

970348 0045

Regular Mailing Address
State Board of Medicine
P.O. Box 2649
Harrisburg, PA 17105-2649
717-783-1400
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Courier Delivery Address
State Board of Medicine
124 Pine Street, 1st Floor
Harrisburg, PA 17101

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EUGEN						A	P	P	L	

APPLICATION FOR A GRADUATE LICENSE FOR GRADUATES OF UNACCREDITED MEDICAL SCHOOLS

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

FEE - \$80.00

MAKE FEE PAYABLE TO COMMONWEALTH OF PENNSYLVANIA
FEE NOT REFUNDABLE

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. Official Use Only

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

Amount 80pd
Date 1-17-97

TO BE COMPLETED BY APPLICANT:

Please Print or Type

NAME: EUGENE Pierre Bernard
LAST FIRST MIDDLE MAIDEN

ADDRESS: [REDACTED]
STREET
Hempstead New York 11550
CITY STATE ZIP CODE

SOCIAL SECURITY [REDACTED] DATE OF BIRTH: [REDACTED] TELEPHONE NUMBERS: [REDACTED] (WORK) (HOME)

NAME & ADDRESS OF MEDICAL SCHOOL Faculte de Medecine et de Pharmacie Rue Oswald Durand, Port au Prince, Haiti DATES OF ATTENDANCE 1980-1986 DATE OF GRADUATION August 1986

NAME & ADDRESS OF HOSPITAL(S) State University Hospital Rue Mgr Guilloux Port au Prince, Haiti DATES OF PREVIOUS TRAINING 1988-1991 SPECIALTY OBGYN

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA

NAME OF HOSPITAL: VETERANS AFFAIRS MEDICAL CENTER HS-- 000290 --L

ADDRESS OF HOSPITAL 1111 EAST END BLVD., WILKES BARRE, PA. 18711

YEAR IN TRAINING: I SPECIALTY: INTERNAL MEDICINE LEVEL IN TRAINING (PGY): I

DATES OF TRAINING REQUESTED: JUNE 23, 1997 TO June 22, 1998
BEGINNING DATE-MONTH-DAY-YEAR ENDING DATE-MONTH-DAY-YEAR

NAME OF PROGRAM DIRECTOR: RAMESH M. SHAH, M.D., F.O.C.P.

SIGNATURE OF PROGRAM DIRECTOR: [REDACTED]

*1/104/97
"Pierre"*

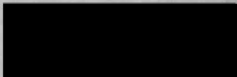
List all states, territories and countries in which you have ever possessed a license to practice medicine and surgery (active or inactive, current or expired). If none are held, write NONE.

Haiti

Answer the following questions. If "YES" is answered 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? _____ xx _____
- 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? _____ xx _____
- 3. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility? _____ xx _____
- 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? _____ xx _____
- 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 Health Monitoring Program.) _____ xx _____



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JAN 12 1997
Health Licensing Board

SIGNED STATEMENT

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 hospital, 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: 1-3-97

MARIE ZAMOR D
NOTARY PUBLIC, State of New York
No. 4991687
Qualified in Nassau County
Commission Expires Feb. 10, 1998

1-3-97 Marie Zamor D.

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The Federation of State Medical Boards
of the United States, Inc.
Federation Place
400 Fuller Wiser Road, Suite 300
Euless, Texas 76039-3855
Telephone: (817) 868-4000
FAX (817) 868-4099

