



THE NEW YORK STATE EDUCATION DEPARTMENT / 89 WASHINGTON AVENUE / ALBANY, NY 12234-1000

Office of the Professions
Division of Professional Licensing Services
Public Information Unit
Tel. (518) 474-3817 ext. 330
Fax (518) 486-3617
E-mail: DPLSDSU@mail.nysed.gov

CERTIFICATION OF SEARCH
DOCUMENTS REQUESTED UNDER THE FREEDOM OF INFORMATION LAW

STATE OF NEW YORK)

) ss.:

COUNTY OF ALBANY)

I, STEPHEN DORNBUSH, NYS Education Department OFFICE ASSISTANT III, being duly sworn, deposes and says that on MAY 18, 2022, I conducted a search of electronic and paper records in my possession for records requested by CHRIS INFAMI under the Freedom of Information Law. After a diligent search, no records were found regarding REGISTRATION RENEWAL MATERIAL FROM THE DATE OF LICENSURE THROUGH MAY 31, 1998, for CESARE SANTANGELO, MEDICINE, LIC. NO. 169918.

SIGNATURE

Sworn to and subscribed to before me this

23rd day of MAY, 2022

NOTARY PUBLIC

BETH DORIAN GILBOORD
Notary Public, State of New York
No. 02GI6069743
Qualified in Albany County
My Commission Expires: February 11, 2026

FORM 1
MEDICINE

PAS ON
THE 8
DIVISION

Department Use Only

APPLICATION FOR LICENSE AND FIRST REGISTRATION

(For Graduates of American or Canadian Medical Schools Only)
(If you hold a New York State Medical License do not complete this form)

1. PRINT
FULL
NAME

SANTANGELO
CESARE
FEDERICO

2. ADDRESS

[REDACTED]

NEW YORK
NEW YORK

3. BIRTH
DATE

[REDACTED]

4. Social Security Number

[REDACTED]

6. CITIZENSHIP

United States

Alien lawfully admitted for permanent residence in the United States.
Citizen of [REDACTED]

7. Have you previously applied for a New York State Medical License?

8. Professional school(s):

INSTITUTION	LOCATION	COMPLETION DATE	DEGREE RECEIVED
George Washington Univ.	Washington, D.C.	May, 1982	M.D.

9. Present employer St. Luke's Roosevelt Hospital NY, NY Telephone No. (212) 870-1881

10. Have you ever been convicted of a crime (felony or misdemeanor) in any state or country?

11. Are charges pending against you for a crime (felony or misdemeanor) in any state or country?

12. Have you ever been found guilty of professional misconduct, unprofessional conduct or negligence in any state or country?

13. Are charges pending against you for professional misconduct, unprofessional conduct or negligence in any state or country?

14. APPLICATION FOR LICENSE BY: (Please check the appropriate item.)

Endorsement of out-of-state medical license (since January 1, 1977)
Endorsement of License Certificate of the Medical Council of Canada (MCC)
Acceptance of Examination of National Board of Medical Examiners
Acceptance of Examination of National Board of Examiners for Osteopathic Physicians and Surgeons
Acceptance of Federation Licensing Examination (FLEX) taken outside of New York State
Admission to New York State Licensing Examination (NYSLE)

If applying for admission to New York State examination please indicate:

Time of examination requested:

Place of examination requested:

NOTE: ALL APPLICANTS SHOULD READ CAREFULLY THE ATTACHED CIRCULAR OF INSTRUCTION BEFORE
CONTINUING TO COMPLETE APPLICATION.

82-7893

POSTGRADUATE HOSPITAL TRAINING AND PROFESSIONAL PRACTICE
(LIST CHRONOLOGICALLY FROM GRADUATION TO THE PRESENT)

NAME OF INSTITUTION	DATES		LOCATION
	From	To	
St. Luke's - Roosevelt Hospital Center N.Y.C., N.Y.	7/1/82	Present	114th Street op. d. Amster- dam Ave. N.Y.C., N.Y.

of the following specialty boards:

of the following states or countries:

	License Number	Name/State of Under Examination Passed for License	Any Disciplinary Actions
		/	
		/	
		/	

17. PRINT YOUR NAME EXACTLY AS YOU WISH IT TO
APPEAR ON YOUR LICENSE, IF DETERMINED
ELIGIBLE.

(REMARK: A request that contains only initials
and the surname cannot be honored).

