

Regular Mailing Address
State Board of Medicine
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Harrisburg, PA 17105-2649
717-783-1400
717-787-2381

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State Board of Medicine
Rm 612, Transportation & Safety Bldg.
Commonwealth Ave. & Forster St.
Harrisburg, PA 17120

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MT - 032952

DANTZ APPL

APPLICATION FOR A GRADUATE LICENSE
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

THIS APPLICATION IS TO BE USED FOR INITIAL
GRADUATE LICENSE - DO NOT USE TO RENEW

NOTE: A processing fee of \$20.00 will be charged for any check or money order returned unpaid
your bank, regardless of the reason for non-payment.

FEE - \$15.00

Official Use Only

MAKE FEE PAYABLE TO COMMONWEALTH OF PENNSYLVANIA
FEE NOT REFUNDABLE

Amount \$15
Date 7-8-93

THIS APPLICATION MUST BE SUBMITTED AT LEAST
60 DAYS PRIOR TO START OF TRAINING

TO BE COMPLETED BY APPLICANT:

Please Print or Type

NAME: DANTZIC SONDR A BETH MAIDEN
LAST FIRST MIDDLE

ADDRESS: [REDACTED]
STREET
BURLINGTON VT 05401
CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER: [REDACTED] DATE OF BIRTH: [REDACTED] MONTH/DATE/YEAR
TELEPHONE NUMBERS: [REDACTED] () () ()

NAME & ADDRESS OF MEDICAL SCHOOL: UNIVERSITY OF VERMONT COLLEGE OF MEDICINE
DATES OF ATTENDANCE: 8-89 - 9
DATE OF GRADUATION: 5-93

NAME & ADDRESS OF HOSPITAL(S): NONE
DATES OF PREVIOUS TRAINING: _____
SPECIALTY: _____

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: Medical College Hospitals, Main Clinical Campus NS- 140-K
ADDRESS OF HOSPITAL: 3300 Henry Avenue, Philadelphia, PA 19129

YEAR IN TRAINING: 1st SPECIALTY: OB/GYN Obstetrics and Gynecology LEVEL IN TRAINING: 1
DATES OF TRAINING REQUESTED: June 21, 1993 TO June 21, 1994
BEGINNING DATE-MONTH-DAY-YEAR ENDING DATE-MONTH-DAY-YEAR

NAME OF PROGRAM DIRECTOR: Gle [REDACTED] M.D. Assoc. Dean for Post-Graduate Med. Educ.
615-743

State Board of Medicine
1100-15th
Harrisburg, PA 17103-26
717-723-60
717-727-1281

State Board of Medicine
6015, Transportation & Safety Bldg.
Commonwealth Ave. & Locust St.
Harrisburg, PA 17120

OFFICIAL USE ONLY
M T - 032922

D A M T S A P P L

APPLICATION FOR A GRADUATE LICENSE
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

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Official Use Only

MAKE FEE PAYABLE TO COMMISSIONER OF PENNSYLVANIA

FEE - \$15.00

THE NOT RETURNABLE

THIS APPLICATION MUST BE SUBMITTED AT LEAST
60 DAYS PRIOR TO START OF TRAINING

TO BE COMPLETED BY APPLICANT:

Please Print or Type

NAME: DANIELA SANDRA BETH
LAST FIRST MIDDLE

ADDRESS: [REDACTED]

CITY: HARRISBURG STATE: PA ZIP CODE: 17101

SECURITY SOCIAL: [REDACTED] BIRTH: [REDACTED] DATE OF BIRTH: [REDACTED] TELEPHONE NUMBERS: [REDACTED]

NAME & ADDRESS OF MEDICAL SCHOOL: UNIVERSITY OF PENNSYLVANIA
DATE OF ATTENDANCE: 8-88-9
DATE OF GRADUATION: 5-88

NAME & ADDRESS OF HOSPITAL(S): [REDACTED]
DATES OF PREVIOUS TRAINING: [REDACTED]
SPECIALTY: [REDACTED]

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: [REDACTED] ADDRESS OF HOSPITAL: [REDACTED]

YEAR IN TRAINING: [REDACTED] DATE OF TRAINING REQUESTED: [REDACTED]

SPECIALTY, OBSTETRICS AND GYN: [REDACTED]

RECORDING DATE MONTH-DAY-YEAR: [REDACTED] TO: [REDACTED]

THESE DATE MONTH-DAY-YEAR: [REDACTED]

JUN 17 4 01 PM '93

930159-9400

List all states, territories and countries in which you have ever poss. license to practice medicine and surgery (active or inactive, current or exp.)

All of the questions must be answered. You must sign and date this form before returning it to be processed.

