



Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400
717-787-2381

Courier Delivery Address
STATE BOARD OF MEDICINE
124 PINE STREET
HARRISBURG, PA 17101

960020 0102

OFFICIAL USE ONLY

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**APPLICATION FOR A LICENSE TO PRACTICE
MEDICINE WITHOUT RESTRICTION**
For Graduates of ACCREDITED Medical Schools

Official Use Only
Amount 20PA
Date 10/10/95

7/299/95

Application Fee: \$20.00 *not refundable.*

MT-32952-T

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: DANTZIC SONDRA
Last First Middle

Permanent Address: [REDACTED]
Street

PHILADELPHIA PA 19127
City State Zip Code

Date of Birth: [REDACTED] Social Security Number: [REDACTED]

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

LIST MEDICAL SCHOOL(S) ATTENDED:	DATES OF ATTENDANCE
<u>UNIVERSITY OF VERMONT</u>	From: <u>8/89</u> to <u>5/93</u> Mo. & Yr. Mo. & Yr.
_____	From: _____ to _____ Mo. & Yr. Mo. & Yr.

Date of Graduation: MAY 1993

List all states, territories and countries in which you have ever possessed a license without restriction to practice medicine and surgery (active or inactive, current or expired). If you never possessed a license, write "NONE."

none

Check licensing examination(s) passed:

- FLEX - indicate state where taken: NEW YORK Date taken: JUNE 1993
- FLEX COMPONENT 1 - indicate state where taken: _____ Date taken: _____
- FLEX COMPONENT 2 - indicate state where taken: _____ Date taken: _____
- NATIONAL BOARD - PART I _____ PART II _____ PART III _____
- USMLE - STEP 1 _____ STEP 2 _____ STEP 3 _____
- LMCC - Canadian
- STATE BOARD - indicate state where taken: _____

Post Graduate Education:

PGY1 Hospital: MEDICAL COLLEGE OF PENNSYLVANIA From: 6/24/93 to: 6/30/94
PGY2 Hospital: SAME From: 7/1/94 to: 6/30/95

Answer the following questions, if "YES" to any of them, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

- | | YES | NO |
|--|-------|----------|
| 1. Has any disciplinary action been taken against your license in another state, territory or country? | _____ | <u>X</u> |
| 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? | _____ | <u>X</u> |
| 3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? | _____ | <u>X</u> |
| 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? | _____ | <u>X</u> |
| 5. Are you, or have you ever been, addicted to the intemperate use of alcohol or to the habitual use of narcotics or other habit-forming drugs?
(Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Impaired Professional Program.) | _____ | <u>X</u> |

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

Signature of Applicant: _____

Date: 7/13/95

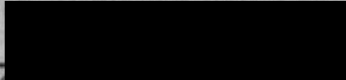
Certification of Moral Character

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

Name of Applicant: SONDRA DANTZIC

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) month(s).

SIGNATURE:  Date: 7/13/95

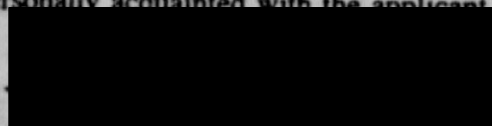
Print or type name as signed above: B. EISENBERGER

State in which licensed: PA License Number: MD056508L

Name of Applicant: SONDRA DANTZIC

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) month(s).

SIGNATURE:  Date: 7/13/95

Print or type name as signed above: ANITA GWAL

State in which licensed: PA License Number: MD054297-L

Return Completed form to Applicant

RECEIVED
95 OCT 10 AM 9:26
HEALTH EDUCATION DIVISION

Return Completed form to Applicant

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

Courier Delivery Address
State Board of Medicine
124 Pine Street
Harrisburg, PA 17101

960020 1102
2/29/95

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

NAME: DANTZIC SONDRA
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, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. 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 second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

Name of Hospital: MEDICAL COLLEGE OF PENNSYLVANIA

Located in: PHILADELPHIA PA
City State

1st Year from 6/25/93 To 6/30/94 Specialty OBGYN Level(PGY) 1

2nd Year from 7/1/94 To 6/30/95 Specialty OBGYN Level(PGY) 2

→ "I certify that SONDRA DANTZIC successfully completed/will
(Name of Applicant)

successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

→ "I further certify that the above program was ACGME accredited at the time SONDRA DANTZIC
completed the training."
(Name of Applicant)

[Seal of Hospital]

Signature of Program Director: [Signature]
Date: 7/21/95

If the hospital has no seal complete the following section and have this form notarized:

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]

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



Entry Level Specialties

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

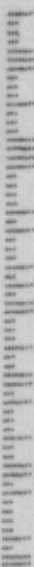
The following specialties to entry and would not be