BOARD ACTION CLEARANCE REPORT

May 12, 1997

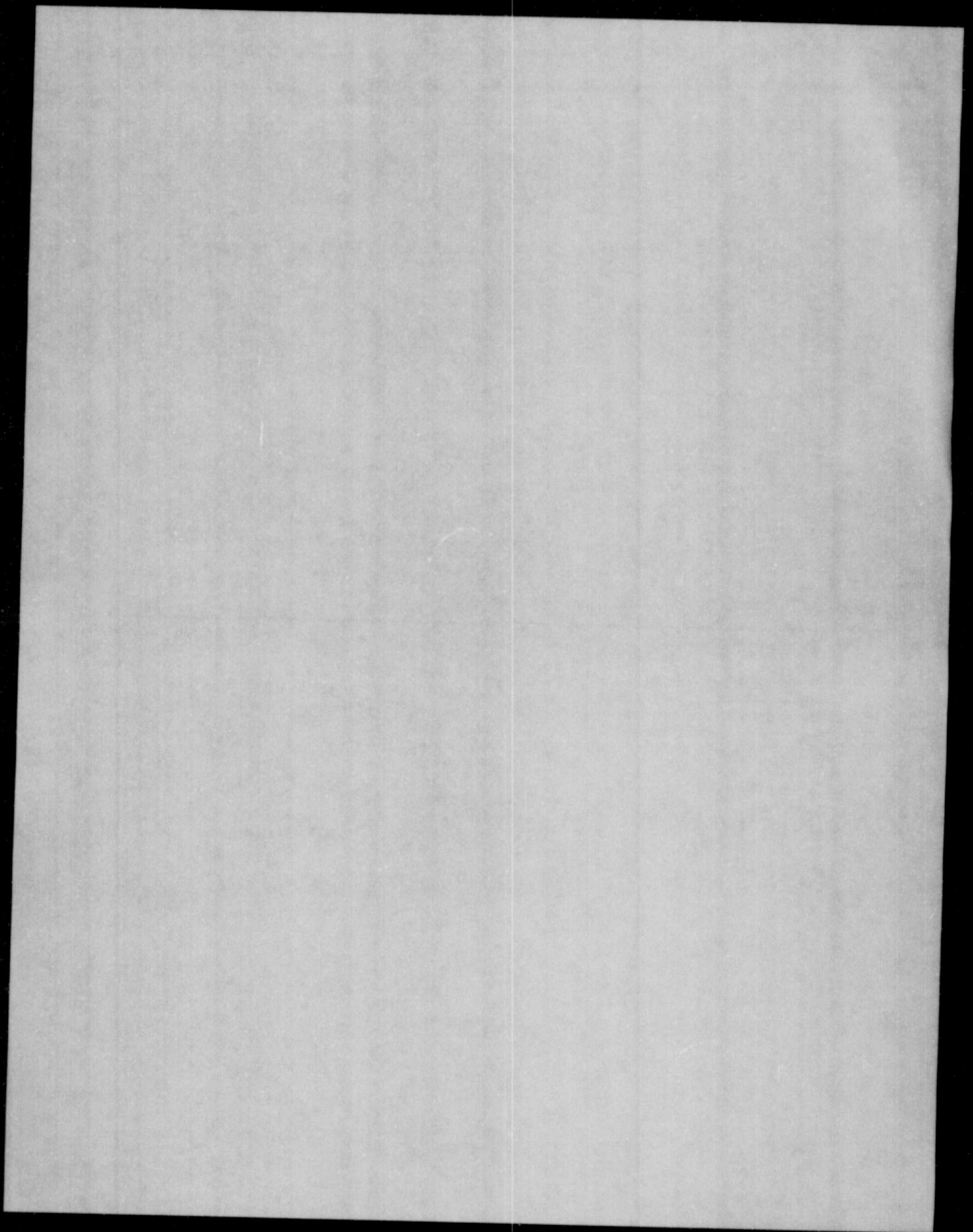
Attn: Cindy Warner
Pennsylvania State Bd. of Med.
PO Box 2649
Harrisburg, PA 17105-2649

Re: Board Action Query Dated: May 12, 1997
Your Reference Number: lmb
FSMB Batch Number: BQ73526

The following is a final report of the search results from the Board Action Data Bank as of May 12, 1997 for practitioners submitted as part of the above-referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 12, 1997

Item	Name	DOB	SSN	School	Yr/Grad	Request ID
1	[REDACTED]	[REDACTED]	[REDACTED]	690045	1984	1075062
2	[REDACTED]	[REDACTED]	[REDACTED]	418030	1988	1075068
3	[REDACTED]	[REDACTED]	[REDACTED]	748040	1979	1075079
10	eugene, pierre bernard	[REDACTED]	[REDACTED]	440010	1986	1075172
5	[REDACTED]	[REDACTED]	[REDACTED]	495430	1990	1075103
6	[REDACTED]	[REDACTED]	[REDACTED]	566010	1993	1075121
4	[REDACTED]	[REDACTED]	[REDACTED]	495010	1973	1075093
7	[REDACTED]	[REDACTED]	[REDACTED]	495195	1980	1075138
8	[REDACTED]	[REDACTED]	[REDACTED]	305010	1995	1075149
9	[REDACTED]	[REDACTED]	[REDACTED]	243380	1984	1075163



EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

CERTIFIES THAT

PIERRE BERNARD EUGENE

HAS SATISFIED ALL THE REQUIREMENTS OF THE COMMISSION,
SUCCESSFULLY PASSED ITS EXAMINATIONS
AND HAS BEEN AWARDED THIS CERTIFICATE.

