

GPOA 7415 (12/01)

Regular Mailing Address  
State Board of Medicine  
P.O. Box 2649  
Harrisburg, PA 17105-2649  
717-783-1400

Courier Delivery Address  
State Board of Medicine  
124 Pine Street, 1st Floor  
Harrisburg, PA 17101

MT 179956 <sup>020182 0255</sup>

WHITA APPL

- THIS APPLICATION IS TO BE USED FOR INITIAL GRADUATE LICENSE - DO NOT USE TO RENEW
- THIS APPLICATION MUST BE SUBMITTED AT LEAST 60 DAYS PRIOR TO THE START OF TRAINING

Amount 30.00  
Date 5/2/02

APPLICATION FOR A GRADUATE LICENSE  
FOR GRADUATES OF ACCREDITED MEDICAL SCHOOLS

4540

Application Fee: \$30.00 *not refundable* Make check payable to the "Commonwealth of Pennsylvania." 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.

TO BE COMPLETED BY APPLICANT:  
Please Print or Type

NAME: Whitaker Amy Kristen \_\_\_\_\_  
LAST FIRST MIDDLE MOTHER

ADDRESS: \_\_\_\_\_

San Francisco CA 94118-1303  
CITY STATE ZIP CODE

SOCIAL SECURITY \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME & ADDRESS OF MEDICAL SCHOOL	DATES OF ATTENDANCE	DATE OF GRADUATION
<u>Univ of California, San Francisco</u>	<u>9/1997 - 6/2001</u>	<u>June 2001</u>

NAME & ADDRESS OF HOSPITAL(S)	DATES OF PREVIOUS TRAINING	SPECIALTY
<u>N/A</u>		

TO BE COMPLETED BY HOSPITAL LOCATED IN PENNSYLVANIA:

NAME OF HOSPITAL: University Health Center of Pittsburgh HS--000288--L

ADDRESS OF HOSPITAL 121 Meyran Ave., Rm. 201 Loeffler Bldg., Pittsburgh PA 15260

YEAR IN TRAINING: 1 SPECIALTY: OB/GYN LEVEL IN TRAINING (PGY) 1

DATES OF TRAINING REQUESTED: 06/20/02 TO 06/19/03  
BEGINNING DATE-MONTH-DAY-YEAR ENDING DATE-MONTH-DAY-YEAR

NAME OF PROGRAM DIRECTOR: William R. Cromley, MD

SIGNATURE OF PROGRAM DIRECTOR: \_\_\_\_\_

SIGNATURE, EXEC. DIR., GME: MARLENE R. COOPER

\*K/020182-0255

HEALTH LICENSING  
DIVISION

02 APR 24 AM 10:29

RECEIVED

020182 0255

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. Do you hold a license to practice medicine and surgery (active or inactive, current or expired) in any state, territory or country? If "yes", list all states below.		✓
2. Have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in another state, territory or country?		✓
3. Has any disciplinary action been taken against your license in another state, territory or country?		✓
4. 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?		✓
5. Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?		✓
6. 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?		✓
7. 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.)		

**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 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: \_\_\_\_\_ [REDACTED] \_\_\_\_\_

Date: 3/26/02

DISCREPANCY LETTERS WILL BE EMAILED DIRECTLY TO THE HOSPITAL

HEALTH LICENSING  
DIVISION  
02 APR 24 AM 10:29

RECEIVED

4540

State Board of Medicine  
717-783-1400  
717-787-2381

**VERIFICATION OF MEDICAL EDUCATION**  
**For Graduates of Accredited Medical Schools.**

*SECTION 1: To be completed by applicant:*

Name: Whitaker Amy Kristen  
Last First Middle

Name of medical school: University of California, San Francisco

Location: San Francisco, California

**SUBMIT THIS VERIFICATION OF MEDICAL EDUCATION FORM TO YOUR MEDICAL SCHOOL AND REQUEST YOUR SCHOOL TO RETURN COMPLETED FORM DIRECTLY TO THE BOARD IN OFFICIAL SCHOOL ENVELOPE.**

*SECTION 2: To be completed by Dean or Registrar of medical school:*

Name of medical student: Amy Kristen Whitaker

Date student began to attend this medical school: 9/01/97  
Month/Day/Year

Date of graduation: 6/10/2001  
Month/Day/Year

[Seal of School]

I certify that all of the above information is correct.

