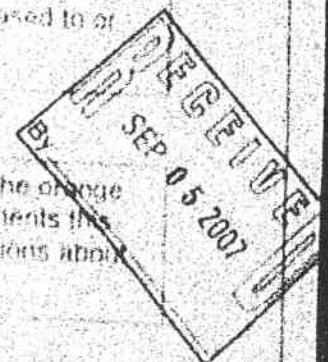
Students who intend to apply for residency in the United States must take the USMLE Step 1 by the end of the summer between the second and third years.

**ACCREDITATION**

Ben-Gurion University of the Negev, listed in the WHO Directory of Medical Schools, is accredited by the Israel Council for Higher Education and the U.S. Department of Education Code Book of schools. The Medical School for International Health received clerkship approval from the New York State Board of Medicine.

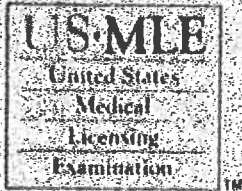
This educational record is subject to the Family Educational Rights and Privacy Act of 1974, as amended. It is furnished for official use only and may not be released to or accessed by outside agencies or third parties without

**TO TEST FOR AUTHENTICITY** - The paper used for this transcript displays the orange torch of Ben-Gurion University centered on the face. In photocopied documents this symbol will not appear. The registrar's authenticity of this document if you have further questions about this document, please contact our office at the number listed.





1374222  
90



# 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, P.O. Box 619850, Dallas, TX 75261-9850 Telephone (813) 868-3881

Date: 08/27/2007

**Recipient:**

Pennsylvania State Board of Medicine  
ATTN: Cindy L. Warner, Administrator  
P.O. BOX 2649  
Harrisburg, PA 17105-2649

Copy: 1

RECEIVED DIRECT

**Examinee:** Coles, Jennifer  
**All Name(s):** Brown, Jennifer Elizabeth  
Coles, Jennifer Elizabeth (Brown)

**Examinee ID#:** 06341264  
**Date of Birth:** [REDACTED]

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

### USMLE STEP 1

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
08/20/2001	Pass	213	182	87	75	

### USMLE STEP 2

**Clinical Knowledge (CK)**

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
07/25/2002	Pass	234	174	91	75	

### USMLE STEP 3

Test Date	Pass/Fail	Three-Digit Score		Two-Digit Score		Comments
		Total	MP	Total	MP	
MARYLAND 07/28/2005	Pass	206	184	84	75	

**NOTE:** The Educational Commission for Foreign Medical Graduates (ECFMG) records include prior Clinical State Agreement history for this examinee. Details cannot be released by the ECFMG without written authorization from the examinee.

**NOTE:** A search of the Board Action Data Bank of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

# JENNIFER E. COLES, MD, MPH (nee Brown)

Baltimore, MD 21212

## EDUCATION

BEN GURION UNIVERSITY OF THE NEGEV, BEER-SHEVA, ISRAEL  
Medical School for International Health in Collaboration with Columbia University Medical Center  
MD, May 2003

COLUMBIA UNIVERSITY, MAILMAN SCHOOL OF PUBLIC HEALTH, NEW YORK, NY  
MPH in Sociomedical Sciences, May 1995

MOUNT HOLYOKE COLLEGE, SOUTH HADLEY, MA  
BA in Biological Sciences, *cum laude*, May 1991

## POSTGRADUATE TRAINING

SINAI HOSPITAL OF BALTIMORE, BALTIMORE, MD  
Department of Obstetrics & Gynecology  
Resident, July 2003 - June 2007

## CERTIFICATION

RCFPG certified  
Board eligible, American Board of Obstetrics and Gynecology

## MEDICAL LICENSURE

Maryland license # D0066510

date of issue: 8/03/07

date of expiration: 9/30/08

Pennsylvania - application in progress

## PROFESSIONAL EXPERIENCE

UNITED NATIONS DEVELOPMENT PROGRAMME (UNDP)  
Programme Officer, Health & Development Programme

February 1997 - August 1999

Assisted management of global health projects, especially those related to maternal mortality, vaccine development and disability, wrote project proposals, statements and reports on UNDP's activities in health and development, contributed to research on intersectoral approaches to health and development, monitored financial and operational activities of programme, liaised with consultants and colleagues in international agencies, non-governmental organizations and country offices, participated in review of UNDP's activities in disability and the formulation of a new integrated, co-sponsored initiative on disability.

