

To: Licensee/Registrant

- ◆ Please review the Registration Certificate below to be sure the information on it is correct.
- ◆ If any of the information is not correct, please contact us at [OPREGFEE@mail.nysed.gov](mailto:OPREGFEE@mail.nysed.gov) or (518) 474-3817, Ext. 410.
- ◆ If the information is correct, sign above the Licensee/Registrant block and please destroy any previous Registration Certificates you may have, as certificates with incorrect information are not valid and should not be kept.
- ◆ Should your address or name change, please notify us as described on the reverse and a new certificate will be issued.

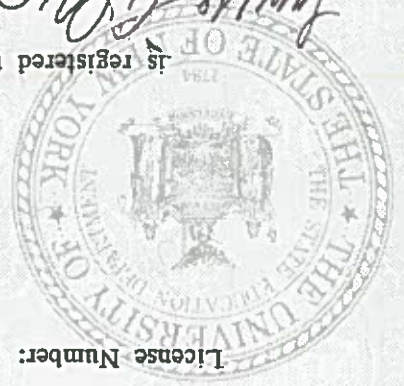
**UPON RECEIPT OF THIS REGISTRATION CERTIFICATE YOUR PREVIOUSLY ISSUED REGISTRATION CERTIFICATE IS NULL AND VOID. PLEASE DESTROY THE PREVIOUSLY ISSUED REGISTRATION CERTIFICATE.**

SEE BACK FOR IMPORTANT INFORMATION

**The University of the State of New York  
Education Department  
Office of the Professions  
REGISTRATION CERTIFICATE**  
*Do not accept a copy of this certificate*

License Number: 224328-1 Certificate Number: 9479008

PACZOS TAMARA ANN  
70 FARMINGTON ROAD  
WILLIAMSVILLE  
NY 14221-0000



is registered to practice in New York State through 09/30/2018 as a(n) **PHYSICIAN**

*James J. Paczos*  
LICENSEE/REGISTRANT

*Stephanie L. Bone*  
EXECUTIVE SECRETARY

COMMISSIONER OF EDUCATION  
*Thomas M. Hargrett*  
DEPUTY COMMISSIONER  
FOR THE PROFESSIONS

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