- 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
- Hand Surgery
- Hematology
- Immunopathology
- Infectious Diseases
- Medical Microbiology
- Medical Oncology
- Musculoskeletal Oncology
- Neonatal-Perinatal Medicine
- Nephrology
- Neurosurgery
- Neuropathology

Board adopted April 21, 1995

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

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A Member of Allegheny Health, Education and Research Foundation

MEDICAL
COLLEGE
 OF PENNSYLVANIA

3300 Henry Avenue
 Philadelphia, PA 19129

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Rehab

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Return Completed form to Applicant

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

Courier Delivery Address
State Board of Medicine
124 Pine Street
Harrisburg, PA 17101

960020 0102

057704

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

NAME: DANTZIC SONDRA
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, two (2) years of approved training are required, one at first (PGY 1) year level and one at second (PGY 2) year level.
2. Training at a first (PGY 1) year must be ACGME approved entry level (training which requires no previous training). Training at a second (PGY 2) year must be ACGME approved and can be any specialty. 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 second year of training, this form may be completed and signed by the program director fifteen (15) days prior to the completion of the approved training. Forms postmarked or signed prior to the fifteen days will not be accepted.

Name of Hospital: Medical College of Pennsylvania

Located in: Philadelphia PA 19127
City State

1st Year from 6/2/93 To 6/30/94 Specialty OB/GYN Level(PGY) 1

2nd Year from 7/1/94 To 6/30/95 Specialty OB/GYN Level(PGY) 2

→ "I certify that SONDRA DANTZIC successfully completed/will
(Name of Applicant)

successfully complete this graduate medical training and that there was/is no disciplinary action outstanding against this applicant. If this applicant does not complete this training, the Board will be notified."

→ "I further certify that the above program was ACGME accredited at the time Sondra Dantzig
completed the training." (Name of Applicant)

Signature of Program Director: [Signature]

[Seal of Hospital]

Date: 10/6/95

If the hospital has no seal complete the following section and have this form notarized:

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]

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



STATE BOARD OF MEDICINE

Entry Level Specialties

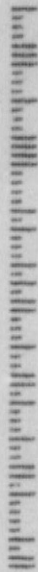
- Anesthesiology
- Dermatology
- Diagnostic Radiology
- Emergency Medicine
- Family Practice
- General Surgery
- Internal Medicine
- Neurology

The following specialties are *to entry* and would not be

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

Board adopted April 22, 1991

17105-2649



STATE BOARD OF MEDICINE
 P.O. Box 2649
 Harrisburg, PA 17105-2649

Main Clinical Campus

**MEDICAL
 COLLEGE
 HOSPITALS**

3300 Henry Avenue
 Philadelphia, PA 19129



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ehab

require training prior

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Oncology

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Public Health

The Federation of State Medical Boards
of the United States, Inc.

960020 0102
DSM

400 FULLER WISER ROAD
EULESS, TEXAS 76039-3855
(817) 868-4000
FAX (817) 868-4099

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EXAMINEE: SONDR A B DANTZIC

Cindy L. Warner
Administrative Assistant
Pennsylvania State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649

It is certified that the above named physician took the Federation Licensing Examination on the date(s) entered below for the State Medical Licensing Board(s) listed and obtained the following scores:

FIN: 631026507

Date of Certification: 10/17/95

<u>DATE OF EXAM</u>	<u>STATE EXAM TAKEN FOR</u>	<u>STATE ID #</u>	<u>COMP 1</u>	<u>COMP 2</u>
06/93	NEW YORK	00320	78	80

COMPONENT 1 of FLEX is designed to evaluate measurable aspects of the knowledge and understanding of basic and clinical sciences, with specific emphasis on principles and mechanisms underlying disease and modes of therapy.

COMPONENT 2 of FLEX is designed to assess the additional cognitive abilities required of physicians who will ultimately assume independent responsibilities for the general health care of patients.

Furthermore: A search of the Federation's Board Action Data Bank reveals no reported information on the above named physician.

msb

RECEIVED
95 OCT 20 AM 10:22
HEALTH LICENSING DIVISION

SONDRA DANTZIC[REDACTED]
Philadelphia, PA 19127
[REDACTED]

- EDUCATION**
- RESIDENCY, MEDICAL COLLEGE OF PENNSYLVANIA**
Philadelphia, Pennsylvania
6/93 - 7/97 (anticipated)
Department of Obstetrics and Gynecology
- M.D., UNIVERSITY OF VERMONT COLLEGE OF MEDICINE**
Burlington, Vermont
9/89 - 5/93
- 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.
- PROFESSIONAL ORGANIZATIONS**
- American College of Obstetrics and Gynecology, Junior Fellow**
American Medical Women's Association