Signature of  
Dean or Registrar: Maxine Papadakis

Date: 4/09/02

**Upon completion, school must return this completed form directly to the Pennsylvania State Board of Medicine in official school envelope. DO NOT RETURN TO APPLICANT.**

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

Courier Delivery Address  
State Board of Medicine  
124 Pine Street, 1st Floor  
Harrisburg, PA 17101  
U.S.A.

150  
School of Medicine  
Office of Student Affairs  
513 Parnassus Avenue, Room S-245  
San Francisco, CA 94143-0454

UCSF

University of California  
San Francisco

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

17105-2649



2002 APR 15 AM 9:11

RECEIVED

Amy Kristen Whitaker

San Francisco, California 94118-1303

**EDUCATION:**

- 1997-2001 **University of California, San Francisco, School of Medicine**  
M.D. awarded in June 2001.
- 1994-1996 **Mills College**  
Post-Baccalaureate Pre-Medical Certificate. GPA 4.0/4.0
- 1987-1991 **Northwestern University**  
B.A. in History. GPA 3.7/4.0

**AWARDS & HONORS:**

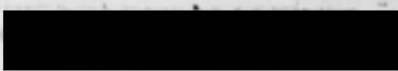
- 1999-2001 *Clerkship Honors:* Core Clerkships in Obstetrics & Gynecology, Psychiatry and Anesthesia; Advanced Clerkships in Obstetrics & Gynecology and Inpatient Family & Community Medicine; Elective Rotations in Family Planning, Pain Management, Pulmonary Medicine, Endocrinology, AIDS Ward and Radiology.  
*Letter of Commendation:* Core Clerkship in Family & Community Medicine
- 1995 Alumnae Scholarship, Mills College
- 1995 Teaching Assistantship in Introductory Biology, Mills College
- 1991 Dean's List, Northwestern University
- 1990 Senior Honors Seminar, Northwestern University

**PROFESSIONAL EXPERIENCE:**

- June 2001-present **Center for Reproductive Health Research & Policy, study coordinator**  
Plan, implement, and coordinate clinical research studies in the family planning clinic of San Francisco General Hospital. Designed a randomized controlled clinical trial comparing misoprostol with laminaria for cervical ripening before early second trimester surgical abortions; trial is currently in the recruitment phase. Coordinated a study of the absorption kinetics and uterine effects of misoprostol. Assisted in a prevalence study of HIV infection as well as a cross-sectional study to investigate factors contributing to the delay of elective abortions to the second trimester.
- 1997-1999 **UCSF Student-run Homeless Clinic, member of governing body**  
Provided health care to an underserved population. Planned and implemented policy decisions, coordinated student staffing, and volunteered in clinic.
- 1996-1997 **Planned Parenthood, health care assistant**  
Worked with health care team to provide care and education to a diverse population. Interviewed patients, reviewed medical histories, provided pregnancy options counseling, and trained volunteers.
- 1995-1996 **Mills College, teaching assistant for introductory biology course**  
Oversaw laboratory classroom, tutored students, and graded assignments.
- 1991-1993 **Arden Shore Child & Family Services, youth treatment specialist**  
Worked at a group home for troubled adolescents and at a diagnostic residential facility for younger children. Created treatment plans, made diagnostic assessments, and provided crisis intervention.

**ACTIVITIES:**

- 1994-present **California Abortion & Reproductive Rights Action League, member of the Board of Directors**
- 1997-2001 **Women Medical Students Association, student representative**  
Coordinated annual retreat in 1999.
- 1997-2001 **Medical Students for Choice, co-coordinator (1998-1999)**  
Conceived of and implemented new pre-clinical elective in women's health.
- 1995-1996 **Mills Feminist Alliance**  
Established pro-choice action committee.



Page	Title
1-10	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE EGG AND LARVA OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
11-20	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE PUPA AND ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
21-30	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
31-40	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
41-50	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
51-60	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
61-70	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
71-80	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
81-90	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
91-100	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
101-110	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
111-120	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
121-130	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
131-140	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
141-150	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
151-160	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
161-170	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
171-180	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
181-190	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.
191-200	THE EFFECT OF TEMPERATURE ON THE DEVELOPMENT OF THE ADULT OF THE HOUSEFLY, <i>MUSCA DOMESTICA</i> L.