Cesare Federico Santangelo, M.D.

Under penalties of perjury, I declare and affirm that the statements
made in the foregoing application, including accompanying statements
and transcripts are true, complete and correct. I understand that any
false or misleading information in, or in connection with my application
may be cause for denial or loss of licensure.

Signature of applicant

9/13/85

Date



Date of Photograph

7/0/84

18.

CERTIFICATION BY MEDICAL SCHOOL
(Items (1) and (2) must be completed)

It is hereby certified that the applicant named herein:

(1) Satisfactorily completed, prior to matriculation in professional school, all of the required preprofessional education.

Columbia University

(Preprofessional school)

(2) Was graduated from this professional school after the completion of not less than 32 months with the degree

of Doctor of Medicine on MAY 28, 1982

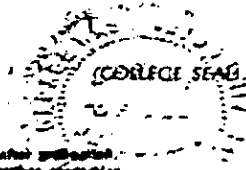
Name Richard Spencer

(Original signature)

Official position Certification Specialist

Medical school The George Washington University

Date August 6, 1985



Certification is not acceptable unless dated after graduation.
Please return this form to the applicant for further processing.

TO BE FILLED IN BY APPLICANT

ED-7003
PLS 481
903-13,000

EDUCATIONAL STANDARDS

EXAMINING EXAMINATION PRIOR TO 1/1/72

First Name

Middle Name

Date of examination

Date issued

Date of birth

Date of graduation

SUBJECTS OF WRITTEN EXAMINATION

SALES

Final average

I hereby certify that the foregoing is a true statement of the record of the applicant and that this board has never taken any disciplinary action against him/her and that there have been no charges preferred against him/her for any question of unprofessional or unethical conduct and I am not aware of any such charges.

Signature

Secretary of the

Date

Return this form to the applicant.

EDUCATION DEPARTMENT USE ONLY

APPROVED

DISAPPROVED

BY

DATE

**FORM 2
MEDICINE**

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

**CANDIDATE EDUCATION AND
TRAINING RECORD**

**ALL CANDIDATES MUST
COMPLETE THIS FORM.**

1. [REDACTED] Social Security Number 2. SVAM First 3 letters of Last Name 3. BIRTH DATE [REDACTED] mo. day yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE, IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last SANTANGELO

First CESARE

Middle FEDERICO

5. ADDRESS (Bldg. & Apt. No.)

[REDACTED]

City FORT LEE

State NEW JERSEY

6. Basis of licensure sought (see item 15 on Form 1): ☒ by examination ☐ by endorsement

7. In the spaces below, give an accurate record of your educational preparation.

SCHOOLS ATTENDED-Location Quote names of schools in original language and translate.	NUMBER OF YEARS ATTENDED	ATTENDANCE				Diploma or degree obtained Quote titles in original language and translate.
		Entrance		Leaving		
		Class	Date	Class Completed	Date	
Elementary or Primary School						
Secondary or High School						
Post Secondary Study (Exclusive of Medical School)						
Medical Education (List all Medical Schools Attended)						(See Form 2A or 2N for submission requirements)
George Washington Univ. School of Medicine (Washington, D.C.)	4	Freshman	8/78	Senior	5/82	

July 1986

• COMPLETE OTHER SIDE •

[illegible]

FROM		TO		Type of Professional Training, including Name and Address of Employer Beginning with Date of Graduation from Professional School
Month	Year	Month	Year	
7	82	6	86	<p>Resident for 4 years in Obstetrics and Gynecology at St. Luke's - Roosevelt Hospital in New York, N. Y. Program completed success- fully. (Letter from hospital sent w/ exam application)</p> <p>Present. Took time off to get married and to travel before starting work.</p>

MSKP	Date:	Score:	Certificate No.:	
Examiner's Signature	Name:	Date Medicine Passed	Date English Passed	Certificate No.
<p>Specify Board of work space is needed attach on separate sheet.</p>				
Full Name	Name and Location of Medical School	Name and Location of Hospital		Inclusive Dates of Attendance

- RETURN TO: Division of Professional Licensing Services, Medical Unit,
Cultural Education Center, Albany, New York 12230.

