PART 4

REFER TO ATTACHMENT #4 OF THE AGENDA

The applications behind this page are:

- Current residents who are upgrading their training licenses to full licenses; or
- Fellows coming into Oklahoma to continue their training with full licenses.

Possible application deficiencies:

- Form 2 reflecting successful completion of their program; or
- Evaluations completed by their program director (current OK residents only); or
- Questionnaire completed by the applicants (current OK training residents only); or
- USMLE step 3 examination scores; or
- Upgrade fee (from training license to full license)

These applications are being considered for Approval **PENDING COMPLETION** of their application.

All applications, once completed, will be reviewed by the Board Secretary.

Should any issues arise that are of concern, the applicant will be asked to appear before the Medical Board at the July or September Board meeting.

Number

Name

Type Numbe MD 41688	r Name BRENT HICKMA	AN	2	9	
MEDICAL DOCT		2			
Incomplete Inform	nation (due to space	limitations on this p	age, this may not b	oe a complete lis	<u>t)</u>
Exam verification	n 2 COLLEGE OF ME		TION		
				4	
	W				
	chool Attended: Ok Coll Of Med, Oklah	homa City Ok 73190			
	Number of Licenses F	Previously Granted t	o Graduates of this	Medical School	:7,358
* **			04 20		
Application for:	Resident	Full License	Rei	nstatement	<i>v</i>
The Secretary of	of the Board has revie	ewed this applicatio	n and:		
1) AUTHOR	RIZED CIRCULARIZAT	TION TO OTHER BOA	ARD MEMBERS		
- Passed - No DUIS - No Malp - US Grad	or Legal Issues ractice Issues	а) я э	n.		
3) HAS ISS	UED A TEMPORARY	LICENSE THROUGH			
4) HAS ISS	UED A SPECIAL PGY	-1 TRAINING LICENS	SE		

Type MD

Number

Name

41688

BRENT HICKMAN

MEDICAL DOCTOR

Practice Address:

May 12, 2023

Status:

Res: TR

Received: 05/02/2023

Entered: 05/02/2023

Temp Issued:

Temp Expires:

Train Issued: 07/01/2023 Train Expires: 09/30/2024

Fed Rec: 05/14/2024 AMA Rec: 05/14/2024

Board Action:

License #: 41688

Sex: M

Ethnic Origin: 5

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	06/10/21	6/12/23	1
Test 2:	USMLE 2	PASS	07/29/22	6/12/23	1
Test 3:	N	ote: <i>PASS</i> r	neans high	er than 75	
Test AV:					

Total Possible: Okla Passing: **Total Score:**

		CATIO	
PRF-	W = 11		I NI

School Name: TULSA COMMUNITY COLLEGE

City: TULSA

Degree:

State: OK Country: UNITED STATES

From: 1/2018 To: 5/ 2018 Verified:

School Name: COMMUNITY COLLEGE OF THE AIR FORCE

City: MAXWELL-GUNTER AFB

Degree: ASSOCIATE OF SCIENCE

State: AL Country: UNITED STATES

From: 2/2013 To: 3/ 2018 Verified:

School Name: UNIVERSITY OF OKLAHOMA

City: NORMAN

Degree:

State: OK Country: UNITED STATES

From: 8/2012 To: 5/ 2017 Verified:

School Name: UNION HIGH SCHOOL

City: TULSA

State: OK Country: UNITED STATES OF

AMERICA

Degree: HS DIPLOMA From: 1/2012 To: 5/ 2012 Verified:

Type

Number

Name

MD 41688 **BRENT HICKMAN**

MEDICAL DOCTOR

MEDICAL SCHOOL EDUCATION

Name: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Foreign Name:

City: Oklahoma City

State/Country: United States of America

Degree: MD

From: 8 / 2019 To: 5 / 2023

Diploma Ver'd:

Y

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: ANESTHESIOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AN

Verified:

From: 7 / 2023

To: - 1

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: OKLAHOMA HEART INSTITUTE

Supervisor:

City: TULSA

State: OK Country: UNITED STATES

Specialty: PATIENT CARE TECHNICIAN

From: 2/2018 To: 7/2019 Verified:

Comments:

Employed: OKLAHOMA AIR NATIONAL GUARD

Supervisor:

City: TULSA

State: OK Country: UNITED STATES

Specialty: 219TH ENGINEERING INSTALLATIONS From: 2/2013 To: 8/2019 Verified:

UNIT

Comments:

Other Licenses

State Lic Type and Number

Status Issued Exp

Verif

DEFICIENCIES

OTHER DEFICIENCIES: NEED USMLE STEP 3 / EVALUATION

Exam verification date

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

RETURN FORM TO:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org

APR 28 2024

ATTACHMENT 1

QUESTIONNAIRE
Please read and follow ALL instructions

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

<u>FORM INSTRUCTIONS:</u> Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you <u>ARE FULLY LICENSED</u>, you <u>MUST</u> go online and renew your license – <u>DO NOT pay</u> your renewal fee via these instructions (doing so will delay your renewal) for those needing to pay online please see the instructions of ATTACHMENT 2.

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO
FULL

If you are *RENEWING* your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL PLEASE PRINT ALL INFORMATION

NAME EMAIL ADDRESS LICENSE NUMBER HOME ADDRESS		Brent		NAME	Hickman
				CELL	
		41688		PHONE CITY/STA	
	GRAM NDING	University of Oklahoma Health Science			Anesthesiology
		DOCUME	NTA	TION TO A	TTACH
		PAYI	MENT	COMPLETE	ED.
		yment made on Billpay for <mark>RENEWAL</mark> ng license		\$250 pay license	ment made on Billpay for <mark>UPGRADE</mark> of training
		DOCUM	IENTA	TION REQU	JIRFD
	and the second second	(must be received directly from m) **ONLY FOR UPGRADE - ATTACHMEN		□ Eva	luation (must be received directly from program) -
	USMLE	Step 3 (must be received directly from)		□ Ans	swer confidential questions (on back of this form)
		FOREIG	NTRΔ	INED STUD	ENTS
	Current	- I did the state	1110		Social Security Number **if not provided at initial application
	Backgro	ound Check **if not done at initial appl	icatio	n	

IF YOU ARE FULLY LICENSED – DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN – COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

KH150



APR 28 2024

NAME	Brent Hickman
INMINIT	

OKLAHOMA STATE BOARD OF

PLEASE COMPLETE THE REMEMAL QUESTIONS BELOW, IF YOU HAVE ANY "YES" ANSWERS YOU MUST PROVIDE A NOTARIZED STATEMENT EXPLAINING YOUR ANSWER.

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is QUESTIONS	most r	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		×
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		×
Have you been reported to the National Practitioner Data Bank (NPDB)?		□ □
Have you ever been denied, had removed, or suspended hospital privileges?		
Have you surrendered hospital privileges while under investigation or to avoid investigation?		Q
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		Q
Has your application for licensure ever been denied?	0	☑
Have you surrendered a license or had any disciplinary action taken on any license?		□ □
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?		K
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		×
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	0	
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	0	10
Have you been addicted to or abused any drug or chemical substance including alcohol?	0	
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		×
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	0	KI

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature Date 4/28/2024

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:05/02/2023 PAGE 7 of 500

Applicant Name: HICKMAN BRENT

MD 41688



Date Of Birth:

Place Of Birth (City, State): TULSA, OK

Race: Other

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	TULSA COMMUNITY COLLEGE	TULSA	ОК	1/2018	5/2018			
UG	COMMUNITY COLLEGE OF THE AIR FORCE	MAXWELL-GI	AL	2/2013	3/2018	ASSOCIATE OF SCIENCE		
UG	UNIVERSITY OF OKLAHOMA	NORMAN	ОК	8/2012	5/2017			

Medical School Name	City	State Country	Comments	From	То
Univ Of Ok Coll Of Med, Oklahoma	Oklahoma City	OK United States		8/2019	5/2023
City Ok 73190					

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
UNIVERSITY OF OKLAHOMA	OKLAHOMA	A CITY OK	UNITED S'			1	6/2027

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
OKLAHOMA HEART INSTITUTE	PATIENT CARE TECHNICIAN		TULSA	OK	2/2018	7/2019	
OKLAHOMA AIR NATIONAL GUARD	219TH ENGINEERING INSTALLATIONS UNIT		TULSA	OK	2/2013	8/2019	

Other/ Out-Of-State L	icenses				
State License #	Profession	Status	Issue Date	Exp Date	
MD Exam					
Exam	State Score	Date Taken	#_		
USMLE					

\$2501

Oklahoma State Board of Medical Licensure and Supervision PAGE 8 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/02/2023

Que	stions Answered 05/01/2023	Response
۹.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
3.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Э.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
=.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
Э.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
l.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
<.	Has your application for examination or a professional license ever been denied?	N
	Have you ever failed any part of a licensure/certification/registration examination?	N
И.	Have you ever surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
Э.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
Ρ.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q .	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
₹.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemica substance, including alcohol?	N
3.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Γ.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE PAGE 9 of 500

Received:05/02/2023

If licensed, where do you intend to locate? OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma?
If 'Yes', Name of practice:
If so, Please identify with which category:
Name of Previous Carrier and Policy Holder N/A
Name of Current Carrier and policy Holder UNIVERSITY OF OKLAHOMA
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
I attest that all the above information is accurate as of May 01, 2023: (Signed Online)

JUN 12 2023



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

Applicant's signature (must be signed in the presence of a notary)

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

10/27

6/9/23
Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

, County of OK lathout

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this $\frac{9}{2}$ day of $\frac{100}{200}$, $\frac{20}{200}$

Notary Public Signature Lin Das My Notary Commission Expires 5/26/26

T41688





United States Medical Licensing Examination® (USMLE **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 06/09/2023

Examinee:

Hickman, Brent Wesley

Examinee ID: 5-476-263-8

Alt Name(s):

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/10/2021	Pass	217	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date Pass/Fail Score **Minimum Pass** Comments

07/29/2022 256 (214)Pass

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

Rev 2018

Page 1 of 2



United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Hickman, Brent Wesley Examinee ID: 5-476-263-8 Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a twodigit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points,

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document,

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

nstitution: University of Of	klahoma College of Me	dicine City/State Oklahoma City, Ol	K	
		City/stateCity/state		
our records indicate that the above	named applicant attended our med	ical school on the following dates:		
8 / 19 / 201	To 5 / 20 / 2023 a	nd was awarded the degree Doctor of Medicine		
World Day Year	Month Bay real			
explain.		extension(s) in his/her medical education? If yes, please	YES	√ NO
Does this individual's official re his/her medical education? If y		aced on academic or disciplinary probation during	YES	1 NO
Does this individual's official re	cord reflect that he/she was ever th	ne subject of negative reports for behavioral reasons or	YES	/NO
Does this individual's official re		sciplined for unprofessional conduct/behavioral	YES	/NO
reasons by the medical school	or parent university? If yes, please	explain below itations or special requirements imposed on the		V IV
	A CONTRACTOR OF THE PROPERTY O	inary problems, or any other reason? If yes, please	YES	✓ NO
		e is an accurate account of this individual's records and	is true and	correct.
ompletion of the following is certi Jame: Teresa Scordino, I		e is an accurate account of this individual's records and Signature Town Pure	is true and	correct.
Teresa Scordino, I			is true and	correct.
Teresa Scordino, I	M.D.	Signature Temple		correct.
Teresa Scordino, I itle of Signatory: Associate I el: 405-271-2316	M.D. Dean for Student Affairs 405-271-2287	Signature Town Pure Date of Signature S 31 23 E-Mail: Teresa-Scordino@ouhsc.edu		correct.
Teresa Scordino, I itle of Signatory: Associate I el: 405-271-2316	M.D. Dean for Student Affairs Fax: 405-271-2287	Signature Town Pure Date of Signature S 31 23 E-Mail: Teresa-Scordino@ouhsc.edu		correct
Teresa Scordino, I sitle of Signatory: Associate I sel: 405-271-2316	M.D. Dean for Student Affairs Fax: 405-271-2287 If no seal is available, this	Signature Town Pure Date of Signature S 31 23 E-Mail: Teresa-Scordino@ouhsc.edu		correct
Teresa Scordino, I Title of Signatory: Associate I Tel: 405-271-2316	M.D. Dean for Student Affairs Fax: 405-271-2287 If no seal is available, this Notary Public	Signature Town Pure Date of Signature S 31 23 E-Mail: Teresa-Scordino@ouhsc.edu		correct.

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

Official Transcript

University of Oklahoma Health Sciences Center

P. O. Box 26901

United States

Oklahoma City, OK 731260901

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE MEDICAL LICENSURE MEDICAL LICENSURE

: Brent Hickman Name

Student ID: 1796811 Birthdate :

Spring 2020

Degrees Awarded										
PRIMARY	Course		Desc	cription			Attempted	Earned	Grade	Points
egree : Doctor of Medicine onfer Date : 2023-05-20 SOURCE	INDT	8132	IMI				68.00	68.00	s	
an : Medicine	INDT	8140	Gast	trointes	tinal &	Hepatobil	85.00	85.00	S	
	INDT	8148	Endo	, Metab	& Nutri	Biochem	85.00	85.00	S	
External Degrees	INDT	8156	Bloc	od, Hema	topoiesi	s & Lymph	77.00	77.00	S	
niversity of Oklahoma	TERM	GPA :	0.000	GPH:	0.00	TOTALS :	315.00	315.00		0.000
2017-05-12 Bachelor of Science										
Field of Study : Microbiology	OUHSC	GPA :	0.000	GPH:	0.00	TOTALS :	834.50	834.50		0.000
Academic Program History					F	all 2020				