**COLUMBIA UNIVERSITY CENTER FOR POPULATION & FAMILY HEALTH**  
*Program Coordinator, Prevention of Maternal Mortality Program*

August 1993 - January 1997

Managed operations and financial activities of program office; assisted in writing and production of research papers, grant proposals and reports; provided technical assistance to West African teams conducting operations research on maternal mortality; served as liaison with University offices, foundations and international agencies; organized international conference in West Africa, June 1996.

**NEW YORK CITY DEPARTMENT OF HEALTH**

*Intern, Bureau of Maternity Services and Family Planning*

July - December 1991

Analyzed data to compare birthweight-specific neonatal mortality rates in New York City before and after the introduction of surfactant in neonatal intensive care units; developed presentation for the American Public Health Association Meeting, 1991.

**UNIVERSITY OF VIRGINIA**

*Laboratory Specialist, Department of Cell Biology*

October 1993 - August 1994

Conducted experiments in cell culture and biochemical staining of human ovarian tumor sections to determine if presence of gamma-glutamyl transpeptidase (GGT) causes resistance to platinum based chemotherapeutic drugs; managed laboratory; trained and supervised student workers.

**UNIVERSITY OF MICHIGAN**

*Research Assistant, Department of Internal Medicine*

Summer 1990, June 1991 - August 1993

Conducted experiments in molecular biology and biochemistry on hypoxanthine-guanine phosphoribosyltransferase (HGPRT), a deficiency of which causes gout and Lesch-Nyhan syndrome; trained and supervised student workers; assisted in laboratory management.

**ABSTRACTS AND PUBLICATIONS**

Maine D, Wardlaw AM, Ward V, McCarthy E, Burbaum AS, Akalin SZ and Brown JE. *Guidelines for Monitoring the Availability and Use of Obstetric Services*. 2nd Edition. UNICEF/WHO/UNFPA, New York, October 1997.

Rosenberg KD, Kaller HD, Na Y, Paton A, Brown JE and Schwartz L. The effect of surfactant on birthweight specific neonatal mortality rate, NYC. Abstract for 122<sup>nd</sup> annual meeting of the American Public Health Association, October 1994.

Hanigan MEL, Frierson HF, Brown JE, Lovell STA and Taylor PJ. Human ovarian tumors express gamma-glutamyl transpeptidase. *Cancer Research*, (54) 286-290, 1994.

Hanigan MEL, Brown JE and Ricketts WA. Gamma-glutamyl transpeptidase, a glutathione S-transferase, is present in a bovine cell culture grade bovine sera. *In Vitro Cell Dev Biol* (29A) R31-R33, 1993.

Davidson BL, Brown JE, Weber CE, Pakella HD and Roswiler JE. Synthesis of normal and variant human hypoxanthine-guanine phosphoribosyltransferase *in vitro*. *Cancer* (123) 271-275, 1993.

## **PRESENTATIONS**

---

Coles J. "Knowledge, Attitudes and Access to Emergency Contraception Among Women Presenting for Termination of Pregnancy" Senior Research Presentation, Resident Research Day, Department of Obstetrics & Gynecology, Sinai Hospital of Baltimore, June 2007

Coles J. and Zucker P. "Pelvic Masses Masquerading as Gynecologic Processes" Gynecology Morbidity and Mortality, Grand Rounds, Department of Obstetrics & Gynecology, Sinai Hospital of Baltimore, May 2007

Akalin M and Brown J. "National and International Program Monitoring" Course Lecture: Maternal Mortality in Developing Countries, Center for Population and Family Health, Columbia University School of Public Health, November 1996

Birbaum A and Brown J. "Why Focus on Women's Health?" International Women's Health Seminar Series, Center for Population and Family Health, Columbia University School of Public Health, March 1996

