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SPQA 1415 (REV. 1/93)

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MT - 032952

DANTZAPPL

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

MAKE FEE PAYABLE TO COMMONWEALTH OF PENNSYLVANIA
FEE NOT REFUNDABLE

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

Official Use Only

Amount \$15
Date _____

TO BE COMPLETED BY APPLICANT:

Please Print or Type

NAME: DANTZIC SONDRA BETH
LAST FIRST MIDDLE

ADDRESS: _____
STREET
BURLINGTON VT 05401
CITY STATE ZIP CODE

SOCIAL SECURITY # _____
DATE OF BIRTH: _____
MONTH/DATE/YEAR

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 MS-- 140-4
ADDRESS OF HOSPITAL: 3300 Henry Avenue, Philadelphia, PA 19129

YEAR IN TRAINING: 1st SPECIALTY: 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: Glenda Donoghue M.D., Assoc. Dean for Post-Graduate Med. Educ.
SIGNATURE OF PROGRAM DIRECTOR: _____

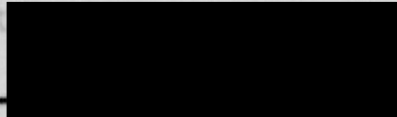
List all states, territories and countries in which you have ever possessed license to practice medicine and surgery (active or inactive, current or expired)

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? | _____ | <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

EG. HV EC 11 @ 717

3 3 2 4 7 0 6 1 3
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

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

HONORS

Maternal Fetal Medicine (AJ), 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