		Medici	ne							INDT	8140	Gas	trointes	tinal &	Hepatobi	1 85.00	85.00 S	
										INDT	8148	End	o, Metab	& Nutri	Biochem	85.00	85.00 S	
University		-		Exter	nal Degr	ees				INDT	8156	Blo	od, Hema	topoiesi	s & Lymp	h 77.00	77.00 S	
University	of C	Oklahoma								TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 315.00	315.00	0.000
2017-	05-12	Bachelo	of Sci	ence														
		Field o	E Study	: Micro	biology					OUHSC	GPA :	0.000	GPH:	0.00	TOTALS	: 834.50	834.50	0.000
2017-0			A	cademic	Program	History -								F	all 2020			
Program		Medicine	MD							Course		Desc	cription			Attempted	Earned Grade	Points
Program 2019-07-01	:	Active in	Program	n													21 mm 1 1 mm 1 1 mm	
		2019-07-	1 : Med:	icine -	MD Major	The Control				INDT	8264	Card	diovasc,	Resp, R	tenal	164.00	164.00 S	
2023-05-20	:	Complete	i Program	n						INDT	8266	PPS	II: Cli	nical Et	hics	35.00	35.00 S	
			2.2							INDT	8272	Neu	roscience	es		166.00	166.00 S	
										INDT	8275	Clin	nical Med	dicine I	I	99.00	99.00 s	
			- Вес	ginning	of Medic	ine Record		-		INDT	8301	Enr	ichment 1	Program:	Humanit	ies 16.00	16.00 S	
			==							C	ourse Top	oic(s): Me	edical Re	aders'	Theater			
				F	all 2019													
										TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 480.00	480.00	0.000
Course		Desc	cription			Attempted	Earned	Grade	Points	Office	GPA :	0.000	GPH:	0.00	TOTALS	. 1214 50	1314.50	0.000
	110	Des	ign/Analy	reie Cli	n Res	16.00	16.00	s		OURSC	GPA :	0.000	GPH:	0.00	TOTALS	: 1314.50	1314.50	0.000
	122		nical Med	And the second second		111.50	111.50							Sn	ring 2021	1		
TNDT 9:	124		Human St	THE MANAGEMENT AND ADDRESS.		130.00	130.00							0,0	Ling Low.	117		
	125		dations			151.00	151.00			Course		Desc	ription			Attempted	Earned Grade	Points
	244	PPS		or mear		87.00	87.00					200				racemp cec	Darmed Grade	TOTALES
	555			rion Doc	uments I		0.00	2000		INDT	8280	Rena	roduction	- Was		98.00	98.00 S	
	100		logue	oron boo		24.00	24.00			INDT	9200		Capstone			70.00	70.00 S	
INDI 3.	100	110.	Logue			24,00	24.00	-		INDT	9201		t, Skin		ne	40.00	40.00 S	
TERM GPA		0.000	GPH:	0.00	TOTALS	: 519.50	519.50		0.000	2000	2222	-						
TOTAL OFF		0.000							7.777	TERM	GPA :	0.000	GPH:	0.00	TOTALS :	: 208.00	208.00	0.000
									0 000									
OUHSC GPA		0.000	GPH:	0.00	TOTALS	: 519.50	519.50		0.000									

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THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OURSC FICE CODE 5889

PHONE (405) 271-2359 PAGE 15 of 500 (405) 271-2480 www.ouhsc.edu

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OUHSC statistics Combined statistics RECEIVED

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 = Sophomore level courses

 3000 - 3999
 = Junior level courses

 4000 - 4999
 = Senior level courses

 5000 - 6999
 = Graduate level courses

5000 – 5999 = Bachelor degree program in College of Pharmacy Undergraduate level courses

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Official Transcript

: Brent Hickman

Name

JUN 0 8 2023

Student ID: 1796811

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Birthdate :

Summer II 2021

University of Oklahoma Health Sciences Center

P. O. Box 26901

United States

Oklahoma City, OK 731260901

Summer II 2022

F 500	Summer II	2021				Summer 11	2022		
Course	Description	Attempted	Earned Grade	Points	Course	Description	Attempted	Earned Grade	e Points
INDT 9301	Clinical Transitions	40.00	40.00 S		INDT 9300	Capstone	160.00	160.00 S	
PSBS 9520	Psychiatry Clerkshp	240.00	240.00 A	960.000	INDT 9403	Subinternship Elective	160.00	160.00 A	640.00
					Course Top	oic(s): ANES Subinternship Elec	tive		
TERM GPA :	4.000 GPH: 240.00 TOTAL	S: 280.00	280.00	960.000					
					TERM GPA :	4.000 GPH: 160.00 TOTAL	s: 320.00	320.00	640.00
OUHSC GPA :	4.000 GPH: 240.00 TOTAL	s: 1802.50	1802.50	960.000					
		1			OUHSC GPA :	3.217 GPH: 1840.00 TOTAL	S: 3802.50	3802.50	5920.00
TERM GPA : OURSC GPA : Course NEUR 9370	Fall 20	21						7 WAY	
C	//8/ 0.0	03 0				Fall 20	22		
Course	Description	Attempted	Earned Grade	Points		2 18/10 15/15	IEI PUM	S. C. S.	
	/5//A **/ 4* A ***	150.00	160.00 C	320,000	Course	Description	Attempted	Earned Grade	Point
NEUR 9370 FM 9540	Neurology Clerkship Fam Med Clerkship	160.00	160.00 A	640.000	INDT 9403	Subinternship Elective	160.00	160.00 A	640.00
NEUR 9370 FM 9540 PEDI 9650	Pediatric Clerkship	240.00	240.00 B	720.000		oic(s): FM Subinternship Electi		160.00 A	640.00
-ame 0110	Anesthesiology Selective	80.00	80.00 S	,20.000	INDT 9407	Fourth Year Selective	160.00	160.00 S	
UROL 9101	Urology Selective	80.00	80.00 S			oic(s): Pharmacology Readings	200.00	100.00	
3101	all of the second secon					Pharmacology Readings			
UROL 9101 TERM GPA: OUHSC GPA:	3.000 GPH: 560.00 TOTAL	s: 720.00	720.00	1680.000	Course	Description	Attempted	Earned Grade	Point
				Address Section	A STATE OF THE PARTY OF THE PAR				
OUHSC GPA :	3.300 GPH: 800.00 TOTAL	s : 2522.50	2522.50	2640.000	INDT 9407	Fourth Year Selective	80.00	80.00 S	
					Course Top	oic(s): Directed Readings in PH			
	Spring 2	022				Directed Readings in PH			3/ 300
	1/3/2			D-J-b-	Course	Description	Attempted	Earned Grade	Point
Course	Description	Attempted	Earned Grade	Points	INDT 9406	Special Studies Elective	80.00	80.00 S	
SURG 9760	Communication of the Communication	320.00	320.00 B	960.000		ic(s): ANES Special Studies Ele		80.00 S	
SURG 9760 MED 9250	Surgery Clerkship Medicine Clerkship	320.00	320.00 B	960.000	Course Top	ic(s). ANES special studies El	active		
MED 9250 RADI 9101 OBGY 9210	RADI Selective	80.00	80.00 S	300.000	TERM GPA :	4.000 GPH: 160.00 TOTAL	s: 480.00	480.00	640.00
OBGY 9210	Obstet & Gyn Clerkship	240.00	240.00 B	720.000	Illus Ola .	4.000 GIII. 100.00 IOIRD	3 . 400.00	400.00	040.00
0591 9210	Costee a Syn Citinsing	2.0.00			OUHSC GPA :	3.280 GPH: 2000.00 TOTAL	5 : 4282.50	4282.50	6560.00
TERM GPA :	3.000 GPH: 880.00 TOTAL	s : 960.00	960.00	2640.000				A SEXESTED	2202100
						Spring 2	023		
OUHSC GPA :	3.143 GPH: 1680.00 TOTAL	3482.50	3482.50	5280.000					
The same of the sa					Course	Description	Attempted	Earned Grade	Point
1					INDT 9403	Subinternship Elective	160.00	160.00 A	640.000
					Course Top	ic(s): ANES Subinternship Elec	tive	200000000000000000000000000000000000000	
					INDT 9406	Special Studies Elective	160.00	160.00 s	
					Course Top	ic(s): ANES Special Studies Ele	ective		

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OUHSC statistics

Combined statistics

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Official Transcript

University of Oklahoma Health Sciences Center P. O. Box 26901

Description

Oklahoma City, OK 731260901

United States

Course

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

: Brent Hickman Name Student ID: 1796811

Birthdate :

Spring 2023 (cont.)

Attempted

Earned Grade

INDT	9406	Spec	cial St	udies Ele	ctive	80.00	80.00	s	
C	ourse Top	ic(s): I	NDT Spe	cial Stud	lies Elect	ive			
FM	9569	CH :	I			80.00	80.00	S	
FM	9572	CH I	II			80.00	80.00	S	
TERM	GPA :	4.000	GPH:	160.00	TOTALS :	560.00	560.00		640.000
OUHSC	GPA :	3.333	GPH:	2160.00	TOTALS :	4842.50	4842.50		7200.000
Medici	ne Career	Totals							
OUHSC	GPA :	3.333	GPH:	2160.00	TOTALS :	4842.50	4842.50		7200.000
Post-Ba	accalaure	ate Care	er Tota	ls			الحراة		
OUHSC	GPA :	3.333	GPH:			302.65 of 1)			450.000
						ript			
		ALT THE							

RECEIVED

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AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

BRENT WESLEY HICKMAN

Birth date

Primary Office Address

Phone UNKNOWN



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

SOURCE

AMA membership status

MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Enrollment Date: 08/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/14/2024 12:53:37 AMA Physician Profile for Brent Wesley Hickman, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State: OKLAHOMA

Program name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty: ANESTHESIOLOGY

Training Type: SPECIALTY

Dates: 07/01/2023 - 06/30/2027 Status: TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME



US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.



City

State

Zip Code

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET OKLAHOMA CITY OK 73105 EVIDENCE OF STATUS — PART A

Full Legal Name: _	Brent	Wesley	Hickman	
	First	Middle	Last	Maiden (if applicable)
Mailing Address:				
5. 15		Street Address or Post Office Box		111-11111111111111111111111111111111111
			Social Security #:	

PRIMARY EVIDENCE OF CITIZENSHIP (FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

Telephone Number

If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached.

docu	ments to this form. Place a checkmark below to indicate the document that is attached.
	A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
V	United States passport (except limited passports, which are issued for periods of less than five years)
	Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
	Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
	Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
	Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
	Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
	American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
	Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
	Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94
acco	clare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all empanying documents provided to substantiate my Evidence of Status application are true and correct. Date 6/9/23
Subs	scribed and sworn before me this 9 day of Joke
Nota	ary Public
	nmission Number 1000 4295
Му	commission expires 5/26/26 SUBLIC OF OKLASION

T41488

Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Sunday, April 28, 2024 10:30 PM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

BRENT HICKMAN has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/28/2024 10:04:29pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41688

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

HOMA STATE BOARD OF Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Ex	camination Scores
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners	Federation of State Medical Boards
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Euless, TX 76039-3855
(215) 590-9500	(817) 868-4000
www.NBME.org	www.FSMB.org

- 6. Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla, Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

Name: Brent Hickman Application # 41688

We must account *for any/all time from your 18th birthday to present.* Please complete this form to the best of your recollection for the times indicated.

The second second	End	End				
Year	Month	Year	Name of Institution	City	State	Degree
2012	05	2012	Union High School	Tulsa	ОК	High school
HISTO	ORY					
Start Year	End Month	End Year	Name of Employer	City	State	Job Title
				141		
R ACTI	VITY					
Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at ho	me parent, etc.)	City	State
2012	08	2012	summer break		Tul	sa OK
	CHISTO Start Year	Start Year Month 2012 05 CHISTORY Start End Month Year Month RACTIVITY Start Year Month	Start Year Month Year 2012 05 2012 CHISTORY Start End End Year Month Year CHISTORY Start End Year Month Year RACTIVITY Start Year Month Year	Start Year Month Year Name of Institution 2012 05 2012 Union High School CHISTORY Start End Month Year Name of Employer Year Month Year Name of Employer R ACTIVITY Start Year Month Year Other Activity Year Month Year (example: Unemployed, Summer Break, Stay at home)	Start Year Month Year Name of Institution City 2012 05 2012 Union High School Tulsa HISTORY Start Year Month Year Name of Employer City Start Year Month Year Name of Employer City R ACTIVITY Start Year Month Year End Month Year Other Activity Year Month Year Other Activity Year Month Year Other Activity (example: Unemployed, Summer Break, Stay at home parent, etc.)	Start Year Month Year Name of Institution City State 2012 05 2012 Union High School Tulsa OK Institution

JUN 0 9 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



05/12/2023

BRENT HICKMAN

RE: MD Application #41688

Dear BRENT HICKMAN,

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP72177579 Password:Last 4 SSN

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

Time Deficiency Form for: 1/2012-8/2012

Exam verification date

MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

Evidence of Status

Application Instructions

OATH

Extended Background Check

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP72177579</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email. oktraining@okmedicalboard.org

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

xam v	te Information (due to space limitations on this page, this may not be a complete list) erification date
	ad - Form 2 COLLEGE OF MEDICINE OKC
SMLE	Exams Incomplete
100.2	
	edical School Attended:
39-01	Univ Of Ok Coll Of Med, Oklahoma City Ok 73190
	Number of Licenses Previously Granted to Graduates of this Medical School:7,276
14.00	
oplica	tion for: Resident Full License Reinstatement
ha Sar	
ic occ	cretary of the Board has reviewed this application and:
10 000	cretary of the Board has reviewed this application and:
	Cretary of the Board has reviewed this application and:
1) A	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
1) A 2) A	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE
1) A 2) A - I	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE No DUIs or Legal Issues
1) A 2) A - I - I	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE No DUIs or Legal Issues No Significant Malpractice Issues
1) A 2) A - I - I	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE No DUIs or Legal Issues No Significant Malpractice Issues US Graduate
1) A 2) A - I - I	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE No DUIs or Legal Issues No Significant Malpractice Issues
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1) A 2) A -I -I -I -(3) H 4) H	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE No DUIs or Legal Issues No Significant Malpractice Issues US Graduate Graduated Medical School on time HAS ISSUED A TEMPORARY LICENSE THROUGH / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / _ / _ / / _ / _ / / / _ / / _ / / _ / /
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Type MD MEDIC	Number 41291 CAL DOCTOR	Name HADDON CLAUDE HILL
		tion (due to space limitations on this page, this may not be a complete list)
OTHE	R DEFICIEN	ICIES: NEED EVALUATION COLLEGE OF MEDICINE OKC
		ool Attended: TE UNIV J H QUILLEN COLL OF MED, JOHNSON CITY TN 37614
	1	Number of Licenses Previously Granted to Graduates of this Medical School:33
Applic	ation for: I	Resident Full License Reinstatement
The Sec	retary of the	Board has reviewed this application and:
1)	AUTHORIZ	ED CIRCULARIZATION TO OTHER BOARD MEMBERS
	- Passed US - No DUIs or - No Malpra - US Gradua	r Legal Issues ctice Issues
3)	HAS ISSUE	D A TEMPORARY LICENSE THROUGH//
4)	HAS ISSUE	D A SPECIAL PGY-1 TRAINING LICENSE

Type MD Number

Name

41291

HADDON CLAUDE HILL

MEDICAL DOCTOR

Practice Address:

April 17, 2023

Status:

Res: MD

Received: 03/22/2023

Entered: 03/22/2023

Temp Issued: Temp Expires:

Train Issued: 07/01/2023 Train Expires: 09/30/2024 Fed Rec: 05/28/2024

AMA Rec: 05/28/2024

Board Action:

