



BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

P. O. Box 2649

Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
Last Name	DANTZIC		First Name	SONDRA			
Middle Name			Suffix				
Full Name	SONDRA DANTZIC						
SSN	██████	Date Of Birth	██████	Age	57	Gender	FEMALE
ADDRESS DETAILS							
Street Address	██████████ DOYLESTOWN, PA 18901						
City/State/Zip	DOYLESTOWN PA 189013127						
County	Bucks				Country	United States	
CONTACT DETAILS							
Phone number	██████████		Mobile Phone number				
Primary Email Address			Secondary Email Address				
CHECKLIST ITEMS							
Checklist name	Status		Submitted Date	Expiration Date			
Application	Pending Review		11/30/2020				
Application Fee	Completed		11/30/2020				
Child Abuse CE	Completed		11/30/2020				
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 - Physician-Delaware; Medicine - Physician-District Of Columbia; Medicine - Physician-New Jersey; Medicine - Physician-New York; Medicine - Physician-Virginia	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10	Since your initial application or last renewal, whichever is later, have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary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 your last renewal, whichever is later, have you had your DEA registration denied, revoked or restricted?	N	No	
12	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	
13	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	
14	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	
15	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	
16	Since your initial application or your last renewal, whichever is later, have you been the subject of a civil malpractice lawsuit?	N	No	
17	Have you previously reported the complaint to the Board?		No	
18	Provide the state:		No	
19	Provide the county:		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?	Y	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?	N	No	
27	Upload an explanation or reason for an exemption request.		Yes	PA Med License Explanation for no Insurance.docx
28	Have you met your continuing education requirements? Please review the continuing education requirements posted on the Board's website at www.dos.pa.gov/med . 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 the end of the next renewal period.	Y	No	

Licenses/Certificates/Permits/Registrations in Any State/Jurisdiction

Profession	State/Jurisdiction
Medicine - Physician	Delaware
Medicine - Physician	District Of Columbia
Medicine - Physician	New Jersey
Medicine - Physician	New York
Medicine - Physician	Virginia

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"/>	Any fees paid are non refundable. (11/30/2020 17:57:31)
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