## **AWARDS AND HONORS**

---

- Excellence in Teaching Award (June 2005)  
Johns Hopkins University School of Medicine, Department of Gynecology and Obstetrics
- Special Excellence in Endoscopic Procedures (June 2007)  
Sinai Hospital of Baltimore, Department of Obstetrics and Gynecology
- Best Senior Research Project (June 2007)  
Sinai Hospital of Baltimore, Department of Obstetrics and Gynecology

## **PROFESSIONAL MEMBERSHIPS**

---

- American College of Obstetricians and Gynecologists, Junior Fellow (July 2003 - present)
- Association of Reproductive Health Professionals (September 2004 - present)

MARYLAND BOARD OF PHYSICIANS  
P.O. Box 2571  
4201 Patterson Avenue  
Baltimore, MD 21215-0095  
(410) 764-4777  
Fax (410) 358-2252

SA 100

September 5, 2007

RECEIVED DIRECT

Requested by: Medical Board of Pennsylvania

The following is available under the Maryland Public Information Act, State Government Article, Section 10-617(h), regarding the following practitioner:

COLES, JENNIFER ELIZABETH

BALTIMORE, MD 21212

License Number: D0086510

Date Issued: August 03, 2007

Current Status: Active

Expiration Date: September 30, 2008

Medical School: Ben Gurion University of the Negev, Faculty of Health Sciences

Licensed By: USMLE Steps 1, 2, and 3

Specialty:

Charges:

Disciplinary Actions: NONE

No Maryland Health Claims Arbitration Office malpractice claims filed since July 1, 1986

Verification Clerk

09/05/2007

Date

This is a computer generated form which is acceptable by other states  
Licensing examination scores should be requested directly from the examining authority

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
Charlottesville, VA 20153-0832

311 MD  
DCN: 5500000047603438  
Process Date: 08/11/2007  
Page: 1 of 1

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

To: COLES, JENNIFER ELIZABETH

[REDACTED]  
BALTIMORE, MD 21213

From: The National Practitioner Data Bank

Re: Response to Your Self-Query

The enclosed information is released by the National Practitioner Data Bank (NPDB) for restricted use under the provisions of Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986, as amended.

Title IV established the NPDB as an information clearinghouse to collect and release certain information related to malpractice payment history and professional competence or conduct of physicians, dentists, and other licensed health care practitioners. Regulations governing the NPDB are codified at 45 CFR part 80. Responsibility for operating the NPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), HRSA, Practitioner Data Banks Branch.

Reports from the NPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges, or in making employment affiliation or licensure decisions. The NPDB response may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., a suspension of clinical privileges and an adverse licensure action). The NPDB is a flagging system, and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the NPDB is considered confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV OF PUBLIC LAW 99-660, AS AMENDED, IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

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

## NPDB RESPONSE TO SELF-QUERY

### A. SUBJECT ON WHOM DISCLOSURE IS REQUESTED

Subject Name: COLE, JENNIFER ELIZABETH  
Gender: FEMALE  
Date of Birth: [REDACTED]  
Other Name(s) Used: BROWN, JENNIFER ELIZABETH  
Organization Name: PLANNED PARENTHOOD OF CENTRAL PENNSYLVANIA  
Organization Type: HEALTH CENTER/FEDERALLY QUALIFIED HEALTH CENTER/COMMUNITY HEALTH CENTER (194)  
Other, as Specified:  
Home or Work Address: [REDACTED]  
City, State, ZIP: BALTIMORE, MD 21217  
Country: [REDACTED]  
Social Security Numbers (SSN): [REDACTED]  
Individual Taxpayer Identification Numbers (ITIN):  
Federal Employer Identification Numbers (FEIN):  
National Provider Identifiers (NPI): 185143184  
Drug Enforcement Administration (DEA) Numbers:  
Unique Physician Identification Numbers (UPIN):  
Professional School(s) & Year(s) of Graduation: COLUMBIA UNIV SCHOOL OF PUBLIC HEALTH 1995  
BEN GURION UNIVERSITY OF THE NEGEV 2001  
Occupation/Field of License (Code): PHYSICIAN (MD) (190)  
State License Numbers, State of License: 00066310 MD  
Other, as Specified:  
Specialty: OBSTETRICS & GYNECOLOGY (50)