License #: 41291

Sex: M Ethnic Origin: 1 Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	09/23/23		1
Test 2:	USMLE 1	PASS	5/3/21	3/22/23	1
	USMLE 2	PASS	6/6/22	3/22/23	1
		te: PASS r	neans high	er than 75	

Test AV: Total Possible: Okla Passing: Total Score:

PRE-MED EDUCATION

School Name: EAST TENNESSEE STATE UNIVERSITY

City: JOHNSON CITY

Degree: HEALTH

SCIENCES-MICROBIOLOGY

State: TN Country: UNITED STATES From: 7/2015 To: 5/ 2019 Verified:

MEDICAL SCHOOL EDUCATION

Name: E TN STATE UNIV J H QUILLEN COLL OF MED, JOHNSON CITY TN 37614

Foreign Name:

City: Johnson City

State/Country: United States of America

To:

Degree: DOCTOR OF MEDIC From: 7 / 2019 To: 5 / 2023 Diploma Ver'd:

POST GRADUATE EDUCATION

From:

Facility: COLLEGE OF MEDICINE OKC

Specialty:SURGERY

712023

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AM

1

Verified:

ACGME Ver'd:

Comments:

Page 2 of 3

Type Number

Name

MD

41291 HADDON CLAUDE HILL

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: EAST TENNESSEE STATE UNIVERSITY

Supervisor:

City: JOHNSON CITY

State: TN From: 7/ 2021 To: 10/ 2022

Country: UNITED STATES Verified:

Specialty: TUTOR Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp Verif

DEFICIENCIES

OTHER DEFICIENCIES: NEED EVALUATION PostGrad - Form 2 COLLEGE OF MEDICINE OKC

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org

QUESTIONNAIRE Please read and follow ALL instructions

<u>FORM INSTRUCTIONS</u>: Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you <u>ARE FULLY LICENSED</u>, you <u>MUST</u> go online and renew your license – <u>DO NOT pay your renewal fee via these instructions (doing so will delay your renewal).</u>

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-FULL

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

PLEASE PRINT ALL INFORMATION
LAST

NAME

CELL

PHONE

Hill

FIRST

NAME EMAIL ADDRESS

LICENSE

NUMBER

Haddon

41291

AND PAY THE RENEWAL FEE.

RENEWAL QUESTIONNAIRE

UPDATED 03-2024

HOME ADDRESS PROGRAM ATTENDING		Ajay Jain, MD SPECIALTY General CITY/STATE ZIP CODE				
					CIALT	General Surgery
		DOCUME	NTA	TION T	O AT	<u> TTACH</u>
		PAYI	VIENT	COMP	LETE	D
		yment made on Billpay for <mark>RENEWAL</mark> ng license		\$250 licens		ment made on Billpay for <mark>UPGRADE</mark> of training
7		DOCUM	FΝΤΔ	TION F	REOU	IRED
	The same and a same	2 (must be received directly from progr Y FOR UPGRADE	2000		-	luation (must be received directly from program)
				Ø	Ans	wer confidential questions (on back of this form)
		FOREIGI	N TRA	INED S	STUD	ENTS
	Currer					Social Security Number **if not provided at initial application
	☐ Background Check **if not done at initial application			on		

IF YOU ARE FULLY LICENSED - DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT

https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN - COMPLETE YOUR RENEWAL

RECEIVED 5/21/2024

T41291

NAME	Had	don	Hill,	MD
------	-----	-----	-------	----

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whicher recent)	ver is n	ost
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		Ø
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		12/
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		r ₂ /
Have you been reported to the National Practitioner Data Bank (NPDB)?		17
Have you ever been denied, had removed, or suspended hospital privileges?	0	Ø
Have you surrendered hospital privileges while under investigation or to avoid investigation?		
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		
Has your application for licensure ever been denied?		□ □Z
Have you surrendered a license or had any disciplinary action taken on any license?		M
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?	0	M
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	0	V
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		□ □
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		Ø
Have you been addicted to or abused any drug or chemical substance including alcohol?		Ø
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	0	V
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		V
swear under penalty of perjury, that I am the person completing this Questionnaire and understand the icense procured or obtained by fraud or misrepresentation will result in disciplinary action taken again oursuant to the provisions of 59 O.S. § 508.		
Signature_Haddon Hill Date_05/16/2024	1	

Oklahoma State Board of Medical Licensure and Supervision 1500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/22/2023

Applicant Name: HILL, HADDON CLAUDE

MD 41291

Date Of Birth:

Place Of Birth (City, State): OAK RIDGE, TN

Sex: M

Race: Caucasian

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	EAST TENNESSEE STATE UNIVERSITY	JOHNSON CI	TN	7/2015	5/2019	HEALTH SCIENCES-MICRO BIOLOGY		

Medical School Name	City	State Country	Comments	From	То
E TN STATE UNIV J H QUILLEN COLL OF MED, JOHNSON CITY	Johnson City	TN United States		7/2019	5/2023
TN 37614					

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
			UNITED S			1	1

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
EAST TENNESSEE STATE UNIVERSITY	TUTOR		JOHNSON CITY	TN	7/2021	10/2022	

State	License #	Profession		Status	Issue Date	Exp Date	
MD Ex	am				- 10.10		Lience
Exam		State	Score	Date Taken	#_		

\$250

Oklahoma State Board of Medical Licensure and Supervision for oklahoma Medical Doctor License

Received:03/22/2023

Que	estions Answered 03/20/2023	Response
Α.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
В.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Э.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
Ο.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
=.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
3.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Ⅎ.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N .
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
١.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
(.	Has your application for examination or a professional license ever been denied?	N
	Have you ever failed any part of a licensure/certification/registration examination?	N
Λ.	Have you ever surrendered a license or had a license revoked?	N
1.	Has any disciplinary action been taken on any license?	N
Э.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
Э.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
2.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
₹.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
3.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Γ.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
1.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision of 500 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/22/2023

ОК
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: University of Oklahoma Health Science Center
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder No previous carrier
Name of Current Carrier and policy Holder No current carrier
Will your professional liability insurance policy cover your practice in Oklahoma No
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma I will be covered by my institution's policy upon starting my residency.
I attest that all the above information is accurate as of March 21, 2023: (Signed Online)

If licensed, where do you intend to locate?



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to: Oklahoma State Board of Medical Licensure and Supervision

oktraining@okmedicalboard.org

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such Information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



RECEIVED

MAR 2 2 2023

OKLAHOMA STATE BOARD OF

Applicant's signature (must be signed in the presence of a noter supervision

Hill, Haddon, C

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

3/21 / 2023
Date of signature (must correspond to the date of notarization)

_, County of Washington

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this day of

Notary Public Signature

NOTARY TO THE SEAL WITH THE SE



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000



Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/16/2024

Examinee: Alt Name(s): Hill, Haddon Claude

Date of B

Examinee ID: 5-463-726-9 Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1				
Test Date 05/03/2021	Pass/Fail Pass	Score 257	Minimum Pass (194)	Comments	
USMLE ST	EP 2				
Clinical Know	ledge (CK)				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
06/06/2022	Pass	263	(209)		
USMLE ST	EP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
09/23/2023	Pass	246	(198)		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



TH1291



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Hill, Haddon Claude

Examinee ID: 5-463-726-9

Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Applicant's Name

2.

4.

explain below

Haddon Hill

Please complete the following questions:

Please explain any "YES" response from above:

this individual's records and is true and correct.

Name: Sherry S. Bailey

Notary Public

Commission #

his/her medical education? If yes, please explain.

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 OKTRAINING@OKMEDICALBOARD.ORG

RECEIVED

MAY 0 8 2023 This form must be completed by the institution and mailed or emailed directly from the Institution KLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION City/State Johnson City, TN Institution: James H. Quillen College of Medicine Our records indicate that the above named applicant attended our medical school on the following dates: To 05 105/2003 and was awarded the degree Doctor of Medicine Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please ☐ YES Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during ☐ YES Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or M NO ☐ YES an investigation by the medical school or parent university? If yes, please explain below. Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral NO K ☐ YES reasons by the medical school or parent university? If yes, please explain below Does this individual's official record reflect that there were any limitations or special requirements imposed on the NO X individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please ☐ YES I attest that the completion of the following has been completed by the program director and that the information above is an accurate account of Title of Signatory: Student Records Coordinator Date of Signature 05/08/2003 -2038 Fax: 423-439-2110 E-Mail: Daileys @ etsu. edu If no seal is available, this form must be notarized

> Notary Seal

My commission expires:



EAST TENNESSEE STATE UNIVERSITY JAMES H. QUILLEN COLLEGE OF MEDICINE PAGE 42 of 500 OFFICE OF THE REGISTRAR POST OFFICE BOX 70580 JOHNSON CITY, TENNESSEE 37614-0580

Record of:	Haddon Claude Hill Current	Name: Haddon Cl	laude Hil	1	Date Issued: 08-MAY-2023 Date	of Birth:	
	Course Level: Medical			SUBJ NO.	COURSE TITLE	CRED GRD	PTS
	Program of Study Program : Medicine Major : Medicine			Institution PSYH 2312	Information continued: Intro Clin Psychiatry Total Earned Credits 6.00	3.00 +	0.00
(Degree Awarded Doctor of Medicine 05-MAY-	2023		Spring 2021	- Quillen COM	A PARTIES	
	SUBJ NO. COURSE TITLE	CRED GRD	PTS R		o 3rd Year 04/14/2021) Doctoring II	10.00 P	0.00
an				MCRO 2321	Med Microbiology & Immunology	12.00 P	0.00
11-01	PRE-SYSTEM INSTITUTION SUMMARY HOURS: Total Earned Credits 0.00	all live		PATH 2321 PHRM 2312 PSYH 2312	Medical Pathology Medical Pharmacology Intro Clin Psychiatry	10.00 P 8.00 P 3.00 P	0.00
dilla.	PRE-SYSTEM TRANSFER SUMMARY HOURS: Total Earned Credits 0.00				Total Earned Credits 43.00		
				Fall 2021 -			1
	INSTITUTION CREDIT:			CSKL 3360	Doctoring - III	2.00 +	0.00
				FMED 3002	Jr Family Med Clerkship	12.00 P	0.00
	Fall 2019 - Quillen COM		4	IMED 3013	Jr Internal Medicine Clerkship		0.00
	ANTY 1314 Med Hum Gross Anat/Embryol		0.00	OBGY 3004	Jr Obstetrics/Gynecology Clerk		0.00
	BCHM 1315 Cellular & Molecular Medic		0.00	PEDS 3005	Jr Pediatrics Clerkship	12.00 P	0.00
	CSKL 1350 Doctoring I	20.00 +	0.00	PSYH 3006	Jr Psychiatry Clerkship	12.00 P	0.00
	HGEN 1311 Genetics	3.00 P	0.00		Total Earned Credits 48.00	A STATE OF THE STA	AND THE
	MEDU 1322 Clin Epidemiology & Biosta		0.00			her and the stage	
	PSYH 1312 Lifespan Development	1.00 P	0.00		- Quillen COM		2504
-	Total Earned Credits 28.00			COMD 3001	Jr Community Med Clerkship	12.00 P	0.00
2000				CSKL 3360	Doctoring III	2.00 P	0.00
	C			IMED 3013	Jr Internal Medicine Clerkship		0.00
	Spring 2020 - Quillen COM			MEDU 3011	Jr Clinical Experience	4.00 P	0.00
	(Advanced to 2nd Year 05/20/2020) CBIO 1312 Cell & Tissue Biology	7.00 P	0.00	SURG 3018	Jr Surgery Clerkship	16.00 P	0.00
	CBIO 1312 Cell & Tissue Biology CSKL 1350 Doctoring I	20.00 P	0.00		Total Earned Credits 50.00		
	PHSY 1322 Medical Physiology	11.00 P	0.00		CONCRETE STS AMERICA	- OTTO THE SALE	
	Total Earned Credits 38.00	11.00 P	0.00	Fall 2022 -	Quillen COM O 4th Year 10/19/2022)		Vi I
7	Fall 2020 - Quillen COM			ANTY 5002	Anatomy-CT & Cross-Sect Elec	4.00 P	0.00
	CSKL 2350 Doctoring II	10.00 +	0.00		******* CONTINUED ON PAGE 2 *		
	MCRO 2321 Med Microbiology & Immunology		0.00	1700	CONTENDED ON LIGHT	oddio an Sair	
	NEUR 2321 Clinical Neuroscience	6.00 P	0.00			412.30	- 61
	PATH 2321 Medical Pathology	10.00 +	0.00	And the second		The Little was	STATE OF
	PHRM 2312 Medical Pharmacology	8.00 +	0.00	100		11.00	

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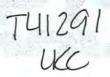
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Victoria Street, Assistant Dean

***** CONTINUED ON NEXT COLUMN ********

This is a true copy of the Record on file in the Office of the Registrar, East Tennessee State University, James H. Quillen College of Medicine. This official transcript is printed on green security paper with the signature printed in white. A raised seal is not required. When photocopied the word



EAST TENNESSEE STATE UNIVERSITY

JAMES H. QUILLEN COLLEGE OF MEDICINE PAGE 43 of 500

OFFICE OF THE REGISTRAR
POST OFFICE BOX 70580
JOHNSON CITY, TENNESSEE 37614-0580

d of: Haddon Claude Hill Current Name:	Haddon C	laude Hill	Date Issued: 08-MAY-2023 Date of Birth:
SUBJ NO. COURSE TITLE C	CRED GRD	PTS R	
Institution Information continued:	ACCOUNT OF THE PARTY OF	Tolon.	Market and the state of the late of the la
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Spring 2023 - Quillen COM			
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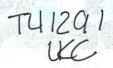
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Victoria Street, Assistant Dean

This is a true copy of the Record on file in the Office of the Registrar, East Tennessee State University, James H. Quillen College of Medicine. This official transcript is printed on green security paper with the signature printed in white. A raised seal is not required. When photocopied the word





Official School Names

Jan. 1978 - June 1980 College of Medicine July 1980 - June 1989 Quillen-Dishner COM July 1989 - Present James H. Quillen COM

Accreditation

East Tennessee State University, James H. Quillen College of Medicine is accredited by the Liaison Committee on Medical Education (LCME).

Release of Student Information

The transcript accompanying this key has been transmitted at the written request of the named student or otherwise in accordance with public law 93-380 (Family Educational Rights and Privacy Act of 1974). Further transmittal of this academic record is not authorized except in accordance with PL 93-380.

Transcript Authenticity

Since 1988, transcripts for all enrolled medical students are computer generated. The transcript document is not official unless it bears the facsimile signature of the Assistant Dean. Additional tests for authenticity are shown in the box below.