CERTIFICATE NUMBER 0-458-586-5

MEDICAL EXAMINATION
BASIC SCIENCE JUNE 15, 1995

CLINICAL SCIENCE AUGUST 31, 1995

ENGLISH EXAMINATION MARCH 31, 1994

VALID THROUGH
CERTIFICATE NUMBER
0-458-586-5
ENGLISH EXAMINATION
June 7, 1996
VALID THROUGH
June 1998



[Redacted Signature]

[Redacted Name]
CHAIRMAN, BOARD OF TRUSTEES
[Redacted Name]
PRESIDENT, CHIEF EXECUTIVE OFFICER

DATE ISSUED OCTOBER 23, 1995
MARIE ZAMOR D
NOTARY PUBLIC, State of New York
No. 4991687
Commission Expires Feb. 10, 1998
MARIE ZAMOR D
NOTARY PUBLIC, State of New York
No. 4991687
Commission Expires Feb. 10, 1998

1-2-97 Marie Zamor D.

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Pierre Bernard Eugene, MD

Hempstead, New York 11550

OBJECTIVE To enter a residency program

EDUCATION

1985-1986 Medical internship rotation
State University Hospital, Haiti

1980-1986 Doctor of Medicine (MD)
Faculte de Medecine et de Pharmacie
State University of Haiti

1973-1980 Baccalaureat (BS)
College St Pierre, Port au Prince, Haiti

EXPERIENCES

1994-1995 OBGYN Practice
Private practice, Port au Prince, Haiti

1993-1994 Director of a AIDS prevention program
Departement of Preventive Medicine
Hopital Bienfaisance, PIGNON, Haiti

1991-1994 OBGYN attending
Hopital Bienfaisance, Pignon, Haiti

1987-1988 Primary care physician
Hopital Aquin, Haiti

1988-1991 OBGYN residency (three years program)
State University Hospital, Haiti

1986-1987 Physician in social service
Beaumont, Haiti

Nov 1995-April 1996 Volunteer work in Geriartry in Kingsbrook Jewish Medical center
Brooklyn, New York

APRIL 1996 - June 1996 NETWORKING
JULY 1996 - TO PRESENT PHLEBOTOMIST AT SITEID MEDICAL LABORATORY
N.Y

QUALIFICATIONS

06-1995	USMLE I	Passed
08-1995	USMLE II	Passed
03-1994	ECFMG english	PASSED
06-1996	TOEFL	Taken

MEMBERSHIP Hatian Medical Association (AMH)

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OTHER

Fluent in French, Creole
Dramatic art

REFERENCES AVAILAIBLE UPON REQUEST

REC-11

JAN 17 1981

Health Licensing



040024-T
EDUCATIONAL COMMISSION for FOREIGN MEDICAL GRADUATES

PHILADELPHIA OFFICE

3624 MARKET STREET, PHILADELPHIA, PENNSYLVANIA 19104-2685, U.S.A.
TELEPHONE: 215-386-5900 • CABLE: EDCOUNCIL, PHA.

State Board Code:

039

Please include this number on all requests.

ADMINISTRATIVE ASSISTANT
PENNSYLVANIA STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649

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ECFMG CERTIFICATION STATUS REPORT

ECFMG/USMLE Identification Number: 0-458-586-5

Applicant's Name: Pierre Bernard Eugene

Applicant's Date of Birth: [REDACTED]

ECFMG Certified: Yes

Certificate Issue Date: 10/23/1995

Certificate Valid-Through Date: June 1998

Passing Performance on Medical Science Examination for Certification:

Examination Program	Date	Component	Two-Digit Score	Three-Digit Score
USMLE	JUN 1995	BASIC SCIENCE	77	183
USMLE	AUG 1995	CLINICAL SCIENCE	78	183

Most Current Performance on English Test: JUN 1996

Name of Medical School and Country: UNIVERSITE D'HAITI, HAITI

Degree Year: 1986

* Medical Education Credential Status: Complete and verified

This information is reported directly from ECFMG computer records and is current as of 30 January 1997

* Since July 1986, ECFMG has verified medical school credentials directly with the medical schools or through a reasonable alternative which has been approved by the ECFMG Medical Education Credentials Committee.

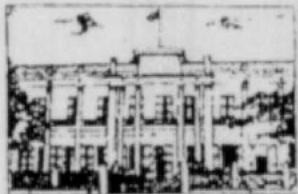
039:219

Form 282B - 10/96

ECFMG is an organization committed to promoting excellence in international medical education.

FEB 10 1967
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7390398 4045



REPUBLIQUE D'HAITI
UNIVERSITE D'ETAT

FACULTE DE MEDECINE ET DE PHARMACIE

Port-au-Prince, le 22 Janvier 19 97

RECOMMANDATION



Le Décanat de la Faculté recommande le Docteur **EUGENE** Pierre Bernard né à Port-au-Prince (HAITI) [REDACTED], qui a été régulièrement inscrit à la Faculté de Médecine et de Pharmacie (UNIVERSITE D'ETAT D'HAITI) en Septembre 1980.