RECEIVED  
 02 APR 24 AM 11:29  
 DIVISION OF ENTOMOLOGY  
 U.S. DEPARTMENT OF AGRICULTURE



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

**BOARD ACTION CLEARANCE REPORT**

May 20, 2002

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

Re: Board Action Query Dated: May 20, 2002  
Your Reference Number: SSMITH  
FSMB Batch Number: BQ671143

The following is a report of the search results from the Board Action Data Bank as of May 20, 2002 for practitioners submitted referenced batch for which NO board actions were identified.

Practitioners Cleared with No Actions as of May 20, 2002

---

Item	Name	DOB	School	Yr/Grad
1	WHITAKER, AMY	[REDACTED]	005050	2001

Show 10 entries

Expand	License #	Relationship	License Type	FullName	License Status	Association Start Date
[-]	HS000288L	Business Relationship	Training Institution	UNIVERSITY HEALTH CENTER	Active	06/20/2002

### UNIVERSITY HEALTH CENTER (HS000288L)



#### Facility Information

Facility Name:	<input type="text" value="UNIVERSITY HEALTH CENTER"/>	Address 1:	<input type="text" value="GRAD MED EDU, IROQUOIS BLDG,"/>
Fictitious Name:	<input type="text" value="Fictitious Name"/>	Address 2:	<input type="text" value="3600 FORBES AVENUE"/>
Doing Business As:	<input type="text" value="Doing Business As"/>	Address 3:	<input type="text" value="Address Line3"/>
Firm Type:	<input type="text" value="Select Firm Type"/>	City:	<input type="text" value="Pittsburgh"/>
PhoneNo:	<input type="text" value="412 6473174"/>	Zip Code:	<input type="text" value="15213"/>
Mobile:	<input type="text"/>	Country:	<input type="text" value="United States"/>
Email:	<input type="text" value="GME_Administration@upmc.edu"/>	State:	<input type="text" value="Pennsylvania"/>
Federal ID:	<input type="text" value="Federal ID"/>		

#### License Information Add Renewal Button

Profession:	<input type="text" value="Medicine"/>	Status Effective Date:	<input type="text" value="Date This Stat"/>
LicenseType:	<input type="text" value="Training Institution"/>	Issue Date:	<input type="text" value="06/30/1980"/>
Obtained By:	<input type="text" value="Application"/>	Expiration Date:	<input type="text" value="MM/dd/yyyy"/>
Specialty Type:	<input type="text"/>	Last Renewal:	<input type="text" value="MM/dd/yyyy"/>
License Number:	<input type="text" value="HS000288L"/>		
Status:	<input type="text" value="Active"/>		
From State:	<input type="text"/>		
Is In CE Audit?:	<input type="text" value="NO"/>		
Last CE Audit Date:	<input type="text"/>		

Show 10 entries

Expand	License #	Relationship	License Type	FullName	License Status	Association Start Date
[-]	HS000288L	Business Relationship	Training Institution	UNIVERSITY HEALTH CENTER	Active	06/20/2002

### UNIVERSITY HEALTH CENTER (HS000288L)

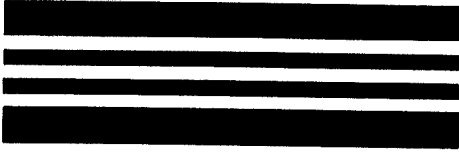


#### Facility Information

Facility Name:	UNIVERSITY HEALTH CENTER	Address 1:	GRAD MED EDU, IROQUOIS BLDG,
Fictitious Name:	Fictitious Name	Address 2:	3600 FORBES AVENUE
Doing Business As:	Doing Business As	Address 3:	Address Line3
Firm Type:	Select Firm Type	City:	Pittsburgh
PhoneNo:	412 6473174	Zip Code:	15213
Mobile:		Country:	United States
Email:	GME_Administration@upmc.edu	State:	Pennsylvania
Federal ID:	Federal ID		