Advanced Placement Credit

The grade of "P" is recorded for credit received in this manner.

Course Numbering System

Four digit System

1xxx - Freshman Level 2xxx - Sophomore Level 3xxx - Junior Level 4xxx - Senior Level

5xxx - Electives

8xxx - Any course not conforming to above

Grading System

For a complete explanation, please consult our ourrent catalog. The semester hour is the unit of credit used. As of the Fall 2019 semester, Quillen College of Medicine has converted to a Pass/Fail grading system for all courses and clerkships.

Permanent Grades:

A	- Excellent	4 quality points
B	- Above Average	3 quality points
C	- Adequate	2 quality points
P	- Pass	0 quality points
F	- Failing	0 quality points
WP	- Withdrew Passing	0 quality points
WF	- Withdrew Failing	0 quality points
AU	- Audit	0 quality points

Temporary Grades:

D - Remediation Required

I - Incomplete

NR - Grade not Received

T - Remediation Required

An "*" in the grade column indicates that remedial work was required to attain the indicated grade.

A "+" in the grade column indicates that this course is continued beyond the indicated term.

PRIMARY



TO TEST FOR AUTHENTICITY: Translucent globe icons MUST be visible from both sides when held toward a light source. The face of this transcript is printed on green SCRIP-SAFE* paper with the name of the institution appearing in white type over the face of the entire document.

EAST TENNESSEE STATE UNIVERSITY * EAST T

ADDITIONAL TESTS: The word COPY appears as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

191986

SCRIP-SAFE* Security Products, Inc. Cincinnati, OH

T41291



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

HADDON CLAUDE HILL

Birth date

Primary Office Address

WP 2400 800 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104-50

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER

PRIMARY

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1720778152	05/09/2023	NOT RPTD	NOT RPTD	NOT RPTD	05/17/2024

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: EAST TENNESSEE STATE UNIVERSITY J H QUILLEN COLLEGE OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

AMA files checked 05/24/2024 12:41:22

AMA Physician Profile for Haddon Claude Hill, MD ©2024 by the American Medical Association. All rights reserved. Page 1 of 3



Enrollment Date:

07/2019

Degree Date:

05/2023

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State:

OKLAHOMA

SPECIALTY

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty: Training Type: GENERAL SURGERY

Dates:

07/01/2023 - 06/30/2028

Status:

TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
41291	MD	OK	07/01/2023	09/30/2024	1	ACT	RES	05/06/2024	HADDON CLAUDE HILL



 $Abbreviation \ key: \ ACT = Active, \ INA = Inactive, \ LIM = Limited, \ NRT = Not \ reported, \ RES = Resident, \ TEM = Temporary, \ UNK = Unknown, \ UNL = Unlimited$

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME
US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

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MAR 2 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION EVIDENCE OF STATUS – PART A

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full Legal Na	me: Haddon	Clau	de	Hill	
	FIFST	1	Middle	Last	Maiden (if applicable)
Mailing Addr	ress:	Street Address or Dos	t Office Box	3 3 5	
				ocial Secu	ritue the
City	State	ZIp Code	Telephone Number		nty #.
				minghiel III o	
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					hotocopy of one of the following
documents t	o this form. Place a chec	kmark below to Indi	cate the docum	ent that is attach	ed.
✓ Virgin Is		7, 1917), American San			on or after January 13, 1941), Guam, the U.S. Mariana Islands, unless the person was born to
☐ United :	States passport (except lim		re issued for perio	ds of less than five	years)
	of birth abroad of a U.S. cit				
	ate of birth (FS-545) (issued available from the Departm	The state of the s	st) or Certification	of Report of Birth	(DS1350) (issued by the Department of State),
Certification after De	ate of Naturalization (N-55 ecember 1990 to individual	0 or N-570) (issued by the who are individually na	aturalized; the N5		rt, or through administrative naturalization certificate issued when the N-550 has been
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Kickapo	os living near the U.S./Mex	ican border.)	1		The state of the s
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accompanyin	ng documents provided t				ation contained in this application and all rue and correct. Date 3/21/2023
Signature	Hudge 17				Date
Subscribed a	nd sworn before me this	215L day o	of Marc	h	, 20_ 2.3
	1. 5	2		min	I S PANIL
Notary Public	3		_	MILE CALL	NOTARY
Commission I	Number		_	NOS/ N	OTATO
My commissi	on expires 04/25	1/2026	=	WPS IN STREET	LARGE NING
				Will NO	TON COUNTY

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.or

To Request Ex	amination Scores	MAI	R 2 2 2023
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wiser Road Euless, TX 76039-3855 (817) 868-4000 www.FSMB.org	OKLAHON	MA STATE BOARD OF CAL LICENSURE SUPERVISION

- Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Haddon Hill Name of Applicant (type or print) Signature of Applicant

3/21/2023

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

MD APPLICATION INSTRUCTIONS Revised 08/2021

Page 4 of 4

ATTACHMENT 5

TIME DEFICIENCY FORM

		1	I
Name:	Haddon Hill	Application #	

This document is used a tool to help you complete your application.

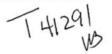
Please note: we have to account for any/all time from your 18th birthday to present.

Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
07	2015	05	2019	East Tennessee State University	Johnson City	TN	BS
07	2019	05	2023	James H. Quillen College of Medicine	Johnson City	TN	MD
EMPL0	OYME Start	NT IF NI	EEDED End	TO FILL TIME GAP	XXXXXXXXXXX		Job
Month	Year	Month	Year	Name of Employer	City	State	Title
		<u> </u>			-		-
							<u> </u>
			YED, S	TAY AT HOME PARENT, SUMME	R BREAK, TRA	VELING	;
Start Month	Start Year	End Month	Year	Other		City	State



MAR 2 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Thursday, May 16, 2024 10:48 AM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

HADDON HILL has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 05/16/2024 10:05:47am for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41291

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



05/02/2023

HADDON CLAUDE HILL

RE: MD Application #41291

Dear HADDON HILL.

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP94810971
Password:Last 4 SSN

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

USMLE Exams Incomplete

MedSchool-Form 1 E TN STATE UNIV J H QUILLEN COLL OF MED, JOHNSON CITY TN 37614 PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Exam verification date

MedSchool-Transcript E TN STATE UNIV J H QUILLEN COLL OF MED, JOHNSON CITY TN 37614

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP94810971</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Valeska Barr

Valeska Barr

Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision Application Summary

	space limitations on this page, th	nis may not be a complete list)
SMLE Exams Incomplete		
xam verification date ostGrad - Form 2 COLLEGE O	E MEDICINE OKO	
ostorad - i orini z Gollege G	OF MEDICINE ONC	
Last Medical School Attended		
	QUILLEN COLL OF MED, JOHNSO	ON CITY TN 37614
		er an an annual an india an a
Number of Li	censes Previously Granted to G	raduates of this Medical School:31
	Full Licenses reviewed this application and:	Reinstatement
The Secretary of the Board has	s reviewed this application and: RIZATION TO OTHER BOARD M /E BEEN MET [Fast Track] s tice Issues	EMBERS
The Secretary of the Board has 1) AUTHORIZED CIRCULA 2) ALL FIVE CRITERIA HAV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpract - US Graduate	s reviewed this application and: RIZATION TO OTHER BOARD M /E BEEN MET [Fast Track] s tice Issues	EMBERS
The Secretary of the Board has 1) AUTHORIZED CIRCULA 2) ALL FIVE CRITERIA HAV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpract - US Graduate - Graduated Medical Sch 3) HAS ISSUED A TEMPOR	s reviewed this application and: RIZATION TO OTHER BOARD M /E BEEN MET [Fast Track] s tice Issues	EMBERS
The Secretary of the Board has 1) AUTHORIZED CIRCULA 2) ALL FIVE CRITERIA HAV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpract - US Graduate - Graduated Medical Sch 3) HAS ISSUED A TEMPOR	s reviewed this application and: RIZATION TO OTHER BOARD M /E BEEN MET [Fast Track] stice Issues dool on time RARY LICENSE THROUGH	IEMBERS
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1) AUTHORIZED CIRCULAR 2) ALL FIVE CRITERIA HAV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpract - US Graduate - Graduated Medical Sch 3) HAS ISSUED A TEMPOR 4) HAS ISSUED A SPECIAL	s reviewed this application and: RIZATION TO OTHER BOARD M /E BEEN MET [Fast Track] stice Issues dool on time RARY LICENSE THROUGH	IEMBERS

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type

Number

Name

MD 39996 ALEX SAULKUMAR HONEST MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
Exam verification date PostGrad - Form 2 ALLIANCE HEALTH USMLE Exams Incomplete OTHER DEFICIENCIES: NEED USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION
Last Medical School Attended: 495-76 N H L Municipal Med Coll, Gujarat Univ, Ahmedabad, Gujarat, India
Number of Licenses Previously Granted to Graduates of this Medical School:34
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type

Number

Name

MD 39996 ALEX SAULKUMAR HONEST

MEDICAL DOCTOR

Practice Address:

July 05, 2022

Status:

Res: TR

Received: 07/03/2022

Entered: 07/03/2022

Temp Issued: Temp Expires:

Train Issued: 07/25/2022 Train Expires: 09/30/2024

> Fed Rec: 05/31/2024 AMA Rec: 05/31/2024

Board Action:

License #: 39996

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE EXAMINATION

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS-	10/10/18	7/12/22	1
Test 2:	USMLE 2	PASS	11/15/19	7/12/22	1
Test 3:	Not	e: PASS r	neans high	er than 75	

Test AV: **Total Possible:** Okla Passing: **Total Score:**

3317	374-330-0		700	AUTO SER	SV SACTOR	Contract of the	30.00
D	DE	RЛ	ᇚ	ED	IIC.	ΛТІ	ON
		-141			\mathbf{u}	~ 1 1	

School Name: JAY SOMNATH HIGHER SECONDARY SCHOOL

City: AHMEDABAD

Degree:

Country: INDIA State:

From: 6/2003 To: 5/ 2005 Verified:

MEDICAL SCHOOL EDUCATION

Name: N H L Municipal Med Coll, Gujarat Univ, Ahmedabad, Gujarat, India

Foreign Name:

City: Gujarat

State/Country: India

Degree: BACHELOR OF MED

From: 7 / 2005

To: 3 / 2011

Diploma Ver'd:

Y

POST GRADUATE EDUCATION

Facility: ALLIANCE HEALTH

Specialty: FAMILY MEDICINE

Res. Fellowship: Residency

City: DURANT

State: OK Country: UNITED STATES OF AN

Verified:

From: 7 / 2022

To: 1

ACGME Ver'd: 07/05/2022

Comments: EVAL RCVD 6/19/23 (KS)

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD

39996

ALEX SAULKUMAR HONEST

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: JAMES CAMPBELL FAMILY MEDICINE

Supervisor:

CLINIC

City: BROKEN ARROW

State: OK Country: UNITED STATES

Specialty: CLINIC MANAGER

From: 10/2017 To: 1 Verified:

Comments:

Employed: REASOR'S

Supervisor:

City: TULSA

State: OK Country: UNITED STATES

Specialty: PHARMACY TECHNICIAN

From: 5/2015 To: 9/2017 Verified:

Comments:

Employed: INDIAN RED CROSS SOCIETY

Supervisor:

City: AHMEDABAD Specialty: MEDICAL OFFICER State:

Country: INDIA

From: 5/2014 To: 4/2015 Verified:

Comments:

Employed: GVK EMRI

Supervisor:

City: AHMEDABAD

City: AHMEDABAD

State:

Country: INDIA

Specialty: EMERGENCY RESPONSE CARE

From: 2/2013 To: 4/2014 Verified:

PHYSICIAN

Comments:

Employed: AMC MET MEDICAL COLLEGE

Supervisor:

Country: INDIA

From: 4/2011 To: 1/2013 Verified:

Specialty: JUNIOR RESIDENT Comments:

Other Licenses

State Lic Type and Number

Status 1

Issued

Exp

Verif

OK PHARMACY TECH 20833

6/30/18 7/19/22 9/10/15

DEFICIENCIES

Exam verification date

PostGrad - Form 2 ALLIANCE HEALTH

USMLE Exams Incomplete

OTHER DEFICIENCIES: NEED USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION

Oklahoma State Board of Medical Licensure and Supervision 58 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:07/03/2022

Foreign Graduate

Applicant Name: HONEST ALEX SAULKUMAR

City

DURANT

MD 39996

From

7/2022

User Entered:N H L Municipal | 7/2005 3/2011

To



Place Of Birth (City, State): AHMEDABAD, INDIA

Sex: M

Medical School Name

ALLIANCE HEALTH

Race: Asian/Pacific Islander

Comments

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
	JAY SOMNATH HIGHER SECONDARY SCHOOL	AHMEDABAD	INDIA	6/2003	5/2005			

State Country

OK UNITED S' FAMILY MEDICINE

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	То	Verif
JAMES CAMPBELL FAMILY MEDICINE CLINIC	FAMILY MEDICINE		BROKEN ARROW	OK		10/2017		
REASOR'S	PHARMACY TECHNICIAN		TULSA	OK		5/2015	9/2017	
INDIAN RED CROSS SOCIETY	MEDICAL OFFICER		AHMEDABAD		INDIA	5/2014	4/2015	
GVK EMRI	EMERGENCY RESPONSE CARE PHYSICIAN		AHMEDABAD		INDIA	2/2013	4/2014	
AMC MET MEDICAL	JUNIOR RESIDENT		AHMEDABAD		INDIA	4/2011	1/2013	

Other/	Out-Of-State L	icenses					
State	License #	Profession		Status	Issue Date	Exp Date	
MD Ex	am						
Exam		State	Score	Date Taken	#_		
USMLE	Ē						

Oklahoma State Board of Medical Licensure and Supervision for oklahoma Medical Doctor License

Received:07/03/2022

Foreign Graduate

Qu	estions Answered 07/02/2022	Response
Ā.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
Ĺ.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ο.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision 60 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:07/03/2022

Foreign Graduate

If licensed, where do you intend to locate?
ОК
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: Alliance Health Durant Family Medicine Residency
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder N/A
Name of Current Carrier and policy Holder I'll have malpractice insurance by Alliance Health Durant Family Medicine Residency training
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
attest that all the above information is accurate as of July 02, 2022:(Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51" Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

JUL 0 5 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Applicant's signature (must be signed in the presence of a notary)

SAULKUMAR ALEX

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

102/2022

Date of signature (must correspond to the date of notarization)

Please note: The Notary Public seal should overlap

NOTARY

County of

TOMMY REED Notary Public, State of Texas Comm. Expires 08-14-2024 Notary ID 132626103