### B. PAYMENT INFORMATION

Payment Type: CREDIT CARD  
Account Number: [REDACTED]  
Expiration Date: [REDACTED]  
Transaction Date: 08/11/2007  
Transaction Number: 5500000047603438  
Total Charge: \$8.00

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

DCN: 5500000047603430  
Process Date: 08/31/2007  
Page: 2 of 2

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

### SEARCH RESULT

Based on the subject identification information provided by you in Section A above, a search of the NPDB has located the following 0 report(s).

Recipients should verify that the subject identified in Section A is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Title IV of Public Law 99-060, an amended. Recipients should verify that the subject identified in Section A of the report(s) is, in fact, the subject of interest. Information from the NPDB is confidential and must be used solely for the purpose for which it was disclosed. ANY PERSON WHO VIOLATES THE CONFIDENTIALITY PROVISIONS AS SPECIFIED IN TITLE IV IS SUBJECT TO A CIVIL MONEY PENALTY OF UP TO \$11,000 FOR EACH VIOLATION. Subjects of reports who obtain information about themselves from the NPDB are permitted to share that information with anyone they choose.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY



National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

DCN: 5500000047603438  
Process Date: 08/31/2007  
Page: 1 of 1

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

To: COLES, JENNIFER ELIZABETH

[REDACTED]  
BALTIMORE, MD 21212

From: The Healthcare Integrity and Protection Data Bank

Re: Response to Your Self-Query

The enclosed information is released by the Healthcare Integrity and Protection Data Bank (HIPDB) for restricted use under the provisions of Section 1128E of the Social Security Act.

Section 1128E was established by Section 221(a) of Public Law 104-191, the Health Insurance Portability and Accountability Act of 1996, as amended. The statute established the HIPDB to combat fraud and abuse in health insurance and health care delivery and to improve the quality of patient care. The HIPDB serves as a source of final adverse action information on health care practitioners, providers, and suppliers. The HIPDB collects and releases information related to adverse licensure actions, health care-related convictions and judgments, exclusions from Federal and State health care programs, and other adjudicated actions or decisions. Responsibility for operating the HIPDB resides with the Secretary of the U.S. Department of Health and Human Services (HHS), Office of Inspector General, and HRSA, Practitioner Data Banks Branch. Regulations governing the HIPDB are codified at 45 CFR Part 61.

Reports from the HIPDB contain limited summary information and should be used in conjunction with information from other sources in granting clinical privileges or making employment affiliation, contracting, or licensure decisions. The HIPDB response may contain more than one report on a particular incident, if two or more actions were taken as a result of a single incident (e.g., an adverse licensure action and an exclusion from the Medicare and Medicaid programs). The HIPDB is a flagging system and a report may be included for a variety of reasons that do not necessarily reflect adversely on the professional competence or conduct of the subject named in the report.

All information received from the HIPDB is considered confidential and must be used solely for the purpose for which it was disclosed. Subjects of reports who obtain information about themselves from the HIPDB are permitted to share that information with anyone they choose.

If you require additional assistance, visit the NPDB-HIPDB web site (<http://www.npdb-hipdb.hrsa.gov>) or contact the NPDB-HIPDB Customer Service Center at 1-800-767-6732 (TDD: 1-703-802-9395). Information Specialists are available to speak with you weekdays from 8:30 a.m. to 6:00 p.m. (5:30 p.m. on Fridays) Eastern Time. The NPDB-HIPDB Customer Service Center is closed on all Federal holidays.