FORM 2PGT
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES

ALL APPLICANTS MUST
COMPLETE THIS FORM.

CERTIFICATION OF APPROVED POST
GRADUATE TRAINING

CANDIDATE INSTRUCTION

1. Complete Section I. Enter your name as it appears on your Application (Form T).
2. Please send this form to the director of medical education of the hospital(s) in which you completed your post graduate training program. One form must be submitted to verify each residency.
3. If you have completed more than 3 residencies, you may have the director of medical education complete a photocopy of the form.
4. This form must be sent directly to this office by the hospital in which you did your residency. If the hospital in which you did your residency does not have a director of medical education, the form may be completed by the department chief.

SECTION I: CANDIDATE INFORMATION

1. [REDACTED] Social Security Number

2. SAV First 3 letters of Last Name

3. BIRTH DATE [REDACTED] mo. day yr.

4. PRINT FULL NAME EXACTLY AS YOU WISH IT TO APPEAR ON YOUR LICENSE. IF DETERMINED ELIGIBLE. (IMPORTANT: A request that contains only initials and the surname cannot be honored.)

Last SANTANGELO

First CESARE

Middle FEDERICO

SECTION II: CERTIFICATION OF POST GRADUATE TRAINING

This is to certify that Cesare Federico Santangelo
a graduate of George Washington Univ. School of Medicine
participated in a post graduate training program offered by St. Luke's-Roosevelt Hospital Center
from July 1 19 82 thru present 19 (June 30, 1986) in the clinic, career of
Obstetrics and Gynecology and that the
above named physician successfully completed this training on June 30, 1986 (to be completed)

This hospital does have an approved residency program in this clinical area. If this physician did not successfully complete the post graduate training program, please attach a letter of explanation with this form.

Robert S. Nussirith, M.D.

Director

being duly sworn, say: _____ he is/was

program director for the physician named above during the post graduate training indicated and that _____ he has carefully read and completed this form and that the statements made herein are strictly true in every respect.

Signature of hospital director or director of medical education: _____

Signed and sworn to before me this sixteenth day of January 198 6

• RETURN TO: Division of Professional Licensing Services, Office of Cooperative Education, Cultural Education Center, Room 3007, Albany, New York 12230

The University of the State of New York
The State Education Department
Division of Professional Licensing Services
Cultural Education Center
Albany, New York 12230

PLEASE PRINT

SUPPORTING STATEMENT OF PROFESSIONAL PRACTICE IN MEDICINE
FOR LICENSURE APPLICATION THE NEW YORK STATE

To be completed by a licensed physician in good standing

Name of Affiant

ARNOLD ROVER, MD

states that he or she has been professionally acquainted with the applicant

Name of applicant

Cesare F. Santopoli, MD

For 3 years:

and knows that the applicant has duly practiced medicine for the period stipulated,
as follows.

From Month/Year	To Month/Year	Location of Applicant's Practice
7/87	4/88	Resident in OB/GYN at St. Luke's-Roosevelt Hospital

Please describe basis of professional acquaintance

Supervisory Training

Under penalties of perjury, I declare and affirm that the statements made in
the foregoing affirmation are true, complete and correct. I understand that any
false or misleading information in, or in connection with this affirmation may be
cause for denial of licensure.