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 2rd day of JU

Notary Public Signature

My Notary Commission Expires 09

Scanned with CamScanner



United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 07/11/2022

Examinee:

Honest, Alex Saulkumar

Alt Name(s):

Examinee ID: 1-057-878-9

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USIVI	LE 9	LEP	1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/10/2018	Pass	194	(194)	

USMLE STEP 2

Clinical Knowledge (CK)

Test Date Pass/Fail Score Minimum Pass Comments 11/15/2019 Pass 217 (209)

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Honest, Alex Saulkumar

Examinee ID: 1-057-878-9
Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances <u>not</u> in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

nstitution: Smt. NHL Mur	nicipal Medical College City/State Ahmedabad, G	ujarat	
Our records indicate that the above nan	ned applicant attended our medical school on the following dates:		
	Bachelor of Medici		Bachel
rom 07 / 01 / 2005	To 03 / 30 / 2011 and was awarded the degree of Surgery (MB., I	3.S.)	
Month Day Year	Month Day Year		
Does this individual's official record explain.	d reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please	☐ YES	□ NO
Does this individual's official record his/her medical education? If yes,	d reflect that he/she was ever placed on academic or disciplinary probation during please explain.	☐ YES	□ NO
	d reflect that he/she was ever the subject of negative reports for behavioral reasons or ool or parent university? If yes, please explain below.	☐ YES	№ NO
Does this individual's official record	d reflect that he/she was ever disciplined for unprofessional conduct/behavioral arent university? If yes, please explain below	☐ YES	I NO
Does this individual's official record	d reflect that there were any limitations or special requirements imposed on the academic incompetence, disciplinary problems, or any other reason? If yes, please	☐ YES	NO
	tion that the information above is an accurate account of this individual's records and i	s true and c	orrect.
		s true and c	orrect.
ompletion of the following is certifical	tion that the information above is an accurate account of this individual's records and i	s true and c	orrect.
ompletion of the following is certificate ame: Dr. Cherry tle of Signatory: Dean	tion that the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information above is an accurate account of this individual's records and in the information accurate account of this individual's records and in the information account of the information accurate account of the information account of the informati		\$
ompletion of the following is certificate ame: Dr. Cherry tle of Signatory: Dean	tion that the information above is an accurate account of this individual's records and in the information above. Signature Date of Signature $07/07/22$		4

Notary Seal



T 39996

We, the Chancello	r, Vice	Chancellor	and	Members
of the Court of the	Gujarat	Universit	y Ce	ertify that
the withinsigned	A PARTICULAR SECURITY OF THE PARTICULAR SECURITY			

Konest Alex Saulkumar

of N. H. L. M. Medical College
having been examined for the degree of
Bachelor of Medicine & Bachelor of Surgery in the year 2010
and adjudged to have passed in the same,
having undergone the prescribed period of housemanship,

the degree of

Vachelor of Medicine

Backelor of Surgery

has been conferred at Ahmedabad, on the twenty second day of the month of December

in the year two thousand eleven.

In Testimony whereof are set the Seal of the said University and

the Signature of the said Chancellor.

PRIMARY

JUL 14 2022
OKLAHOMA STATE BOARD OF



Chancellor



Smt. Nathiba Hargovandas Lakhmichand MUNICIPAL MEDICAL COLLEGE

(Managed by AMC Medical Education Trust Regd No. G/14185 A'Bad) Ellis Bridge, Ahmedabad-380 006.

GUJARAT STATE (INDIA)

Phone: 26576275, Fax: 26579282, Web site: www.nhlmmc.edu.in



This is to certify that **Dr. Honest Alex Saulkumar** was a bonafide student of this institution from **July 2005 to March 2011.** He has passed his final MBBS examination held in **January 2010** by Gujarat University.

THE INSTITUTION

Foundation in 1963, Smt. N.H.L. Municipal Medical College is one of the best medical colleges in the State of Gujarat in India. The institution is proud of having the unique clinical facilities which are provided and can be availed of by the students. Five civic hospitals with a total bed capacity of around 1500 beds are attached with this medical college which offers the students a wide variety of clinical experience. In addition to this, several local and outside hospitals are also recognized as a centre for posting the students there during their pregraduation internship. The students of this medical college have maintained an excellent academic record.

THE CURRICULIM

The under graduate medical course in India consists of five and a half years which is recognized by Medical Council of India. The first four and a half years are divided into Four academic years having terms of six months each First year having two semester, Second years having three semester, Final third year Part-II having also two semester. The last year is of compulsory rotating pregraduation internship. The basis sciences are taught in the first and second M.B.B.S. while clinical training begins with the second M.B.B.S. right through till third M.B.B.S. Before the student starts M.B.B.S. course with basic sciences, a basic training is imparted to enable him to get practical idea about his future training.

During the period of his study at this institute as an under graduate student, he has put up the following hours of work as required to be put up by the medical student in different subject after his admission to this college and before graduation.

Subject	Hours
Anatomy	650
Physiology	480
Biochemistry	240
Pathology	300
Microbiology	250
Pharmacology	300
Forensic Medicine	100
Otorhinolaryngology	214
Ophthalmology	280
Community Medicine	442
Medicine Including Allied Branches	948
Surgery Including Allied Branches	1020
Obstetrics & Gynecology	832
Pediatrics	280

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INTERNSHIP CERTIFICATE

After passing his final MBBS examination held in January-2010, he has satisfactorily completed his one year of compulsory rotating houseman ship [internship] as required under the university rules at the following NMC recognized centers from 16/03/2010 to 15/03/2011.

NO.	CLINICAL DISCIPLINE	NAME OF HOSPITAL	TIME PERIOD
1.	MEDICINE inc. 15 days of psychiatry2 Months	Smt.S.C.L.General Hospital,,Ahmedabad.	16/03/2010 to 15/05/2010
2.	SURGERY INC.15 days of Anesthesia 2 Months	Sheth L.G.Hospital,Ahmedabad.	16/05/2010 to 15/07/2010
3.	Gynec.inc.15 days of F.W.P2Months	Sheth V.S.General Hospital,Ahmedabad	16/11/2010 to 15/01/2011
4.	COMMUNITY MEDICINE 2 Months	Smt.N.H.L.Municipal Medical College,Ahmedbad.	16/07/2010 to 15/09/2010
5.	CASUALTY 15 days	Sheth V.S.General Hospital,Ahmedabad	01/11/2010 to 15/11/2010
6.	Elective) 15 days	Sheth V.S.General Hospital,Ahmedabad	16/09/2010 to 30/09/2010
7.	ENT 15 days	Sheth V.S.General Hospital,Ahmedabad	16/10/2011 to 31/10/2011
8.	PEADIATRICS 1 Month	Sheth V.S.General Hospital,Ahmedabad	16/01/2011 to 15/02/2011
9.	OPHTHALMOLOGY 15 days	Sheth C.H.N. Eye Hospital	01/10/2010 to 15/10/2010
10.	Orthopedics 1 Month	Sheth V.S.General Hospital,Ahmedabad	16/02/2011 to 15/03/2011

He was regular in attendance and sincere to his work. The progress, conduct and behavior of the student reference was satisfactory. Also he bears a good moral character.

The medium of instruction throughout academic years of the medical study was ENGLISH.

Date: 05/07/2022 Ahmedabad, India (Dr. Cherry K. Shah)
Dean

CUL 14 2022 PRIMARY SOLIRCE
OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

T 39996 UC

3624 MarRAGE 68 of 500 Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 21 Jul 2022

To: STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 1-057-878-9

Applicant's Name: Alex Saulkumar Honest

Applicant's Date of Birth;

ECFMG Certified: Yes

Certificate Issue Date: 15 Oct 2020

English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

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Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	10 Oct 2018	*	•
USMLE Step 2 CK	15 Nov 2019	*	

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date	
ECFMG Clinical Skills Pathway **	N/A	

^{**} This individual met the clinical and communication skills requirements, including English language proficiency, for ECFMG Certification through one of the ECFMG Pathways. Prior to the ECFMG Pathways, IMGs met these requirements by passing the former USMLE Step 2 CS.

Name of Medical School and Country: Smt. N.H.L, Municipal Medical College, Ahmedabad, INDIA

Degree Year: 2011

Medical Education Credentials Status†: Complete

SOURCE

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit https://cvsonline2.ecfmg.org/verify/verify.asp and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: GVR28LD07G

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

- * To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.
- †Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

3999 B-6/22



ast Updated: 7/19/2022 5:18:10 AM

Technician Detail

Back

laine	ALEX HONES!
уре	Technician
lumber	20833
ity	TULSA, OK 74105
Status	CANCELED
ssue Date	09/10/2015
Renewed Date	06/24/2017
xpire Date	06/30/2018
nd Date	07/30/2018

Disciplinary Action

Click on any of the Underlined headings to sort by that column.

Case Date Case Number

No Disciplinary Action

Prev Nest >

- PRIMARY SOURCE VERIFICATION: The Oklahoma Stal maintains the information for the license verification func updates to the website and considers the website to be a verification.
- ATTENTION NEW REGISTRANTS! Website verification is You cannot practice in Oklahoma until you have received permit from the Board
- WRITTEN VERIFICATION OF LICENSURE (OR LETTER (for a certified verification of license from the Board, Web



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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION





AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

ALEX HONEST ALLIANCEHEALTH DURANT FAMILY MEDICINE PGM 1800 W UNIVERSITY BLVD DURANT, OK 74701-3006

Birth date



Primary Office Address

SAME AS MAILING ADDRESS

Phone UNKNOWN



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: SMT N H L MUNICIPAL MEDICAL COLLEGE

Degree Awarded: Enrollment Date: YES

NOT REPORTED

Degree Type:

MD

Degree Date:

2011

AMA files checked 05/31/2024 15:45:28 AMA Physician Profile for Alex Honest, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3

(3999h



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES

Sponsoring State: OKLAHOMA

Program name: OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES

(DURANT) PROGRAM FAMILY MEDICINE

Training Type: SPECIALTY

Dates: 09/01/2022 - 08/31/2025 **Status:** TRAINING IN PROGRESS

Specialty board certification

Specialty:

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME



Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

Applicant Number: 10578789

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at https://cvsonline2.ecfmg.org/

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

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JUL 0 5 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET **OKLAHOMA CITY OK 73105**

EVIDENCE OF STATUS - PART A

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OKI	AHOMA	SIALE	BOARD	UF
011	***	LINE	MICHIDE	
	MEDICA	AL LIVE	NOURE	
		IPERV		

Full L	egal Name: Alex	Saulkumar	. Н	onest	
	First	Middle	Les	t	Maiden (If applicable)
Maili					
	3	treet Address or Post Office Box			
_	Oty State The	Fode Yeleshar		cial Security #	
	200 200	Loos Telephon	ie Number		
	IFOR HE CITIZENS				HEART
	(FOR US CITIZENS	, US NATIONALS, OR P	ERMANENT LE	GAL RESIDENT A	LIENS
If you	are a U.S. citizen, U.S. national, or per	manent legal resident	alien, please a	ttach a photocor	oy of one of the following
docu	ments to this form. Place a checkmark	below to indicate the d	ocument that	is attached.	
	A birth certificate showing birth in one of the	he 50 States, the District o	f Columbia, Pue	rto Rico (on or afte	r January 13, 1941), Guam, the U.S.
ш	foreign diplomats reciding in the U.S.	, American Samoa, Swain'	s Island or the N	iorthern Mariana is	slands, unless the person was born to
		snorts which are issued for	r neriods of less	than five years)	
П					(issued by the Department of State),
101					
Street Address or Post Office Box PRIMARY EVIDENCE OF CITIZENSHIP (FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS) If you are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following documents to this form. Place a checkmark below to indicate the document that is attached. A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S. United States passport (except limited passports, which are issued for periods of less than five years)					
			iduals who deriv	ve U.S. citizenship t	brough a parent: the N-561 is a
П					
	이 가는 사람들이 되었다면 하면 있는 것이 가장 아니는 사람들이 되었다면 하면 하는 것이 되었다면 하는 것이 되었다면 하는데				ng near the Canadian or Mexican
			ely naturalized	citizen of the U.S. w	vho was born in the Northern
			ividual is a U.S.	citizen (This is give	n to an individual born outside the
	U.S. who derives citizenship through a pare	nt but does not have an F	S-240, FS-545 or	DS-1350);	
			nt on the back (identifying U.S. citi	zen members of the Texas Band of
	그리다 가장 아니는		a "green card")	K.	
	Unexpired Temporary I-551 stamp in foreign	n passport or on INS Form	n I-94		
acco	mpanying documents provided to substa	antiate my Evidence of :	status applicat		
Signa	iture du			D;	ate 07/02/2022
Subs	cribed and sworn before me this	nd day of J	uly	.:	2022
	1P				
Nota	/				
	177 /			NOTAL	DV.

Commission Number

SEAL

TOMMY REED Notary Public, State of Texas Comm. Expires 08-14-2024 Notary ID 132626103

Lisa Cullen

From:

Alex Honest

Sent:

Tuesday, July 5, 2022 8:38 PM

To:

Lisa Cullen

Subject:

[EXTERNAL] Re: Oklahoma MD Application #39996 Deficiencies

Ms. Cullen,

Thank you for your email.

My medical college in India will mail the Form-1 with my transcript to OMB. At Dr. Campbell's clinic, I am working as the clinic manager and will continue working till I get my MD license approved and can join residency.

If any more information is needed please let me know.

Thank you again for your assistance in this process.

Sincerely,

Alex Honest

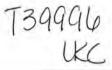
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JUL 0 6 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

On Tue, Jul 5, 2022 at 3:15 PM Lisa Cullen < lcullen@okmedicalboard.org wrote:

We have received your Oklahoma MD License Application. Attached is a letter listing the required items we have not yet received. It also includes a Username and instructions for checking the status of your application online.



07/05/2022

ALEX SAULKUMAR HONEST

RE: MD Application #39996

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP10008894
Password:Last 4 SSN

Dear ALEX HONEST,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please <u>allow 5 business days</u> for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at <u>licensing@okmedicalboard.org</u> or call (405) 962-1470.