#### License Information Add Renewal Button

Profession:	Medicine	Status Effective Date:	Date This Stat
LicenseType:	Training Institution	Issue Date:	06/30/1980
Obtained By:	Application	Expiration Date:	MM/dd/yyyy
Specialty Type:		Last Renewal:	MM/dd/yyyy
License Number:	HS000288L		
Status:	Active		
From State:			
Is In CE Audit?:	NO		
Last CE Audit Date:			



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
UNIVERSITY HEALTH CENTER

**License No:**  
HS000288L

513131\_LIC\_4\_01/05/2017

**Zerbe, Suzanne**

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**From:** Read, Nancy  
**Sent:** Thursday, January 05, 2017 12:56 PM  
**To:** Zerbe, Suzanne  
**Subject:** FW: Change in Contact for UPMC - HS-000288-L

**From:** Cascone, Samantha [REDACTED]  
**Sent:** Thursday, January 05, 2017 9:56 AM  
**To:** ST, MEDICINE [REDACTED]  
**Cc:** Rosser, Brittany [REDACTED]  
**Subject:** Change in Contact for UPMC - HS-000288-L

To Whom it May Concern,

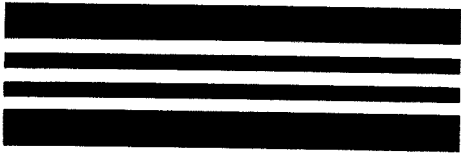
Brittany Rosser [REDACTED] will be the new contact for processing license request and handling any discrepancies on behalf of Graduate Medical Education (HS-000288-L) at UPMC.

Please let me know if you would need any additional information to make this update in the system.

Thank you again,  
Samantha

Samantha (Comarnitsky) Cascone, MPA  
Director, GME Operations  
UPMC – Graduate Medical Education  
3600 Forbes Avenue - Suite 300  
Pittsburgh, PA 15213  
[REDACTED]

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**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
UNIVERSITY HEALTH CENTER

**License No:**  
HS000288L

513131\_LIC\_4\_02/26/2018



UPMC McKeesport  
Internal Medicine  
Residency Program

Third Floor Kelly Building  
1500 Fifth Avenue  
McKeesport, PA 15132  
T 412-664-2167  
F 412-664-2164

8980484

February 13, 2018

Commonwealth of Pennsylvania  
Department of State  
Bureau of Professional and Occupational Affairs  
State Board of Medicine  
2601 North Third Street  
Harrisburg, PA 17110

To Whom It May Concern:

Enclosed is a check in the amount of \$1,510 to cover \$1,020 in fees for initial MT license applications; \$405 for MT License Renewals; \$30 for initial OT License and \$50 for renewal fees for OT License for the Internal Medicine Residency Program at UPMC McKeesport of the University of Pittsburgh Medical Center, **HS-000288-L**.

Thank you.

Rita Schramm  
GME Senior Department Manager  
Internal Medicine Residency Program  
UPMC McKeesport



UPMC McKeesport  
Internal Medicine  
Residency Program

Third Floor Kelly Building  
1500 Fifth Avenue  
McKeesport, PA 15132  
T 412-664-2167  
F 412-664-2164

February 13, 2018

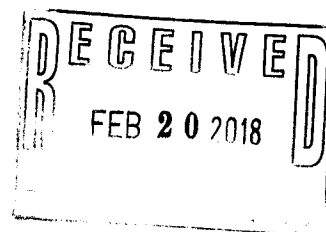
To Whom It May Concern:

I am requesting this e-voucher for the Commonwealth of Pennsylvania Department of State Bureau of Professional and Occupational Affairs, in the amount of \$1510 to cover for the cost of 12 initial MT license applications @ \$85.00 each; 1 initial OT license applications @ \$30.00 each, 2 OT license renewals @\$25.00 and 27 MT License renewals at \$15.00 for the UPMC MCK Internal Medicine Residency Program this is including any increases that might occur for the 2018/2019 academic year.

The attached letter to the State Board of Medicine should be included with the check.

Thank you.

Rita Schramm  
GME Senior Department Manager  
Internal Medicine Residency Program  
UPMC McKeesport





**Zerbe, Suzanne**

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**From:** ST, MEDICINE  
**Sent:** Monday, February 26, 2018 10:06 AM  
**To:** [REDACTED]  
**Subject:** New Receipt Number 8980484

Your check in the amount of **\$1,510.00** was received and credited to your account. It will be necessary for you to write the following receipt number on all applications and renewals submitted to the Board that pertain to that check.