Signature of Affiant

Date

103 E 80th

NY 10021

License Number 101024

State/Country of Licensure = NY

(Current Address)

PLS 674

8/83

159918SAN8006000060198

REGISTRATION REMITTANCE DOCUMENT

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Professional Licensing Services
Cultural Education Center
Albany, NY 12242

01/01/98
LIC: 168918
NAME: SANS
YR: 98
OFF: 1
DOB: [REDACTED]
SSN: [REDACTED]
EIN: [REDACTED]

[REDACTED]
SANTANGELO CESARE FEDERICO

WASHINGTON DC [REDACTED]

Name/address change
Complete only if change has occurred

Name

Street

City

State/Zip

\$ 600

AMOUNT DUE

PROFESSION: 80 MEDICINE
PERIOD: 08/01/98 - 08/31/00

Complete and sign reverse side of this application

☒ Yes ☐ No

1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 26

b. Have any other state or country enacted charges against you for professional misconduct, unprofessional conduct, incompetence or negligence, or revoked, suspended, or accepted surrender of a professional license held by you?

11. Are you under an obligation to pay child support?

Under penalties of perjury, I certify that the statements in this application and any accompanying documentation are true, complete, and correct. I understand that any misrepresentation made in connection with my application may be cause for disciplinary action, including the loss of my license, and that I am subject to prosecution for perjury.

Dele

169918SAN8006000060100

REGISTRATION REMITTANCE DOCUMENT

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Professional Licensing Services
Customer Education Center
Albany, NY 12230

LTC: 01/10/00
NWE: 169918
NWE: SAN8
YR: 00
OFF: 1
DOB: [REDACTED]
SSN: [REDACTED]
EIN: [REDACTED]

SANTANGELO CESARE FEDERICO

WASHINGTON

DC [REDACTED]

Name/address change
Complete only if change has occurred

Name

Street

City

State/Zip

\$ 800

AMOUNT DUE

PROFESSION: MEDICINE
PERIOD: 05/01/00 - 05/31/02

Complete and sign reverse side of this application

1. Do you wish to register for the period indicated?

☒ Yes ☐ No

2. Since you last filed a registration application:

a. Have you been convicted or charged with any crime (felony or misdemeanor) in any state or country, the disposition of which was other than acquittal or dismissed?

b. Has any other state or country instituted charges against you for professional misconduct, unprofessional conduct, incompetence or negligence, or revoked, suspended, or accepted surrender of a professional license held by you?

c. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?

3. a. Are you under an obligation to pay child support?

b. If you are under such an obligation, do you meet one of the four requirements listed in the Child Support Law section below?

4. Are you a U.S. citizen or a qualified alien as defined below?

32386888 804 8008868888
117 85112888

DO NOT WRITE IN THIS BOX
FOR OFFICIAL USE ONLY

Under penalties of perjury, I certify that the statements in this application and any accompanying documentation are true, complete, and correct. I understand that any misrepresentation made in connection with my application may be cause for disciplinary action, including the loss of my license, and that willful failure to comply with the provisions of this law constitutes professional misconduct.

Business phone (202) 23-1322

Date 2/15/00

6

169918SAN8006000060102

REGISTRATION RENEWAL DOCUMENT

THE BOARD OF EDUCATION DEPARTMENT
Professional Licensing Services
60 Washington Avenue
Albany, NY 12242-1900

LIC: 01/01/02
NAME: SAME
EXP: 02
DOB: [REDACTED]
SSN: [REDACTED]
EIN: [REDACTED]

SANTANGILO CESARE FEDERICO

WASHINGTON

DC [REDACTED]

Name/address change
Complete only if change has occurred

Name

Street

City

State/Zip

\$ 600

AMOUNT DUE

PROFESSION: 00 MEDICINE

PERIOD: 08/01/02 - 05/31/04

Complete and sign reverse side of this application

1. Do you wish to register for the period indicated?

☒ Yes ☐ No

2. Since your last registration application,

- Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?
- Has any licensing or disciplinary authority received, awarded, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?
- Are criminal charges pending against you in any court?
- Are charges pending against you in any jurisdiction for any sort of professional misconduct?
- Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, incompetence, or negligence?
- Are you under an obligation to pay child support?
- If you are under such an obligation, do you meet one of the four requirements listed in the Child Support Law section below?