Review of your application for special licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

MedSchool-Form 1 N H L Municipal Med Coll, Gujarat Univ, Ahmedabad, Gujarat, India OTHER DEFICIENCIES: FCVS / WHAT IS YOUR JOB TITLE AT JAMES CAMPBELL FAMILY MEDICINE CLINIC - ARE YOU PRACTICING WITHOUT A LICENSE & ARE YOU STILL WORKING THERE, IF NOT WHEN WAS YOUR END DATE? / **DO NOT NEED: AMA, FED, NPDB, EXAM VERIF DATE, USMLE ST

Translations

ECFMG

PostGrad - Form 2 ALLIANCE HEALTH

USMLE Exams Incomplete

Verify License from OK

MedSchool-Transcript N H L Municipal Med Coll, Gujarat Univ, Ahmedabad, Gujarat, India

Extended Background Check

Exam verification date

INSTRUCTION SHEET

ECFMG Date

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website: http://www.okmedicalboard.org/resources In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP10008894 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

MD 3999 MEDICAL DOCT	6 ALEX SAULKUI	MAR HONEST	
		a limitations on this name t	this way not be a complete list)
NPDB Profile No Exam verification PostGrad - Form USMLE Exams I OTHER DEFICIT AMA Profile Not	ot Received (to be con n date n 2 ALLIANCE HEAL ncomplete ENCIES: **DO NOT Received (to be com	ompleted by OSBMLS Staff)	XAM VERIF DATE, USMLE STEP 3, FORM S Staff)
Last Medical So 495-76 N H L Mu	ınicipal Med Coll, Gu	ujarat Univ, Ahmedabad, Guja	arat, India Graduates of this Medical School:31
Application for:	5.45.7	Full License	Reinstatement
1) AUTHORI 2) ALL FIVE - Passed U - No DUIs o - No Signif - US Gradu - Graduate	ZED CIRCULARIZA CRITERIA HAVE BE SMLE or Legal Issues icant Malpractice Is iate d Medical School o	on time	IEMBERS
		LICENSE THROUGH	
4) HAS ISSU	ED A SPECIAL PGY	Y-1 TRAINING LICENSE	Au 7-25-22
5) REQUEST	S SPECIFIC CONSI	IDERATION OF:	

ALIACHMENI 4

RETURN FORM TO:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org

FORM MUST BE RETURNED BY THE PROGRAM, NOT THE APPLICANT

RECEIVED

JUN 1 9 2023

ANNUAL EVALUATION – TRAINING LICENSES ONLY DO NOT COMPLETE FOR FULLY LICENSED PHYSICIANS

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

Name of Resident (please print) A	LEX H	ONEST						
License Number 39996 Specialty FAMILY MEDICINE								
Institution Name ALLIANCE HEALT	A DUR	NT I	AMILY	MEDICI	NE OS	SU-OME CO		
Program Director (please print)	erry	C.Ge.	raidI	, Da				
Program Director Email trgeso	ard 2	e ya	hoo.co.	n				
Instructions: Please rate each resident (Fair) or 2 (Below Average) YOU MUST								
ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING		
MEDICAL KNOWLEDGE						M		
APPLICATION OF MEDICAL KNOWLEDGE						Ø		
COMMUNICATION SKILLS								
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS						X		
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP						X		
REMARKS/COMMENTS								
COMPLETED BY (please print) Tess SIGNATURE 2023	× R. C.	reNav	d4,00	DATE	4-13-	6-19-23 1073_TG.		

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@okmedicalboard.org

PAGE 79 of 500

APR 13 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

739994

QUESTIONNAIRE Please read and follow ALL instructions

FORM INSTRUCTIONS: Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you <u>ARE FULLY LICENSED</u>, you <u>MUST</u> go online and renew your license – <u>DO NOT pay</u> your renewal fee via these instructions (doing so will delay your renewal) for those needing to pay online please see the instructions of ATTACHMENT 2.

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY
If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-

If you are *RENEWING* your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL PLEASE PRINT ALL INFORMATION

LAST

NAME

HONEST

FIRST

NAME

ALEX

REMEWAL QUESTIONMAIRE UPDATED 01-2023

LICE	NSE 39996	39996 CEI PH CIT ZIP			
1	RESS				
PRO	GRAM ALLIANCE HEALTH DURANT FAMENDING MEDICINE RESIDENCY OMECO		SPE		FANALLY DAGRECTNIC
	DOCUI	MENTA	TION T	0 /	ATTACH
23	P.	YMENT	COMP	LET	ED
1	\$150 payment made on Billpay for RENEWAL of training license		\$250 licen		ment made on Billpay for UPGRADE of training
10.00	post	INACAITA	TION	250	THOSE STATES OF THE STATES OF
		JMENTA		_	
_	Form 2 (must be received directly from program) **ONLY FOR UPGRADE - ATTACHM	ENT 3			aluation (must be received directly from program) - TACHMENT 4
	USMLE Step 3 (must be received directly fro USMLE)	m		An	swer confidential questions (on back of this form)
100	FORE	IGN TRA	INED S	TUE	DENTS
	Current visa				Social Security Number **if not provided at initial application
	Background Check **if not done at initial ap	plication	1		
https	DU ARE FULLY LICENSED – DO NOT COMPLETE ://pay.apps.ok.gov/medlic/md/login.php EN PAY THE RENEWAL FEE.				MUST GO ONLINE AND RENEW AT E NUMBER & PIN – COMPLETE YOUR RENEWAL

VAME	AI	LEX	H	ON	EST
ADDIE -				-	-

PLEASE COMPLETE THE RENEWAL QUESTIONS BELOW, IF YOU HAVE ANY "YES" ANSWERS YOU MUST PROVIDE A NOTARIZED STATEMENT EXPLAINING YOUR ANSWER.

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever QUESTIONS		-
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		5
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	0	Ø
Have you had any adverse judgment or settlement against you rising from a professional liability claim?	0	网
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	Ø
Have you ever been denied, had removed, or suspended hospital privileges?	0	28
Have you surrendered hospital privileges while under investigation or to avoid investigation?		Ø
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		Ø
Has your application for licensure ever been denied?	0	13
Have you surrendered a license or had any disciplinary action taken on any license?		Ø
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?		B
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		Ø
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		B
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		×
Have you been addicted to or abused any drug or chemical substance including alcohol?		Ø
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		B
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		മ

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature

APR 13 20

4/13/202

RD OF

Date_

73999LP

NEWAL QUESTIONNAIRE UPDATED 61-2023

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name MD 41602 CASEY LEE HOUSE MEDICAL DOCTOR	
Incomplete Information (due to space limitations on this page, this may not be a complete list)	
OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM PostGrad - Form 2 COLLEGE OF MEDICINE TULSA	
Last Medical School Attended: 039-06 OU Tulsa School of Community Medicine (Schusterman Center)	
Number of Licenses Previously Granted to Graduates of this Medical School:53	
Application for: Resident Full License Reinstatement	_
Application for: Resident Full License Reinstatement The Secretary of the Board has reviewed this application and:	
The Secretary of the Board has reviewed this application and:	_
The Secretary of the Board has reviewed this application and: 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name

MD 41602 CASEY LEE HOUSE

MEDICAL DOCTOR

Practice Address:

May 02, 2023

Status:

Res: MD

Received: 04/25/2023 Entered: 04/25/2023

Temp Issued: Temp Expires:

Train Issued: 07/01/2023
Train Expires: 09/30/2024
Fed Rec: 04/17/2024
AMA Rec: 04/17/2024

Board Action:

License #: 41602

Sex: M Ethnic Origin: 3 Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	10/16/23	5/14/24	1
Test 2: USMLE 1	PASS	6/4/21	4/26/23	1
Test 3: USMLE 2	PASS	7/15/22	4/26/23	1

Note: PASS means higher than 75

Test AV: Total Possible:

Okla Passing: Total Score:

PRE-MED EDUCATION

School Name: OKLAHOMA BAPTIST UNIVERSITY

City: SHAWNEE State: OK Country: UNITED STATES

Degree: BS IN BIOCHEMISTRY From: 8/2015 To: 5/2019 Verified:

MEDICAL SCHOOL EDUCATION

Name: OU Tulsa School of Community Medicine (Schusterman Center)

Foreign Name:

City: Tulsa State/Country: United States of America

Degree: MD From: 8 / 2019 To: 5 / 2023 Diploma Ver'd: Y

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA Specialty: INTERNAL MEDICINE

Res. Fellowship: Residency

City: TULSA State:OK Country:UNITED STATES OF AM

Verified: From: 7 / 2023 To: /

ACGME Ver'd: Comments:

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type Number Name

MD 41602 CASEY LEE HOUSE

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: WYZANT Supervisor:

City: TULSA State: OK Country: UNITED STATES Specialty: WYZANT TUTOR From: 6/ 2020 To: 7/ 2020 Verified:

Comments: MCAT PREPARATION, ORGANIC CHEMISTRY

Employed: DOORDASH Supervisor:

City: TULSA State: OK Country: UNITED STATES From: 6/ 2019 To: 7/ 2020 Specialty: DOORDASH DRIVER Verified:

Comments: DOORDASH DRIVER

Employed: OKLAHOMA BAPTIST UNIVERSITY Supervisor:

City: SHAWNEE State: OK Country: UNITED STATES Specialty: TUTOR AT THE MILBURN From: 8/ 2018 To: 5/ 2019 Verified:

STUDENT SUCCESS

CENTER

Comments: TUTORING IN WRITING, RESEARCH, STUDY SKILLS, HISTORY, AND LITERATURE.

Employed: WALNUT GROVE LIVING CENTER Supervisor:

City: MCALESTER State: OK Country: UNITED STATES Specialty: CERTIFIED NURSING From: 5/ 2018 To: 7/ 2018

ASSISTANT

Comments: FULL TIME CERTIFIED NURSING ASSISTANT WORK AT WALNUT GROVE LIVING CENTER

Employed: OKLAHOMA BAPTIST UNIVERSITY Supervisor:

City: SHAWNEE State: OK Country: UNITED STATES Verified:

Specialty: LAB TEACHING ASSISTANT From: 8/ 2017 To: 5/ 2019 AND WORKER

Comments: ORGANIC CHEMISTRY AND GENERAL CHEMISTRY LAB ASSISTANCE, LAB

PREPARATION, AND STOCKROOM WORK.

Employed: KANSAS STATE UNIVERSITY RAFFERTY Supervisor:

RESEARCH LABORATO

City: MANHATTAN State: KS Country: UNITED STATES Specialty: RESEARCH EXPERIENCE From: 6/ 2017 To: 8/ 2017 Verified:

FOR UNDERGRADUATES -

CHEMISTRY

Comments: REU PROGRAM, DEVELOPING SCREENING LIBRARIES BASED UPON THE BROCAZINE FAMILY OF NATURAL PRODUCTS

Employed: MCALESTER COUNTRY CLUB

Supervisor: City: MCALESTER State: OK **Country: UNITED STATES** Specialty: LIFEGUARD AND SWIM From: 5/ 2011 To: 8/ 2016 Verified:

INSTRUCTOR

Comments: LIFEGUARD AND SWIM INSTRUCTOR

Other Licenses

State Lic Type and Number Status Issued Exp

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type MD

Number

Name

41602 CASEY LEE HOUSE

MEDICAL DOCTOR

DEFICIENCIES

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

RETURN FORM TO:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION CITETOTICS

oktraining@okmedicalboard.org

QUESTIONNAIRE

Please read and follow ALL instructions

MAR 3 0 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

House

FORM INSTRUCTIONS: Complete both pages of this form only if you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

PAYMENT INSTRUCTIONS: If you ARE FULLY LICENSED, you MUST go online and renew your license - DO NOT pay your renewal fee via these instructions (doing so will delay your renewal).

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

PLEASE PRINT ALL INFORMATION

LAST

NAME

NUMBER HOME ADDRESS PROGRAM ATTENDING		04 Tulsa		PHONE CITY/STATE ZIP CODE
				SPECIALTY Internal Medicine
		DOCUM	/IENTA	TION TO ATTACH
		PA	YMENT	COMPLETED
	\$150 payr of training	ment made on Billpay for <mark>RENEWAL</mark> g license		\$250 payment made on Billpay for <mark>UPGRADE</mark> of training license
		DOCU	MENTA	ATION REQUIRED
		(must be received directly from pro	A RESPECT OF THE	Evaluation (must be received directly from program)
	USMLE USMLE)	Step 3 (must be received directly fr	om	Answer confidential questions (on back of this form)
		FORE	GN TRA	AINED STUDENTS
	Current	visa		☐ Social Security Number **if not provided at

IF YOU ARE FULLY LICENSED - DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN - COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

initial application

RENEWAL QUESTIONNAIRE **UPDATED 03-2024**

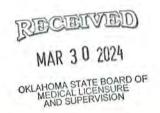
FIRST

NAME

EMAIL ADDRESS Casey

Background Check **if not done at initial application





NAME Casey House

IF YOU HAVE ANY "YES"	ANSWERS YOU MUST PROVIDE	A NOTARIZED STATEMENT EXPLAINING YOUR ANSWER.

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is recent)					
QUESTIONS	YES	NO			
Have you failed any part of the USMLE exam (not previously disclosed)?		×			
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	0	M			
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		X			
Have you been reported to the National Practitioner Data Bank (NPDB)?		×			
Have you ever been denied, had removed, or suspended hospital privileges?		M			
Have you surrendered hospital privileges while under investigation or to avoid investigation?	_	対			
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		×			
Has your application for licensure ever been denied?		M			
Have you surrendered a license or had any disciplinary action taken on any license?		X			
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?		×			
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		Ø			
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		M			
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		₩.			
Have you been addicted to or abused any drug or chemical substance including alcohol?		To			
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		×			
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		N			

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature_

Casey House

Date 3/30/2024

Oklahoma State Board of Medical Licensure and Supervision PAGE 87 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/25/2023

Applicant Name: HOUSE, CASEY LEE

MD 41602



Date Of Birth:

Sex: M

Place Of Birth (City, State): MCALESTER, OK

Race: American Indian

Educ	cation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	OKLAHOMA BAPTIST UNIVERSITY	SHAWNEE	ОК	8/2015	5/2019	BS IN BIOCHEMISTRY		

Medical School Name	City	State Country	Comments	From	То
OU Tulsa School of Community	Tulsa	OK United States		8/2019	5/2023
Medicine (Schusterman Center)					

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
OU TULSA INTERNAL MEDICINE	TULSA	OK UNITED S'	INTERNAL MEDICINE		1	1

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
WYZANT	WYZANT TUTOR		TULSA	OK	6/2020	7/2020	
DOORDASH	DOORDASH DRIVER		TULSA	OK	6/2019	7/2020	
OKLAHOMA BAPTIST UNIVERSITY	TUTOR AT THE MILBURN STUDENT SUCCESS CENTER		SHAWNEE	OK	8/2018	5/2019	
WALNUT GROVE LIVING CENTER	CERTIFIED NURSING ASSISTANT		MCALESTER	ОК	5/2018	7/2018	
OKLAHOMA BAPTIST UNIVERSITY	LAB TEACHING ASSISTANT AND WORKER		SHAWNEE	OK	8/2017	5/2019	
KANSAS STATE UNIVERSITY RAFFERTY RESEARCH LABORATO	RESEARCH EXPERIENCE FOR UNDERGRADUATES - CHEMISTRY		MANHATTAN	KS	6/2017	8/2017	
MCALESTER COUNTRY CLUB	LIFEGUARD AND SWIM INSTRUCTOR		MCALESTER	ОК	5/2011	8/2016	

	Out-Of-State L					
State	License #	Profession	Status	Issue Date	Exp Date	

MD Exam

State Score Date Taken Exam USMLE

\$250

Oklahoma State Board of Medical Licensure and Supervision for oklahoma Medical Doctor License

Received:04/25/2023

Que	estions Answered 04/24/2023	Response
۹.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
Ī.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ō.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemica substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision 89 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/25/2023

If licensed, where do you intend to locate?
OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet,
video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice:
OU Tulsa Internal Medicine Residency Program
If so, Please identify with which category:
Residency
Name of Previous Carrier and Policy Holder
None
Name of Current Carrier and policy Holder

I will have malpractice insurance provided by the training program

Will your professional liability insurance policy cover your practice in Oklahoma

Yes

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

I attest that all the al	bove information is accu-	rate as of April 24, 2023:	(Signed Online)	



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice. KIRCIBILVED

MAY 1 1 2023 Casey House Applicant's signature (must be signed in the presence of a notary)

House, Casey, L.

