

Person Info

Name:SONDRA DANTZIC

Address Info

Street Address: [Redacted] Email: [Redacted]

Phone [Redacted]

Fax [Redacted]

CityDoylestown

StatePA

Zipcode189013127

Country82

CountyBucks

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| Since your initial application or last renewal, whichever is later, have you withdrawn an application for a license, certificate or registration, had an application denied or refused, or for disciplinary reasons agreed not to reapply for a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 | N |

| | |
|---|---|
| any medical assistance agency for cause? | |
| Do you maintain current medical professional liability insurance in the Commonwealth of Pennsylvania? | N |
| 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 | |