3. Have you ever been convicted of a crime or a controlled substance offense?

4. Do you have a criminal record?

DO NOT WRITE IN THIS BOX
FOR OFFICIAL USE ONLY

I certify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation or any fraudulent information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the loss of my license, and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.

Business phone (202) 223-1322 Date 3/26/02

169918SAN8006000060104

REGISTRATION RENEWAL DOCUMENT
THE STATE EDUCATION DEPARTMENT
Professional Licensing Services
89 Washington Avenue
Albany, NY 12204-1000

LIC: 01/02/04
NME: 169918
YR: SAN8
OFF: 04
DOB: 1
SSN: [REDACTED]
EIN: [REDACTED]

SANTANGELO CESARE FEDERICO
WASHINGTON DC [REDACTED]

PROFESSION: 60 MEDICINE
PERIOD: 06/01/04 - 05/31/06

Name/address change
Complete only if change has occurred

Name

Street

City

State/Zip

\$ 600

AMOUNT DUE

Complete and sign reverse side of this application

1. Do you wish to register for the period indicated?

☒ Yes ☐ No

2. Since your last registration application,

- a. Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?
- b. Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?
- c. Are criminal charges pending against you in any court?
- d. Are charges pending against you in any jurisdiction for any sort of professional misconduct?
- e. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?

3. a. Are you under an obligation to pay child support?

b. If you are under such an obligation, do you meet one of the four requirements listed in the Child Support Law section below?

4. Are you a U.S. citizen or a qualified alien as defined below?

3244003
001 2121000

DO NOT WRITE IN THIS BOX
FOR OFFICIAL USE ONLY

I certify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation or any false or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the loss of my license; and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.

Signature _____

Business phone (202) 223-1322 Date 2-10-04

169918SAN8006000060106

REGISTRATION RENEWAL DOCUMENT
THE STATE EDUCATION DEPARTMENT
Professional Licensing Services
60 Washington Avenue
Albany, NY 12224-1000

LIC: 01/03/08
189818
NME: SAN8
YR: 06
OFF: 1
EIN:

SANTANGELO CESARE FERERICO
WASHINGTON DC

PROFESSION: 60 MEDICINE
PERIOD: 06/01/06 - 05/31/08

Oct 21P-202204

Complete and sign reverse side of this application

Name/address change
Complete only if change has occurred

Name
Street
City
State/Zip

\$ 600
AMOUNT DUE

1. Do you wish to register for the period indicated?

☒ Yes

☐ No

2. Since your last registration application,

- a. Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?
- b. Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?
- c. Are criminal charges pending against you in any court?
- d. Are charges pending against you in any jurisdiction for any sort of professional misconduct?
- e. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?
3. a. Are you under an obligation to pay child support?
- b. If you are under such an obligation, do you meet one of the four requirements listed in the Child Support Law section below?
4. Are you a U.S. citizen or an alien admitted for permanent residence in the U.S.?

30406331
100 00000000

5/10/06

DO NOT WRITE IN THIS BOX
FOR OFFICIAL USE ONLY

I certify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation or any false or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the loss of my license, and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.

Signature

Daytime phone

Date

2/7/06

169916SAN8006000060108

REGISTRATION RENEWAL DOCUMENT

THE STATE EDUCATION DEPARTMENT
Professional Licensing Services
89 Washington Avenue
Albany, NY 12234-1000

LTC: 01/02/08
NME: 188918
YR: SAN8
OFF: 08
EIN: 1

SANTANGELO CESARE FEDERICO

WASHINGTON

DC

PIN: [REDACTED]

PROFESSION: 80 MEDICINE
PERIOD: 08/01/08 - 05/31/10

Cal 21.030405

Complete and sign reverse side of this application

Address change
Complete only if change has occurred

Street

City

State/Zip

\$ 800

AMOUNT DUE

1. Do you wish to register for the period indicated?

☒ Yes

☐ No

2. Since your last registration application,

- a. Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?
- b. Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?
- c. Are criminal charges pending against you in any court?
- d. Are charges pending against you in any jurisdiction for any sort of professional misconduct?
- e. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?
3. a. Are you under an obligation to pay child support?
- b. If you are under such an obligation, do you meet one of the four requirements listed in the Child Support Law section below?
4. Are you a U.S. citizen or an alien admitted for permanent residence in the U.S.?