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

hate of signature (must correspond to the date of notarization)

Please note: The Notary Public seal should overlap the bottom of the photo to the left

NOTARY

hama , County of_

ANIT-I KAL Notary Public - state of C

Commission Number 16000782 My Commission Expires Jan 21, 2024

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this little of May

Notary Public Signature And Kalasuva My Notary Commission Expires Sanuary 21, 2024

T41602



United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/13/2024

Examinee:

House, Casey Lee

Examinee ID: 5-476-313-1

Alt Name(s):

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1			
Test Date 06/04/2021	Pass/Fail Pass	Score 232	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)		The state of the s	73
Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/15/2022	Pass	244	(214)	
USMLE ST	EP 3			7
Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/16/2023	Pass	232	(198)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.





United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: House, Casey Lee

Examinee ID: 5-476-313-1 Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

nstitution: OU College	of Medicine,Tulsa SCM _{City/State} Tulsa, OK		
ur records indicate that the above	e named applicant attended our medical school on the following dates:		
om 08 /12 /2019 Month Day Year	To 05 / 19 / 2023 and was awarded the degree MD		
Does this individual's official explain.	record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please	□ YES	1 No
	record reflect that he/she was ever placed on academic or disciplinary probation during	☐ YES	KNO
Does this individual's official	record reflect that he/she was ever the subject of negative reports for behavioral reasons or cal school or parent university? If yes, please explain below.	☐ YES	MIN
Does this individual's official	record reflect that he/she was ever disciplined for unprofessional conduct/behavioral	☐ YES	AN
Does this individual's official	ol or parent university? If yes, please explain below record reflect that there were any limitations or special requirements imposed on the eas of academic incompetence, disciplinary problems, or any other reason? If yes, please	☐ YES	₩ N
ompletion of the following is ce	rtification that the information above is an accurate account of this individual's records and is	s true and	correct
/	1 Programs Coordinal Date of Signature 3/22/2023		-
/	1 Programs Coordinate Date of Signature 3/22/2023		-
ame: Tammy K	1 Programs Coordinal Date of Signature 3/22/2023		-
ame: Tammy K itle of Signatory: Clinical el: 918 660 350 School	Uykerdall Signature Nogams Coordinate Date of Signature Standard Topics E-Mail: Lammy Kykerdall a If no seal is available, this form must be notarized		-
ame: Tammy K Itle of Signatory: Clinical el: 918 660 350	Uykerdall Programs Coordinate Date of Signature		-
itle of Signatory: Clinical rel: 918 660 350	Signature		-

OKLAHOMA STATE BOARD OF MEDICAL LIGHT - 12 AND SUPERVISION The Oklahoma State Regents for Higher Education acting through

Iniversity of Ohl

have admitted

Casey Lee House

to the degree of

Poctor of Medicine

and all the honors, privileges and obligations belonging thereto, and in witness thereof have authorized the issuance of this Diploma duly signed and sealed. Issued at the University of Oklahoma at Oklahoma City, Oklahoma on the

twentieth day of May two thousand and twenty-three.

For the State Regents

For the University



Dennes Cory Gerotary

Chancellor

President of the University



University of Oklahoma Health Sciences Center P. O. Box 26901 Oklahoma City, OK 731260901

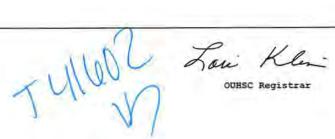
United States

: Casey House Student ID: 1795106

Birthdate :

	AVID SUPERVISION						Sp	oring 202	0		
Degrees Awarded	d		CV 344		2700					-	d- D-1-4-
Particular Confession (Confession Confession			Course		Desc	ription			Attempted	Earned Gra	de Points
Degree : Doctor of Medicine			-		-				co 00	68.00 S	
Confer Date : 2023-05-20	1000		INDT	8132	IMI				68.00	85.00 S	
Plan : Medicine-School of Community Medi	icine		INDT	8140				Hepatobi.		AND LANGUE OF THE PARTY OF THE	
			INDT	8148				Biochem		85.00 S	
External Degree:	s		INDT	8156	Bloo	d, Hemat	opoiesi	is & Lympl	h 77.00	77.00 S	
Oklahoma Baptist University			TERM	GPA :	0.000	GPH:	0.00	TOTALS	315.00	315.00	0.000
2019-05-17 Bachelor of Science											
Field of Study : Biochemistry			OUHSC	GPA :	0.000	GPH:	0.00	TOTALS	850.50	850.50	0.000
Academic Program His	story						1	all 2020			
Program : Medicine MD			Course		Desc	ription			Attempted	Earned Gra	de Points
2019-07-01 : Active in Program			_	-							
2019-07-01 : Medicine - Tulsa MD S0	CM Major		INDT	8163	LMHP	2			32.00	32.00 S	
2023-05-20 : Completed Program			INDT	8264	Card	iovasc,	Resp, F	Renal	152.00	152.00 S	
Authorities in the state of the			INDT	8266	PPS	II: Clin	ical Et	hics	30.00	30.00 S	
			INDT	8272	Neur	oscience	s		151.00	151.00 S	
Beginning of Medicine	e Record		INDT	8275	Clin	ical Med	icine I	T	99.00	99.00 S	
			INDT	8301	Enri	chment P	rogram:	Humaniti	ies 16.00	16.00 S	
Fall 2019			c	ourse Top	oic(s): Am	erica's	Quest f	or Health	1		
Course Description A	ttempted Earned Grade	Points	TERM	GPA :	0.000	GPH:	0.00	TOTALS	480.00	480.00	0.000
INDT 8110 Design/Analysis Clin Res	16.00 16.00 s		OURSC	GPA :	0,000	GPH:	0.00	TOTALS	1330.50	1330.50	0.000
INDT 8122 Clinical Medicine I	101.50 101.50 S										
INDT 8124 The Human Structure	130.00 130.00 s						Sp	ring 2021	L.		
INDT 8125 Foundations of Medicine	136.00 136.00 S										
INDT 8162 LMHP1	37.00 37.00 S		Course	_	Desc	ription			Attempted	Earned Gra	de Points
INDT 8244 PPSI	75.00 75.00 S										
INDT 9101 SCM Prologue	40.00 40.00 S		INDT	8280	Repr	oduction			98.00	98.00 S	
			INDT	9200	MS2	Capstone			70.00	70.00 S	
TERM GPA : 0.000 GPH: 0.00 TOTALS :	535.50 535.50	0.000	INDT	9201	Join	t, Skin,	and Bo	one	40.00	40.00 S	
OUHSC GPA : 0,000 GPH: 0,00 TOTALS :	535.50 535.50	0.000	TERM	GPA :	0.000	GPH;	0.00	TOTALS :	208.00	208.00	0.000
			OUHSC	GPA :	0.000	GPH:	0.00	TOTALS :	1538.50	1538.50	0.000

This information is released in accordance with the Family Educational Rights and Privacy Act of 1974 and is also released under the condition that other parties will not have access to this information without the student's written consent.



THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER Official Transcript

PAGE 96-01-500 01-JUN-2023 Page No. 2

University of Oklahoma Health Sciences Center P. O. Box 26901

Oklahoma City, OK 731260901

United States

JUN 0 5 2023 OKLAHOMA STATE BOASE OF Name : Casey House Student ID: 1795106

Birthdate :

Summer II 2021

Summer II 2022

	Summer II 202	1	Summer II 2022			
Course	Description	Attempted Earned Grade Points	Course Description Attempted Earned Grade Points			
INDT 9050	HSSP	184.00 184.00 S	INDT 9300 Capstone 160.00 160.00 S			
INDT 9301	Clinical Transitions	40.00 40.00 S	GERI 9250 Geriatrics 160.00 160.00 S			
FM 9540	Family Medicine Clerkship	155.00 155.00 B 465.000				
NEUR 9370	Neurology Clerkship	155.00 155.00 B 465.000	TERM GPA: 0.000 GPH: 0.00 TOTALS: 320.00 320.00 0.000			
TERM GPA :	3.000 GPH: 310.00 TOTALS:	534.00 534.00 930.000	OUHSC GPA : 3.331 GPH: 1584.00 TOTALS : 3906.50 3906.50 5276.000			
OUHSC GPA :	3.000 GPH: 310.00 TOTALS:	2072.50 2072.50 930.000	Fall 2022			
	Fall 2021		Course Description Attempted Earned Grade Points			
Course	Description	Attempted Earned Grade Points	INDT 9404 Research/Scholarship Elective 160.00 160.00 S			
	(i)		Course Topic(s): MED Res/Scholarship Elective			
SURG 9760	Surgery Clerkship	298.00 298.00 A 1192.000	INDT 9401 Outpatient Elective 160.00 160.00 S			
MED 9250	Medicine Clerkship	298.00 298.00 B 894.000	Course Topic(s): MED Outpatient Elective			
			INDT 9403 Subinternship Elective 160.00 160.00 A 640.000			
TERM GPA :	3.500 GPH: 596.00 TOTALS:	596.00 596.00 2086.000	Course Topic(s): MED Subinternship Elective			
OUHSC GPA :	3.329 GPH: 906.00 TOTALS:	2668.50 2668.50 3016.000	TERM GPA : 4.000 GPH: 160.00 TOTALS : 480.00 480.00 640.000			
	Spring 2022		OURSC GPA : 3.392 GPH: 1744.00 TOTALS : 4386.50 4386.50 5916.000			
Course	Description	Attempted Earned Grade Points	Spring 2023			
INDT 9160	Tribal Health	80.00 80.00 s	Course Description Attempted Earned Grade Points			
EM 9101	EM Selective	80.00 80.00 S				
DERM 9101	Dermatology Selective	80.00 80.00 S	INDT 9406 Special Studies Elective 80.00 80.00 S			
OBGY 9210	Obstet & Gyn Clerkship	226.00 226.00 B 678.000	Course Topic(s): MED Special Studies Elective			
PEDI 9650	Pediatric Clerkship	226.00 226.00 B 678.000	INDT 9406 Special Studies Elective 80.00 80.00 S			
PSBS 9520	Psychiatry Clerkshp	226.00 226.00 A 904.000	Course Topic(s): MED Special Studies Elective			
			INDT 9401 Outpatient Elective 160.00 160.00 S			
TERM GPA :	3.333 GPH: 678.00 TOTALS:	918.00 918.00 2260.000	Course Topic(s): MED Outpatient Elective			
20000-000	V 222		INDT 9402 Mixed In/Outpatient Elective 160.00 160.00 S			
OUHSC GPA :	3.331 GPH: 1584.00 TOTALS:	3586.50 3586.50 5276.000	Course Topic(s): MED Mixed In/Outpatient Electi			
			FM 9572 CH II 80.00 80.00 S			

This information is released in accordance with the Family Educational Rights and Privacy Act of 1974 and is also released under the condition that other parties will not have access to this information without the student's written consent.

Lou Klin

OUHSC Registrar

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER Official Transcript

PAGE 97101500 01-JUN-2023 Page No. 3

University of Oklahoma Health Sciences Center P. O. Box 26901 Oklahoma City, OK 731260901 United States

Name

: Casey House

Birthdate :

Student ID: 1795106

Spring 2023 (cont.)