**RECEIPT NUMBER – 8980484**

UPMC Shadyside  
5230 Centre Avenue  
Pittsburgh, PA 15232

**MEMORANDUM**

**TO:** UPMC Accounts Payable Department

**FROM:** Tara M. Redwing *TMR*  
GME Department Manager  
UPMC Shadyside Family Medicine

**DATE:** February 8, 2018

**SUBJECT:** Hospital Account – PA State Board of Medicine

I am requesting a check made payable to the "Commonwealth of Pennsylvania" for \$1,000.00. This check will be placed in our account #HS000288L to cover payment for our residents' renewal of their MT/OT license and for our new residents' initial MT/OT license.

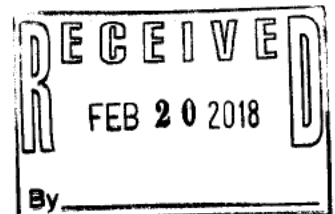
If possible, could you please enclose the letter addressed to the State Board of Medicine that I have attached? This will eliminate any confusion at the Board regarding which account the funds belong in.

Should you have any questions or need more information, please feel free to contact me at [REDACTED] Thank you!

Enclosure

/tmr

8980486



UPMC Shadyside  
5200 Centre Avenue  
Pittsburgh, PA 15232

February 8, 2018

Pennsylvania State Board of Medicine  
2601 North Third Street  
Harrisburg, PA 17110

**RE: Hospital Account #HS000288L – UPMC Shadyside Family Medicine**

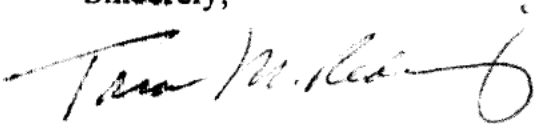
To Whom It May Concern:

Enclosed is a check payable to the Commonwealth of Pennsylvania for \$1,000.00 to be deposited into our hospital account #HS000288L.

As in past years, the check is for payment for our new residents' initial MT/OT Licenses. Also for the renewal of the MT/OT Licenses for our in-house residents who will begin their second and third year of training as of July 1, 2018.

As soon as you have set-up our new account, please let me know so I can begin to process the license renewals without delay. My email address is [REDACTED] and my phone number is [REDACTED].  
Thank you!

Sincerely,



Tara M. Redwing  
GME Department Manager  
Family Medicine Residency Program  
UPMC Shadyside

**Zerbe, Suzanne**

---

**From:** ST, MEDICINE  
**Sent:** Monday, February 26, 2018 10:06 AM  
**To:** [REDACTED]  
**Subject:** New Receipt Number 8980486

Your check in the amount of **\$1,000.00** was received and credited to your account. It will be necessary for you to write the following receipt number on all applications and renewals submitted to the Board that pertain to that check.

**RECEIPT NUMBER – 8980486**



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
UNIVERSITY HEALTH CENTER

**License No:**  
HS000288L

513131\_LIC\_4\_02/12/2018

**Zerbe, Suzanne**

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**From:** ST, MEDICINE  
**Sent:** Monday, February 12, 2018 9:49 AM  
**To:** [REDACTED]  
**Subject:** New - Receipt Number 8976942

To Whom It May Concern:

Your check in the amount of **\$390.00** was received and credited to your account. It will be necessary for you to write the following receipt number on all applications and renewals submitted to the Board that pertain to that check.

**RECEIPT NUMBER – 8976942**



# University of Pittsburgh

*School of Medicine*

Department of Otolaryngology

The Eye & Ear Institute  
Suite 500  
200 Lothrop Street  
Pittsburgh, Pennsylvania 15213  
412-647-2110  
Fax: 412-647-2080

January 12, 2018

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

To Whom It May Concern:

Enclosed is a check in the amount of \$390.00 to cover fees for initial license applications and renewal license applications for the Otolaryngology Residency Program at the University Health Center, hospital number HS-000288-L. Please send the receipt to Brittany Rosser once the account is set up.

Thank You,

**Julie M. Englert**  
*Project Manager*  
UPMC Department of Otolaryngology  
Eye & Ear Institute, Suite 519  
203 Lothrop Street  
Pittsburgh, PA 15213