02455854 22731
001 01162000

DO NOT WRITE IN THIS BOX
FOR OFFICIAL USE ONLY

I certify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation or any false or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the loss of my license; and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.

Signature

Daytime phone

Date

1/12/08

169918SAN8000200060108

NEW YORK STATE PROFESSIONAL PHOTO IDENTIFICATION CARD APPLICATION

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services

01/18/08
LIC: 169918
NME: SAN8
YR: 08
OFF: 1

SANTANGELO CESARE FEDERICO
WASHINGTON DC

Your address CANNOT be updated by the NYS Education Department or the NYS Department of Motor Vehicles by changing the address on this form. Please see the reverse side for information on how to update your address.

PROFESSION: 80 MEDICINE
PERIOD: 08/01/08 - 05/31/10

PHOTIC02507

Read Instructions on Reverse Side of this Application

\$ 20
AMOUNT DUE

Carefully read the Information and Instructions for Completing and Returning the New York State Professional Photo Identification Card Application below before filling out and returning this portion of the form.

1. New York State (NYS) Driver License or Non-Driver ID Number:

[REDACTED]

2. Please Provide Your Daytime Telephone, Fax and E-mail:

Home - [REDACTED]
Work/Cell 202 471-8800

Fax () [REDACTED]
E-mail [REDACTED]

3. Authorization:

3261424 22869
163 01282900

I (Print Name) Cesare F. Santangelo MD, authorize New York State to produce a professional photo identification card bearing my NYS Driver License or Non-Driver ID card photograph. I understand that this card will be sent to the address indicated on the front of this application form. I also understand that I am required to pay the stated fee before an ID card can be issued to me and if I need to replace the ID card or obtain a new card, I will be required to provide a new application form and fee. I know that I may withdraw my consent to use my NYS Driver License photograph and cancel this ID at any time.

Signature [REDACTED] Date 1/24/08
PHOT1500207-83

169918SAN8006000060110

REGISTRATION RENEWAL DOCUMENT

THE STATE EDUCATION DEPARTMENT
Professional Licensing Services
68 Washington Avenue
Albany, NY 12224-1000

LIC: 01/04/10
NME: 168818
YR: SAN8
OFF: 10
EIN: 1

SANTANGELO CESARE FEDERICO

WASHINGTON

DC

PIN: [REDACTED]

PROFESSION: 50. MEDICINE
PERIOD: 05/01/10 - 05/31/12

Oct 21 2004

Complete and sign reverse side of this application

Address change
Complete only if change has occurred

Street

City

State/Zip

\$ 600

AMOUNT DUE

1. Do you wish to register for the period indicated? ☒ Yes ☐ No
2. Since your last registration application,
- a. Have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?
 - b. Has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?
 - c. Are criminal charges pending against you in any court?
 - d. Are charges pending against you in any jurisdiction for any sort of professional misconduct?
 - e. Has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?
3. a. Are you under an obligation to pay child support?
- b. If you are under such an obligation, do you meet one of the four requirements listed in the Child Support Law section below?
4. Are you a U.S. citizen or an alien admitted for permanent residence in the U.S.?

3258141
242 01192010

DO NOT WRITE IN THIS BOX
FOR OFFICIAL USE ONLY

I certify that the statements made in this application and any accompanying documentation are true, complete and correct and, further, I attest that I have updated my physician profile within the six months prior to the expiration date of my registration period as a condition of registration renewal in compliance with section 2995-a(4) of the Public Health Law. I understand that any misrepresentation or any false or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the loss of my license; and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.