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

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

## HIPDB RESPONSE TO SELF-QUERY

### A. SUBJECT ON WHOM DISCLOSURE IS REQUESTED

Subject Name: COLKS, JENNIFER ELIZABETH  
Gender: FEMALE  
Date of Birth: [REDACTED]  
Other Name(s) Used: BROWN, JENNIFER ELIZABETH  
Organization Name: PLANNED PARENTHOOD OF CENTRAL AND ATLANTA  
Organization Type: HEALTH CENTER/FEDERALLY QUALIFIED HEALTH  
CENTER/COMMUNITY HEALTH CENTER (394)  
Other, as Specified:  
Home or Work Address: [REDACTED]  
City, State, ZIP: BALTIMORE, MD 21212  
Country:  
Social Security Numbers (SSN): [REDACTED]  
Individual Taxpayer Identification Numbers (ITIN):  
Federal Employer Identification Numbers (FEIN):  
National Provider Identifiers (NPI): 1051433184  
Drug Enforcement Administration (DEA) Numbers:  
Unique Physician Identification Numbers (UPI/N):  
Professional School(s) & Year(s) of Graduation: COLUMBIA UNIV SCHOOL OF PUBLIC HEALTH 1995  
BORN COURAGE UNIVERSITY OF THE NEGRO 2003  
Occupation/Field of Licensure (Code): PHYSICIAN (MD) (1510)  
State License Numbers, State of Licensure: D0966510 MD  
Other, as Specified:  
Specialty: OBSTETRIC & GYNECOLOGY (50)

### B. PAYMENT INFORMATION

Payment Type: CREDIT CARD  
Account Number: [REDACTED]  
Expiration Date: [REDACTED]  
Transaction Date: 08/31/2009  
Transaction Number: 5500000047603439  
Total Charge: \$0.00

National Practitioner Data Bank  
Healthcare Integrity and Protection Data Bank  
P.O. Box 10832  
Chantilly, VA 20153-0832

DCN: 5500000047603438  
Process Date: 08/31/2007  
Page: 2 of 2

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

#### SEARCH RESULT

Based on the subject identification information provided by you in Section A above, a search of the HIPDB has located the following 0 report(s).

Recipients should verify that the subject identified in Section A is, in fact, the subject of interest.

Copies of these reports are enclosed for restricted/limited use as prescribed by Section 1128E of the Social Security Act. Recipients should verify that the subject identified in Section A of the report(s) is, in fact, the subject of interest. Information from the HIPDB is confidential and must be used solely for the purpose for which it was disclosed. Subjects of reports who obtain information about themselves from the HIPDB are permitted to share that information with anyone they choose.



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2648  
HARRISBURG, PENNSYLVANIA 17105  
[www.doe.state.pa.us/med](http://www.doe.state.pa.us/med)  
August 30, 2007

Telephone: 717-783-1400/787-2381  
Fax: 717-787-7700

JENNIFER ELIZABETH COLES 9849

BALTIMORE MD 21212

EVALUATOR: SANDY H

**RE: DISCREPANCY NOTICE – Unrestricted (IMG)**

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.

- > Verification of ACGME Approved Graduate Medical Training must be received DIRECTLY from the Hospital(s) in official, sealed hospital envelopes.
- > Verification of Medical Education must be received DIRECTLY from the medical school in an official, sealed Medical School envelope
- > Transcript must be received DIRECTLY from the medical school in an official, sealed Medical School envelope. If transcripts are not in English, a translation by a qualified translator is required.
- > Certified Copy of Diploma must be received DIRECTLY from the medical school in an official Medical School envelope. If diploma is not in English, a translation by a qualified translator is required.
- > Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board Envelope from the following states: \*Maryland
- > **BOTH** the National Practitioner Data Bank AND the Healthcare Integrity and Protection Data Bank self query disclosure information: ([www.npdb-hipdb.com](http://www.npdb-hipdb.com)) – **NPDB & HIPDB** reports are required. Must provide original documents of both reports.

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

You may check the status of your application online at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us). Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 8wDPCWUo

Sincerely,

Pennsylvania State Board of Medicine



COMMONWEALTH OF PENNSYLVANIA  
STATE BOARD OF MEDICINE  
P. O. BOX 2648  
HARRISBURG, PENNSYLVANIA 17105  
pt.medicine@state.pa.us  
www.dos.state.pa.us/med  
September 6, 2007

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

JENNIFER ELIZABETH COLES 9849  
[REDACTED]  
BALTIMORE MD 21212

EVALUATOR: SANDY H

**RE: DISCREPANCY NOTICE – Unrestricted (IMG)**

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.

