

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 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.

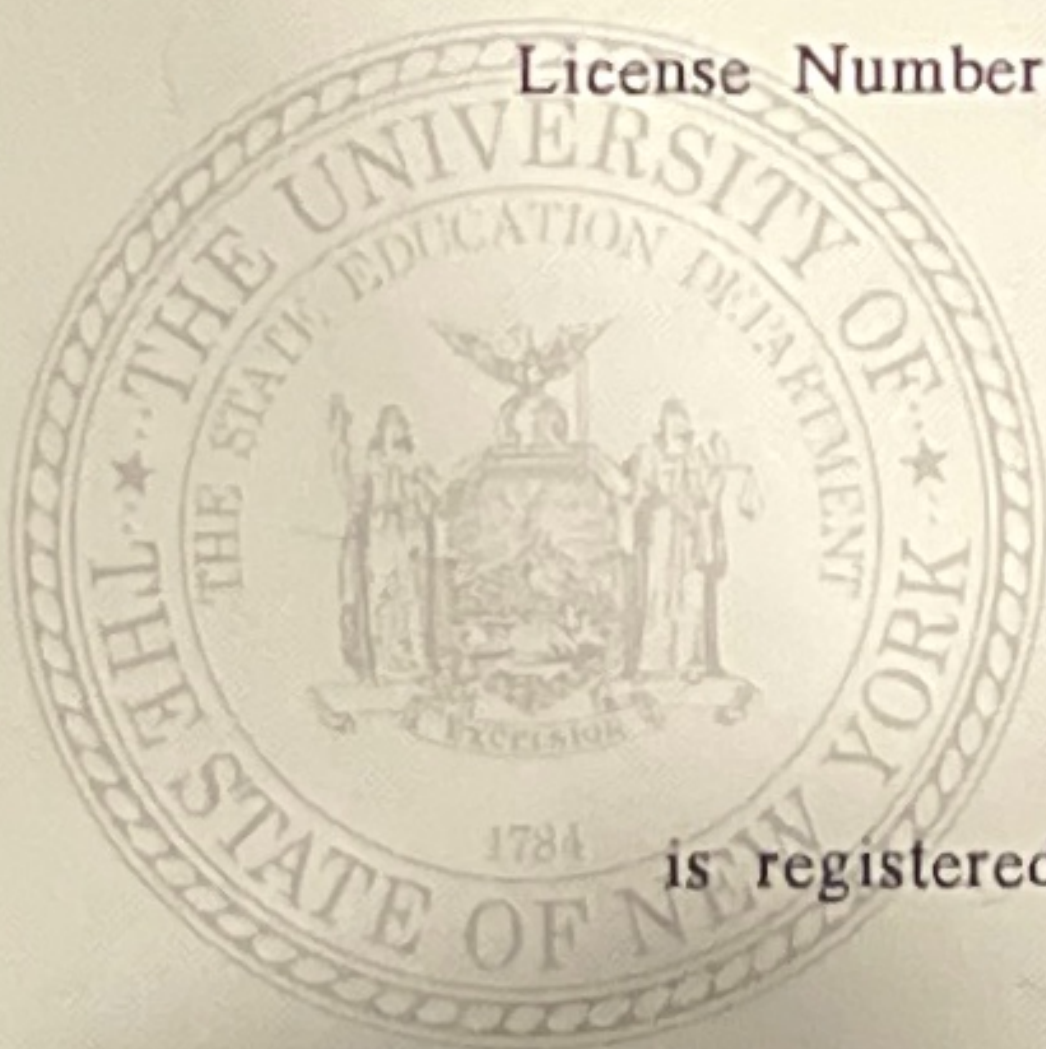
UPON RECEIPT OF THIS REGISTRATION CERTIFICATE YOUR PREVIOUSLY ISSUED REGISTRATION CERTIFICATE IS NULL AND VOID. PLEASE DESTROY THE PREVIOUSLY ISSUED REGISTRATION CERTIFICATE.