Signature

Daytime phone (

Date

1/13/10

21

OP Renewal Online Payment - By Registration Period

For Different Selection:

Professions : MEDICINE
 Name : SANTANGELO CESARE FEDERICO
 Date of Birth : [REDACTED]
 License Number : 169918 Coupon ID : [REDACTED]
 Registration Period : 06/01/2012 through 05/31/2014
 Payment Date : 01/12/2012
 E-mail : [REDACTED]
 Phone : [REDACTED]
 Renewal Status : Paid On-line - Renewal Complete

Address:

WASHINGTON
 DC - [REDACTED]
 US - [REDACTED]

License Renewal Payment Details:

Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number	Amount
[REDACTED]	[REDACTED]	01/12/2012	1	600

Photo Id Payment Details:

No Data Available

Response to Questions:

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	[REDACTED]
Citizenship	Are you a U.S. citizen?	[REDACTED]
Child Support	Are you under an obligation to pay child support?	[REDACTED]
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	[REDACTED]
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	[REDACTED]
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	[REDACTED]
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	[REDACTED]

OP Renewal Online Payment - By Registration Period

For Different Selection:

Professions : MEDICINE
 Name : SANTANGELO CESARE FEDERICO
 Date of Birth :
 License Number : 169918 Coupon ID :
 Registration Period : 06/01/2014 through 05/31/2016
 Payment Date : 01/14/2014
 E-mail :
 Phone :
 Renewal Status : Paid On-line - Renewal Complete

Address:
 WASHINGTON
 DC -
 US

License Renewal Payment Details:

Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number	Amount
		01/14/2014	1	600

Photo Id Payment Details:

No Data Available

Response to Questions:

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Citizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	

OP Renewal Online Payment - By Registration Period

For Different Selection:

Professions : MEDICINE
 Name : SANTANGELO CESARE FEDERICO
 Date of Birth :
 License Number : 169918 Coupon ID :
 Registration Period : 05/01/2016 through 05/31/2018
 Payment Date : 02/08/2016
 E-mail :
 Phone :
 Renewal Status : Paid On-line - Renewal Complete

Address:
 WASHINGTON
 DC -
 US

License Renewal Payment Details:

Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number	Amount
		02/08/2016	1	600

Photo Id Payment Details:

No Data Available

Response to Questions:

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Citizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	

OP Renewal Online Payment - By Registration Period

For Different Selection:

Professions : MEDICINE
 Name : SANTANGELO CESARE FEDERICO
 Date of Birth :
 License Number : 169918 Coupon ID :
 Registration Period : 06/01/2018 through 05/31/2020
 Payment Date : 01/09/2018
 E-mail :
 Phone :
 Renewal Status : Paid On-line - Renewal Complete

Address:

WASHINGTON
 DC -
 US

License Renewal Payment Details:

Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number	Amount
		01/09/2018	1	600

Photo Id Payment Details:

No Data Available

Response to Questions:

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Citizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	

OP Renewal Online Payment - By Registration Period

For Different Selection:

Professions : MEDICINE
 Name : SANTANGELO CESARE FEDERICO
 Date of Birth :
 License Number : 169918 Coupon ID :
 Registration Period : 06/01/2020 through 05/31/2022
 Payment Date : 01/17/2020
 E-mail :
 Phone :
 Renewal Status : Paid-On-line - Renewal Complete

Address:
 WASHINGTON
 DC
 US

License Renewal Payment Details:

Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number	Amount
		01/17/2020	1	600

Photo Id Payment Details:

No Data Available

Response to Questions:

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Citizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	

OP Renewal Online Payment - By Registration Period

For Different Selection:

Professions : MEDICINE
 Name : SANTANGELO CESARE FEDERICO
 Date of Birth :
 License Number : 169918 Coupon ID :
 Registration Period : 06/01/2022 through 05/31/2024
 Payment Date : 02/01/2022
 E-mail :
 Phone :
 Renewal Status : Paid On-line - Renewal Complete

Address:

WASHINGTON
 DC
 US

License Renewal Payment Details:

Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number	Amount
		02/01/2022	1	600

Photo Id Payment Details:

No Data Available

Response to Questions:

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Citizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	