- ✓ Letter(s) of good standing must be received DIRECTLY from the State Board in an official State Board Envelope from the following states: \*Maryland
- ✓ BOTH the National Practitioner Data Bank AND the Healthcare Integrity and Protection Data Bank self query disclosure information ([www.npdb-hipdb.com](http://www.npdb-hipdb.com)) – NPDB & HIPDB reports are required. Must provide original documents of both reports.

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

You may check the status of your application online at [www.mylicense.state.pa.us](http://www.mylicense.state.pa.us). Click on the link duplicate licenses/address changes/application status. First time users will be required to register and create a user ID and password. Your registration code to register is: 8WDPCWUo

Sincerely,

Pennsylvania State Board of Medicine

Person Info

Name: JENNIFER ELIZABETH COLES

Address Info

Street Address: [REDACTED] Email: [REDACTED]  
Phone: [REDACTED]  
Fax: [REDACTED]  
City: Phoenix  
State: MD  
Zipcode: 21131  
Country: 82  
County: Baltimore

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 your license, certificate or registration issued to you in any profession in any other state or jurisdiction?	N
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 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.	N
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 refused, or for disciplinary reasons agreed not to reapply for a license, certificate or registration in any profession in any other state or jurisdiction?	N
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 any state, territory or country?	N
Since your last renewal, have you been the subject of a 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 reported the complaint, email or fax the docket number to the Board. (email at st-medicine@state.pa.us or fax at 717-787-7769)	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 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?	Y
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: JENNIFER ELIZABETH COLES

Address Info

Street Address [REDACTED] Email [REDACTED]  
 Phone [REDACTED]  
 Fax [REDACTED]  
 City Phoenix  
 State MD  
 Zipcode 21131  
 Country 82  
 County Baltimore

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	N
Have you met your current CE requirements?	Y
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	N
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?	Y
If you answered yes to the above questions, please provide the profession and state or jurisdiction.	medicine - maryland, medicine - pennsylvania
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?	[REDACTED]
If yes, are you currently participating in the Pennsylvania Professional Health Monitoring Program?	[REDACTED]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	

Date Submitted: Tuesday, December 09, 2014

Education Info

No education records

Employment Information

No employment records



Person Info

Name: JENNIFER ELIZABETH COLES

Address Info

Street Address: [REDACTED] Email: [REDACTED]  
 Phone: [REDACTED]  
 Fax: [REDACTED]  
 City: Phoenix  
 State: MD  
 Zipcode: 21131  
 Country: 82  
 County: Baltimore

Survey Response Summary

Question Response Summary

Are you submitting a name change with this renewal?	Y
Have you completed your current CE requirements?	Y
Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice any health-related profession in any state or jurisdiction?	Y
If you answered yes to the above question, please provide the profession and state or jurisdiction.	MD, Maryland
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?	[REDACTED]
Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N
If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. PLEASE NOTE: If you previously reported the complaint to the Board you will only need to provide the docket number here:	
Have you completed 2 hours of Board-approved continuing education in child abuse recognition and reporting?	Y
Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania?	Y
If you answer "No", please provide an explanation or reason for an exemption request.	
Please provide the zip code of your primary employer/practice location. This data is being collected for the purpose of identifying healthcare professionals during state emergencies and may be provided to the Pennsylvania Emergency Management Agency for official use only.	17401

Date Submitted: Tuesday, December 27, 2016

Education Info

No education records

Employment Information

No employment records

Jennifer Elizabeth Coles

Phoenix, MD 21131

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

December 28, 2016

**RE: License renewal - Jennifer Elizabeth Coles - license MD432813**

To Whom it May Concern,

On December 27th, when I attempted to renew my medical license on line, I mistakenly checked that I was submitting a name change with my renewal. I am not submitting a name change and this box was checked in error.

I apologize for any confusion.