Le Docteur **EUGENE** Pierre Bernard a suivi le cycle complet d'études médicales pour l'obtention du diplôme de DOCTEUR EN MEDECINE, y compris DOUZE (12) mois consécutifs d'Internat rotatoire de 1985 à 1986 dans les différents services de l'Hôpital Universitaire de Port-au-Prince.

Le Docteur **EUGENE** Pierre Bernard a été diplômé DOCTEUR EN MEDECINE de la Faculté de Médecine d'Haiti, le 18 Août 1986 et est inscrit à ce titre sur le registre tenu à cet effet au Secrétariat de la Faculté.

Le Docteur **EUGENE** Pierre Bernard a effectué ses trois années de Résidence au Service d'Obstétrique et Gynécologique (HUEH) pendant la période allant d'Octobre 1988 à Septembre 1991. Il a été le Résident Chef au cours de sa dernière année de service 1990-1991.


Le Décanat le recommande pour toutes démarches qu'il entreprendrait en vue de parfaire sa formation professionnelle.



Professeur Mario ALVAREZ, PU-PH
Doyen

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FACULTE DE MEDECINE ET DE PHARMACIE

VU: POUR LA LEGALISATION
(RECEPISSE NO. 43197-K)
PORT-AU-PRINCE, LE 26 JANVIER 1997


Me. BERTHONY MALETTE
AVOCAT-CONSEIL DU MSPPP

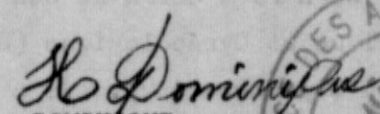
Port-au-Prince, le 30 Janvier 1997

Pr. : Légalisation de la signature du Doyen de
la Faculté de Médecine et de Pharmacie
(Réc. # 42628 K)

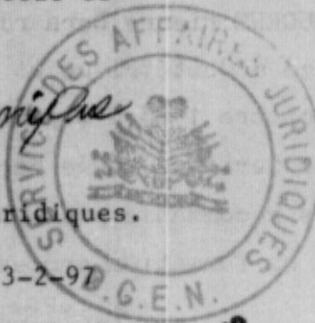
Leslie DUCHATELLIER
Secrétaire Général du
Rectorat de l'UEH.



VU : Pour identification de la signature
de Leslie DUCHATELLIER
Secrétaire Général au Rectorat de
l'U.E.H.


Me. Hilaire DOMINIQUE, av
Responsable a.i.
du Service des Affaires Juridiques.

Fait à Port au Prince, le 3-2-97
Réc No D 12498



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FEB 25 1997
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DIRECTION GENERALE DE
L'EDUCATION NATIONALE
RECU LE 4-2-97
HEURES

#402

**Me. Jean Yves Georges, Attorney at law Identified and Licensed
#003-000-944-0, 0413081**

In accordance with the statement of expert of the February 14, 1997, accrediting us to translate from French to English the recommendation of the Faculty of Medicine and Pharmacy delivered at Dr. Eugene Pierre **BERNARD**, we hereby attest and certify that the under translation, is a true and correct copy of the original document dated this 22nd. Day of January 1997.

Translation

**REPUBLIC OF HAITI
UNIVERSITY OF STATE
FACULTY OF MEDICINE AND PHARMACY**

Port-au-Prince, January 22, 1997

RECOMMENDATION

The deanship of the Faculty recommend Eugene Pierre **BERNARD**, Doctor in medicine, born at Port-au-Prince (Haiti) [REDACTED] who has been regularly recorded at the Faculty of Medicine and Pharmacy (University of State of Haiti) in Septembre 1980.

The Doctor Eugene Pierre **BERNARD** has followed the complete cycle of Medical Studies for obtaining the Diploma of Doctor in Medicine, including twelve months consecutive of rotatory internship from 1985 to 1986 in the different services of the Hospital of Port-au-Prince University.

Eugene Pierre **BERNARD** has been graduated as Doctor in medicine of the Faculty of Medicine of Haiti August 18, 1986 and is recorded as such on the register of the faculty. The Doctor Eugene Pierre **BERNARD** has performed three years of residence at Obstetric and Gynecological Service during the period of Octobre 1988 to Septembre 1991. He has been the Chief Resident during his last year of service 1990-1991.

The deanship recommend him for all activities - that he could undertake to specialise his professional knowledge.

For the Legalisation: Re-# #43197-K
Port-au-Prince, 28 January 1997