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: 315042-01

Certificate Number: 1800242



MONK BRANDON TYLER
494 MILL ST
DANVILLE

PA 17821-0000

is registered to practice in New York State through 01/31/2024 as a(n)
PHYSICIAN

LICENSEE/REGISTRANT

EXECUTIVE SECRETARY

COMMISSIONER OF EDUCATION

DEPUTY COMMISSIONER
FOR THE PROFESSIONS

This document is valid only if it has not expired, name and address are correct, it has not been tampered with and is an original - not a copy. To verify that this registration certificate is valid or for more information please visit www.op.nysed.gov.

What is this document?

This is your REGISTRATION CERTIFICATE, not a license (a New York State license is issued once and does not expire). If you are practicing in New York State, your registration **must be renewed periodically**. Practice without current registration violates the Education Law and may subject you to disciplinary action.

Should I display this REGISTRATION CERTIFICATE?

You must display a current REGISTRATION CERTIFICATE in each office where you practice. If your practice is not in an office, have a current REGISTRATION CERTIFICATE available for inspection at all times.

What do I do when my address or name changes?

When your address or name changes, Education Law requires that you report this within 30 days. When your record(s) have been updated, we will send you a replacement REGISTRATION CERTIFICATE.

- ♦ Address changes can be made by providing all required information in the checklist below via **E-mail** to op4info@mail.nysed.gov, **Telephone** 518-474-3817, **Fax** 518-474-1449 or **Mail** to Professional Licensing Services - Records and Archives, 89 Washington Avenue, Albany NY 12234-1000.
- ♦ Name changes must be made in writing to the address above with all information detailed in the checklist that follows. You will receive a new REGISTRATION CERTIFICATE in your new name. **OPTIONAL:** To receive a new LICENSE PARCHMENT, please request this in your letter and we will send fee information and a customized form.

Address Change	Name Change	Checklist Items
X	X	1. Full name currently on record (i.e., how your name now appears on your license and registration)
	X	2. New name exactly as you wish it to appear
X	X	3. Date of birth
X	X	4. Social Security Number
X	X	5. Daytime phone number
X	X	6. Profession(s) - list all professional licenses you hold in New York State
X	X	7. License Number(s) - for each of the professional licenses you list in item 6 above
X		8. Complete address currently on record
X		9. Complete new address
	X	10. Supporting legal documentation
	X	11. Original signature

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THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



BE IT KNOWN THAT

BRANDON TYLER MONK

HAVING GIVEN SATISFACTORY EVIDENCE OF THE COMPLETION OF PROFESSIONAL
AND OTHER REQUIREMENTS PRESCRIBED BY LAW IS QUALIFIED TO PRACTICE

MEDICINE AND SURGERY

IN THE STATE OF NEW YORK

IN WITNESS WHEREOF THE EDUCATION DEPARTMENT GRANTS THIS LICENSE
UNDER ITS SEAL AT ALBANY, NEW YORK
THIS NINTH DAY OF FEBRUARY, 2022.

COMMISSIONER OF EDUCATION

A handwritten signature in black ink, appearing to read "Betsy Davis", written over the title "COMMISSIONER OF EDUCATION".

LICENSE NUMBER
315042



DEPUTY COMMISSIONER
FOR THE PROFESSIONS

A handwritten signature in black ink, appearing to read "Sharon A. Benson", written over the title "DEPUTY COMMISSIONER FOR THE PROFESSIONS".

EXECUTIVE SECRETARY
STATE BOARD FOR
MEDICINE

THE UNIVERSITY OF THE STATE OF NEW YORK
EDUCATION DEPARTMENT



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FOR THE PROFESSIONS

A handwritten signature in black ink, appearing to read "Sharon A. Benson", written over the printed name of the Deputy Commissioner for the Professions.

EXECUTIVE SECRETARY
STATE BOARD FOR
MEDICINE