Sincerely,

Jennifer Elizabeth Coles

Medicine- Medical Physician and Surgeon-  
Unaccredited School Graduate



AA0001042735

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	COLES			First Name	JENNIFER		
Middle Name	ELIZABETH			Suffix			
Full Name	JENNIFER ELIZABETH COLES						
SSN	[REDACTED]	Date Of Birth	[REDACTED]	Age	49	Gender	FEMALE
ADDRESS DETAILS							
Street Address	[REDACTED]						
City/State/Zip	PHOENIX MD 21131						
County	BALTIMORE				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			12/19/2018			
Application Fee	Completed			12/19/2018			
Child Abuse CE	Completed			12/19/2018			
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-Maryland	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?	N	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 <a href="http://www.dos.pa.gov/med">www.dos.pa.gov/med</a> . 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**

<b>Profession</b>	<b>State/Jurisdiction</b>
medicine	Maryland

**PA VETERANS REGISTRY**

Questions	Answer
1 Have you served in the U.S. Armed Forces?	N
2 Thank you for your service. Would you like to register with the PA Veterans Registry? The PA Veterans Registry provides veterans with information about federal, state and local benefits, programs and services that are available to Pennsylvania veterans and links veterans with resources that can provide assistance. Registration is quick and easy, and provides the Department of Military and Veterans Affairs (DMVA) with a way to contact you regarding the benefits and services you may be eligible for. If you check "Yes," you will receive an email with instructions to assist you in registering.	

**CONFIRMATION**

<input checked="" type="checkbox"/> All fees are non-refundable. Please check to continue with your transaction. ( 12/19/2018 23:27:40 )
--

**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**

**MAY 15, 2019**

SugarHouse Casino Event Center  
2nd Floor

7:00 am – 7:45 am Registration

1001 N. Delaware Avenue  
Philadelphia, PA 19125

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

**Date Sent:** 05/15/2019



## 2019 Anti-Terrorism Advisory Council Conference READING, PA

---

**DATE:** Thursday, June 20, 2019

**WHERE:** DoubleTree by Hilton Reading | 701 Penn Street | Reading, Pa. 19601

**TIME:** 7:00 am – 7:45 am (registration/check in); 7:45 am – 3:30 pm (conference) | Continental Breakfast and Lunch are provided.

**TOPIC:** Biothreats: Weapons of Mass Destructions, Pathogens and Pandemics

The United States Attorney's Office for the Middle District of Pennsylvania and the Pennsylvania Office of Homeland Security invite you to attend the 2019 Anti-Terrorism Advisory Council (ATAC) Conference.

Please refer to the attached flyer and registration form for additional information. This FREE full day conference is available to all Law Enforcement, EMS, Emergency Management, Fire Departments, Physicians, Nurses, Veterinarians, Hospital Administrators and Public Health Officials.



CONTACTS

Michele Mucellin, US Department of Justice



Kristin Daniels, PA Homeland Security



**EmailTo:** [REDACTED]

**EmailFrom:** RA-STPALSNOTIFY@pa.gov

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

**Date Sent:** 05/31/2019



## 2019 Anti-Terrorism Advisory Council Conference

---

**DATE:** Thursday, June 20, 2019

**WHERE:** DoubleTree by Hilton Reading | 701 Penn Street | Reading, Pa. 19601

**TIME:** 7:00 am – 7:45 am (registration/check in); 7:45 am – 3:30 pm (conference) | Continental Breakfast and Lunch are provided.

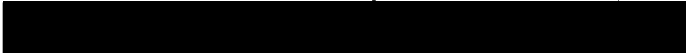
**TOPIC:** Biothreats: Weapons of Mass Destructions, Pathogens and Pandemics

The United States Attorney's Office for the Middle District of Pennsylvania and the Pennsylvania Office of Homeland Security invite you to attend the 2019 Anti-Terrorism Advisory Council (ATAC) Conference.

Please refer to the attached flyer and registration form for additional information. This FREE full day conference is available to all Law Enforcement, EMS, Emergency Management, Fire Departments, Physicians, Nurses, Veterinarians, Hospital Administrators and Public Health Officials.