If you answer "YES" to any of the questions, you must provide complete details on a separate 8 1/2 x 11 sheet.

- | | YES | NO |
|---|-------|---|
| 1. Has any disciplinary action been taken against your license in another state, territory or country? | _____ | _____ <input checked="" type="checkbox"/> |
| 2. 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? | _____ | _____ <input checked="" type="checkbox"/> |
| 3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? | _____ | _____ <input checked="" type="checkbox"/> |
| 4. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? | _____ | _____ <input checked="" type="checkbox"/> |

I SONDRA DANTZIC being duly sworn according to law, depose and say I am PRINT NAME OF APPLICANT person completing this application, that I am of good moral character, and that all statements therein are true and complete to the best of my knowledge and belief. I hereby authorize hospitals, institutions or organizations, my references, personal physicians, employers (past present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant: _____

Date: 3-27-93

7711 V. C. 101.33

List all states, territories and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive, current or expired).

All of the questions must be answered. You must sign and date this form before returning it to be processed.

If you answer "YES" to any of the questions, you must provide complete data on a separate 8 1/2 x 11 sheet.

YES NO

1. Has any disciplinary action been taken against your license in another state, territory or country? YES NO

2. 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? YES NO

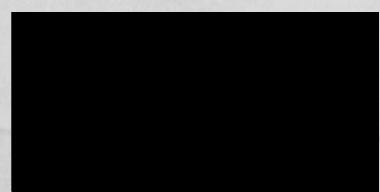
3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? YES NO

4. Have you had your DEA registration denied, revoked or restricted or have you had your provider privileges terminated by any medical assistance agency for cause? YES NO

being duly sworn according to law, depose and say I am

DONALD DANZIC

person completing this application, that I am of good moral character, and that all statements therein are true and correct to the best of my knowledge and belief. I hereby authorize hospitals, institutions or organizations, my references, personal physicians, employers (past or present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Tennessee State Board of Medicine any information, files or records kept by the Board.



Signature of Applicant:

Date: 5-27-93

REC'D JUN 17 4 01 PM '93
STATE BOARD OF MEDICINE
NASHVILLE, TENN.

SONDRA DANTZIC

[REDACTED]
Burlington, Vermont 05401
[REDACTED]

EDUCATION

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

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

B.A., HAMPSHIRE COLLEGE
Amherst, Massachusetts
9/81 - 5/85
Concentration: Psychology and Physiology of Women
Thesis: Bulimia as a Heterogeneous Eating Disorder

RESEARCH EXPERIENCE

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

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

CLINICAL EXPERIENCE

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

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

PUBLICATIONS

Wolch BT, Klassoff HR, Cassidy SM, Dantzic S. "Eating Behavior of Women with Bulimia." Archives of General Psychiatry, January 1990, 46:1:54-58.

HONORS

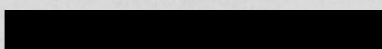
Maternal Fetal Medicine (AI), Obstetrics and Gynecology, Psychiatry

PROFESSIONAL ORGANIZATIONS

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

American Medical Association

SONDRA DANZIC



M.D. UNIVERSITY OF VERMONT COLLEGE OF MEDICINE
Rutland, Vermont
802-251-2000 (ext. 2000)

THE MEDICAL COURSE, UNIVERSITY OF MASSACHUSETTS
Amherst, Massachusetts
413-253-2000

B.A. HANSHIRE COLLEGE
Amherst, Massachusetts
413-253-2000
Department of Psychology and Physiology of Women
These Bulletin as a Researcher's Family Journal

RESEARCH ASSISTANT
Department of Psychology, University of Vermont
Rutland, Vermont
802-251-2000
Project: Identifying Conditions to Breast Cancer Screening
Definition for Management and Clinical Breast Exam

RESEARCH ASSISTANT
Colorado University, Department of Psychology
and New York State Psychiatric Institute
970-441-2000

SENIOR CONSULTANT
Vital Programs Inc.
Amherst, Massachusetts
413-253-2000
Evaluation/consultation program for patients with
chronic medical and psychiatric illnesses

RESEARCH ASSISTANT
Amherst College and Hampshire College
413-253-2000

Wendy BT, PhD, MS, CAGS, SM, Danita S. "Patting" Editor of
"Women and Politics" Author of "Gender Psychology" January 1990
401-744-2000

Mineral Point Institute (MI) Outreach and Psychology Psychology

HEALTH SERVICES
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American Medical Association
President, UVM Medical & Dent Center
Attended National Conference, 1990

EDUCATION

RESEARCH ASSISTANT

CLINICAL EXPERIENCE

RELATIONS

HONORS

PROFESSIONAL ORGANIZATIONS