### 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.

Pennsylvania Department of Human Services  
Harrisburg, Pennsylvania

EmailTo [REDACTED]

EmailFrom:RA-STPALSNOTIFY@pa.gov

Subject:Reach Out PA – Feedback Requested

Date Sent:02/08/2020



Bureau Of Professional And Occupational Affairs

**Dear Licensee:**

Governor Wolf recently announced a focused multi-agency and anti-stigma campaign, 'Reach Out PA: Your Mental Health Matters,' aimed at expanding resources and the state's comprehensive support of mental health and related health care priorities in Pennsylvania. In furtherance of this goal, the Department is distributing the following voluntary survey to help us better understand barriers to mental health and substance use disorder treatment.

**Please take the survey at <https://www.surveymonkey.com/r/2CVJCSM> and provide your responses by March 4, 2020.**

Whether you are a family practitioner, psychologist, pediatrician, psychiatrist, or any other type of provider, we want to hear from you. You are on the front lines of our efforts to ensure that everyone who wants or needs mental health treatment has full access to quality services. With better information about what providers are experiencing, we can get a better understanding of parity – the requirement that insurance companies don't place restrictions on mental health and substance use disorder services that are more strict than those used for medical and surgical services.

We realize that roles in provider organizations can range from staff providing direct clinical services to administrative support and to those in leadership roles. This survey is

designed to be responsive to each of those roles because we seek to understand the challenges that arise at various levels of interaction with insurance carriers when it comes to mental health and substance use disorder treatment. All your responses in the accompanying survey will aid us in reaching our primary objective to enhance mental health parity enforcement and increase awareness of the protections that are available for Pennsylvania consumers.

Thank you for your time and curiosity.

If you have questions about the survey or the parity campaign, please email be [RA-IN-Parity-PID@pa.gov](mailto:RA-IN-Parity-PID@pa.gov).

BPOA PALS

[REDACTED]

TARGET SHEET

Board: Medicine

Date Created  
11/26/2008

Licensee Full Name  
JENNIFER LIZABETH COLE

License No.  
M100211

RENEW 2536080



Re: Tammy

From: [unreadable]  
Sent: Monday, November 20, 2012 11:41 AM  
To: ST MEDICINE  
Subject: Re: [unreadable]

To Whom It May Concern:

I did not meet the CE requirements because [unreadable] I am exempt. Please see below. Please let me know if you need any more information.

Thank you,  
Jennifer Coles

On Mon, 11/20/12, ST MEDICINE <[unreadable]> wrote:

From: ST MEDICINE <[unreadable]>  
Subject: CE REQUIREMENTS RENEWAL DISCREPANCY NOTED  
To:  
Date: Monday, November 19, 2012, 11:41 AM

Dear Jennifer,

Thank you for your response to the email regarding the CE requirements.

Based on the information provided, it appears that you are exempt from the CE requirements. However, we need to ensure that all requirements are met for the renewal process. Please provide the following information to the Board:

- If you have more than one discrepancy, you will receive more than one automated email message.
- If it is only one, it will be addressed in a separate email message.

Please be advised that your license will NOT be renewed until both items as the information and documents outlined below are received.

You are asked to provide the question of meeting the continuing education requirements. Your response cannot be considered until you have met the requirements.

IF YOU AGREE TO THIS QUESTION IN ERROR PLEASE PROVIDE A WRITTEN STATEMENT TO THE BOARD INDICATING THAT THIS QUESTION WAS ANSWERED IN ERROR.

IF YOU HAVE NOT MET THE CE REQUIREMENTS FOR THIS RENEWAL PERIOD YOU CANNOT RENEW YOUR LICENSE. WHEN YOU HAVE MET THE CE REQUIREMENTS PLEASE CONTACT THE BOARD FOR A REACTIVATION APPLICATION.

If you are eligible for one of the following exemptions please check the appropriate exemption box and return to the Board Office.

- I am a resident of another state and am not licensed in this state.
- I am a resident of another state and am licensed in that state.
- I am a resident of another state and am not licensed in that state.