TERM GPA :

0.000 GPH: 0.00 TOTALS :

560.00 560.00 0.000

GPH: 1744.00 TOTALS: OUHSC GPA : 3.392

4946.50 4946.50

5916.000

Medicine Career Totals

OUHSC GPA :

3.392

GPH: 1744.00 TOTALS: 4946.50 4946.50

5916.000

Post-Baccalaureate Career Totals

OUHSC GPA :

3.392 GPH: 109.00 TOTALS:

309.15 309.15

369.750

---- End Of Career (1 of 1) ----

- - - - - End Of Transcript - - - -

Loui Klini

OUHSC Registrar



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

CASEY LEE HOUSE

Birth date

Primary Office Address

UNIV OK DEPT IM 4502 E 41ST ST TULSA, OK 74135-2553 **Phone** (918) 424-4421



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER



All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1831718162	04/16/2020	NOT RPTD	NOT RPTD	NOT RPTD	03/15/2024

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

AMA files checked 04/17/2024 10:39:14 AMA Physician Profile for Casey Lee House, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3

(41602



Enrollment Date:

08/2019

Degree Date:

05/2023

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:

UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE-

TULSA

Sponsoring State:

OKLAHOMA

Program name:

UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE

(TULSA) PROGRAM

Specialty: Training Type: INTERNAL MEDICINE SPECIALTY

Dates:

07/01/2023 - 07/01/2026

Status:

TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
41602	MD	ОК	07/01/2023	09/30/2024		ACT	RES	04/02/2024	CASEY LEE HOUSE



 $Abbreviation \ key: \ ACT = Active, \ INA = Inactive, \ LIM = Limited, \ NRT = Not \ reported, \ RES = Resident, \ TEM = Temporary, \ UNK = Unknown, \ UNL = Unlimited$

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

PAGE 101 of 500

RECEIVED

APR 29 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET **OKLAHOMA CITY OK 73105**

		EVIDENCE OF STATUS – PART A		
Full Legal Nam	e: Casey	Lee	House	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
•	First	Middle	Last	Maiden (if applicable)
Mailing Addre	ss:			A STATE OF THE STA
		Street Address or Post Office		
City	State	Zip Code	Social Sec	curity #:
=305			•	
		IZENS, US NATIONALS,	DENCE OF CITIZENSHIP OR PERMANENT LEGAL RI	
			dent alien, please attach a the document that is atta	a photocopy of one of the following sched.
√ Virgin Isla		1917), American Samoa,		o (on or after January 13, 1941), Guam, the U.S. n Mariana Islands, unless the person was born to
☐ United St			ued for periods of less than fi	ve years)
			Department of State to U.S. o	
			r Certification of Report of Bir	rth (DS1350) (issued by the Department of State),
	ailable from the Departmen		S through a Federal or State	court, or through administrative naturalization
☐ after Dec		who are individually natura		ent certificate issued when the N-550 has been
☐ Certificat	e of Citizenship (N-560 or N	I-561) (issued by the INS to	o individuals who derive U.S. or r mutilated or the individual's	citizenship through a parent; the N-561 is a name has been changed)
border w	ho needed it for frequent be	order crossing) (formerly F	orm I-179, last issued in Febru	
100	Mariana Identification Car Islands before November 3,		ollectively naturalized citizen	of the U.S. who was born in the Northern
Ctatama			he individual is a U.S. citizen	(This is given to an individual born outside the
			e an FS-240, FS-545 or DS-135	
Li Kickapoo	s living near the U.S./Mexica	an border.)	atement on the back (identify	ying U.S. citizen members of the Texas Band of
	vfully Admitted for Perman I I-551 (Alien Registration Re		own as a "green card")	
☐ Allen Lav	wfully Admitted for Perman ed Temporary I-551 stamp in	ent Residence:		
accompanying			ce of Status application are	
Signature	way iv	- 11 ·	^ /	Date
Subscribed an	d sworn before me this_	28 th day of_	April	
	AnitKala			NOTARY
Commission N	lumber <u>160007</u>	82.		SEAL

My commission expires Jarrevary 21, 2024

ANIT J KALASUVA Notary Public - State of Oklahoma Commission Number 16000782 My Commission Expires Jan 21, 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Ex	camination Scores
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners	Federation of State Medical Boards
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Euless, TX 76039-3855
(215) 590-9500	(817) 868-4000
www.NBME.org	www.FSMB.org

- 6. Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Casey House	Cosey House	5/11/2023	
Name of Applicant (type or print)	Signature of Applicant	Date	

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

MAY 1 1 2023

MD APPLICATION INSTRUCTIONS Revised 08/2021

Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Wednesday, April 17, 2024 2:04 PM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

CASEY LEE HOUSE has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/17/2024 02:04:03pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41602

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



05/02/2023

CASEY LEE HOUSE

RE: MD Application #41602

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP38342044 Password:Last 4 SSN

Dear CASEY HOUSE,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

Evidence of Status

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

USMLE Exams Incomplete

Application Instructions

OATH

Extended Background Check

Exam verification date

MedSchool-Transcript OU Tulsa School of Community Medicine (Schusterman Center)

MedSchool-Form 1 OU Tulsa School of Community Medicine (Schusterman Center)

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP38342044</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Valeska Barr

Valeska Barr

Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Number Type Name MD 41602 CASEY LEE HOUSE MEDICAL DOCTOR Incomplete Information (due to space limitations on this page, this may not be a complete list) Exam verification date MedSchool-Transcript OU Tulsa School of Community Medicine (Schusterman Center) MedSchool-Form 1 OU Tulsa School of Community Medicine (Schusterman Center) PostGrad - Form 2 COLLEGE OF MEDICINE TULSA USMLE Exams Incomplete Last Medical School Attended: 039-06 OU Tulsa School of Community Medicine (Schusterman Center) Number of Licenses Previously Granted to Graduates of this Medical School:33 Application for: Resident Full License Reinstatement The Secretary of the Board has reviewed this application and: 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS ______ 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] _ - Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time AND 6.8-23 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE 5) REQUESTS SPECIFIC CONSIDERATION OF:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

MD 41382 MITCHELL LANE HOWE
MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM/ NEED QUESTIONNAIRE PostGrad - Form 2 GREAT PLAINS FAMILY PRACTICE RESIDENCY
Last Medical School Attended: 039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190
Number of Licenses Previously Granted to Graduates of this Medical School:7,357
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD

41382

MITCHELL LANE HOWE

MEDICAL DOCTOR

Practice Address:

April 27, 2023

Status:

Res: MD

Received: 04/01/2023 Entered: 04/01/2023

Temp Issued: **Temp Expires:**

Train Issued: 07/01/2023 Train Expires: 09/30/2024 Fed Rec: 05/22/2024 AMA Rec: 05/22/2024

Board Action:

License #: 41382

Sex: M Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	01/26/24	5/7/24	1
Test 2:	USMLE 1	PASS	6/4/21	4/10/23	1
Test 3:	USMLE 2	PASS	7/25/22	4/10/23	1
		te: PASS r	neans high	er than 75	

Test AV: **Total Possible:** Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: SOUTHWESTERN OKLAHOMA STATE UNIVERSITY

State: OK Country: UNITED STATES City: WEATHERFORD 8/2015 To: 5/2019 Verified: Degree: BACHELORS OF SCIENCE From:

School Name: OKEENE JR/SR HIGH SCHOOL

City: OKEENE

State: OK Country: UNITED STATES Degree: HIGH SCHOOL DIPLOMA From: 8/2011 To: 5/2015 Verified:

MEDICAL SCHOOL EDUCATION

Name: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Foreign Name:

City: Oklahoma City

State/Country: United States of America

Degree: M.D.

From:

8 / 2019 To: 5 / 2023 Diploma Ver'd:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name

MD 41382 MITCHELL LANE HOWE

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: GREAT PLAINS FAMILY PRACTICE RESIDENCY Specialty: FAMILY PRACTICE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:OK Country:UNITED STATES OF AM

Verified:

From: 7 / 2023

To: /

ACGME Ver'd:

Comments:

PRACTICE HISTORY

From:

Employed:

Supervisor:

City:

State:

Country:

Verified:

Specialty: Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

DEFICIENCIES

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM/ NEED QUESTIONNAIRE

PostGrad - Form 2 GREAT PLAINS FAMILY PRACTICE RESIDENCY

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org

MAY 10 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

QUESTIONNAIRE Please read and follow ALL instructions

FORM INSTRUCTIONS: Complete both pages of this form only if you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

PAYMENT INSTRUCTIONS: If you ARE FULLY LICENSED, you MUST go online and renew your license - DO NOT pay your renewal fee via these instructions (doing so will delay your renewal).

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-FULL

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

PLEASE PRINT ALL INFORMATION

Mitchell

FIRST

NAME

LAST

NAME

HOM ADD PRO	PRESS PARE PARE PARE PARE PARE PARE PARE PARE			NE /ST/ COD	TY Family Medicine
	PAYI	VIENT	COME	LET	ED The second se
	\$150 payment made on Billpay for RENEWAL of training license	×	\$250 licen		ment made on Billpay for UPGRADE of training
100	DOCUM	IENTA	TION	REQI	UIRED
P	Form 2 (must be received directly from progr **ONLY FOR UPGRADE	D 5000000000000000000000000000000000000	P		aluation (must be received directly from program)
東	USMLE Step 3 (must be received directly from USMLE)	n	尺	An	swer confidential questions (on back of this form)
	FOREIG	NTDA	INED	et i i	DENTS
	Current visa	NINA	MED		Social Security Number **if not provided at initial application
	Background Check **if not done at initial app	licatio	on	7	

RENEWAL QUESTIONNAIRE UPDATED 03-2024

AND PAY THE RENEWAL FEE.

141382



NAME_Mitchell Howe, M. D

IF YOU HAVE ANY "YES" ANSWERS YOU MUST PROVIDE A NOTARIZED STATEMENT EXPLAINING YOUR A SINCE RENEWAL OF YOUR TRAINING LICENSE (whiche recent)	ver is n	nost
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?	0	نعر
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		*
Have you had any adverse judgment or settlement against you rising from a professional liability claim?	0	A T
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	K
Have you ever been denied, had removed, or suspended hospital privileges?	0	Ø
Have you surrendered hospital privileges while under investigation or to avoid investigation?	0	本
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		A
Has your application for licensure ever been denied?		Ø
Have you surrendered a license or had any disciplinary action taken on any license?		.Ø
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?	0	<i>p</i>
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	0	pri pri
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		A
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		中
Have you been addicted to or abused any drug or chemical substance including alcohol?		1
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		at
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		A

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature

Date_S/6/2024

Oklahoma State Board of Medical Licensure and Supervision 12 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/01/2023

Applicant Name: HOWE, MITCHELL LANE MD 41382 Date Of Birth: Place Of Birth (City, State): OKEENE, OK Sex: M Race: Caucasian Education Type Name ST Country Degree Comments Veri City From To SOUTHWESTER WEATHERFC OK 8/2015 5/2019 **BACHELORS OF** SCIENCE N OKLAHOMA STATE UNIVERSITY OKEENE JR/SR HIGH SCHOOL OKEENE OK 8/2011 5/2015 **DIPLOMA** HIGH SCHOOL **Medical School Name** City **State Country** From Comments To Univ Of Ok Coll Of Med, Oklahoma Oklahoma City OK United States 8/2019 5/2023 City Ok 73190 Post-Graduate St Country Specialty Comments City From To UNITED S' **Practice History Employer** Specialty Supervisor City ST Countr From Verif To \$250 Other/ Out-Of-State Licenses State License # Profession Status **Issue Date Exp Date**

State Score Date Taken

MD 41382 Application Received 04/01/2023

HS

Facility

MD Exam

Exam **USMLE**

Oklahoma State Board of Medical Licensure and Supervision 13 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/01/2023

Que	stions Answered 03/24/2023	Response
Α.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
3.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Э.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
=.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Н.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
L	Have you ever failed any part of a licensure/certification/registration examination?	N
VI.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ο.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemica substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision 114 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/01/2023

OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: Integris Great Plains Family Medicine
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder N.A.
Name of Current Carrier and policy Holder N.A.
Will your professional liability insurance policy cover your practice in Oklahoma No
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma 06/2023
I attest that all the above information is accurate as of March 31, 2023:(Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to: Oklahoma State Board of Medical Licensure and Supervision

oktraining@okmedicalboard.org

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any change. To the snswers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

RECEIVED OKLAHOMA STATE BOARD OF Applicant's signature (poust be signed in the presence of a notary) Howe Mitchell L.

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.) 03-31-2023 Date of signature (must correspond to the date of notarization)

State of OKIAHOMA, County of Grady



APR 0 6 2023

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on the	his 31 day of	March	_, 202
The statements on this document are subscribed and sworn to before me by the applicant on the	his 31 day of	March	_, 20_2

Notary Public Signature Desa Barnac My Notary Commission Expires 2/25/27

NOTARY SEAL



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

> PRIMARY SOURCEDate: 05/0

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Examinee:

Howe, Mitchell Lane

Alt Name(s):

Examinee ID: 5-476-283-6

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1			
Test Date 06/04/2021	Pass/Fail Pass	Score 243	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/25/2022	Pass	237	(214)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
01/26/2024	Pass	226	(200)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

MAY 0 7 2024

OKLAHOMA STATE BOARD OF

T4382



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Howe, Mitchell Lane

Examinee ID: 5-476-283-6
Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances <u>not</u> in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

Applicant's N	lame	Mitchell	How	е												
nstitution:	Univ	ersity of (Oklaho	oma (Collg	e of Me	dicine	City/Sta	ate (Okl	ahor	na C	City,	OK		
ur records	indicate	that the above	e named	applican	t attend	led our med	ical school	on the fo	ollowir	ng dat	es:					
rom_8 Month	/19	2019	To_	5	_/ 20	/2023 a	nd was aw	arded th	e degr	ree D	octor	of M	edic	ine		
Wontr	т рау	Year		Month	Day	rear										
Does the explain		dual's official i	record ref	flect (an)) interru	ption(s) or e	xtension(s) in his/h	er me	dical	educati	on? If y	es, ple	ase	YES	√ No
		dual's official i				was ever p	aced on a	cademic o	or disc	iplina	ry prob	ation d	uring		YES	√ NO
		dual's official in by the medic								orts f	or beha	vioral r	easons	or	YES	V NO
Does th	nis Indiv	idual's official i	record re	flect tha	t he/she	was ever d	sciplined f	or unpro		nal co	nduct/l	behavio	ral	T	YES	√ NO
Does th	nis indiv ual beca	idual's official use of questio	record re	flect tha	t there	were any lim	itations or	special r							YES	√ NO
		following is cer		that th	e inforn	nation abov	e is an acc				individ		ecords	and is	true and	correct.
		Associate		for S	tuden	t Affairs		of Signatu					,			
Tel: 405	-271-	2316	_ Fax:	405	-271-	2287	E-Mai	ı: Ter	esa-	Sco	rdino	@ou	hsc.	edu		
				If no se	eal is av	ailable, this	form mus	t be nota	rized							
	Scho			Notary	/ Public											
				Comm	ission #											
	R		ED	Му со	mmissic	n expires:				supplier.	A TORRE	William .				
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RECEIVED

Official Transcript

PAGE 119 of 500 07-JUN-2023 Page No. 1

JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name : Mitchell Howe

Student ID: 1798175 Birthdate :

0.000

Points

Degrees Awarded

Spring 2020 (cont.)

TERM GPA : 0.000 GPH: 0.00 TOTALS : 315.00 315.00

Description

OUHSC GPA : 0.000 GPH: 0.00 TOTALS : 834.50 834.50 0.000

Fall 2020

Attempted

Earned

Academic Program History

Course

Program Medicine MD 2019-07-01 Active in Program

P. O. Box 26901

United States

Degree

Plan

Confer Date

Oklahoma City, OK 731260901

University of Oklahoma Health Sciences Center

Doctor of Medicine

2023-05-20

Medicine

								12-12-20-12-20-20-20-20-20-20-20-20-20-20-20-20-20	A CONTRACT OF THE PARTY OF THE	Althoration 1	
Course	13 -	Description	Attempted	Earned Grade	Points	TERM	GPA :	0.000 GPH: 0.00 TOT	ALS: 480.00	480.00	0.000
	P 22 3			and the second second		OURSC	GPA :	0.000 GPH: 0.00 TOT	ALS : 1314.50	1314.50	0.000
INDT	8110	Design/Analysis Clin Res	16.00	16.00 S							
INDT	8122	Clinical Medicine I	111.50	111.50 S				Spring	2021		
INDT	8124	The Human Structure	130.00	130.00 S							
INDT	8125	Foundations of Medicine	151.00	151.00 S		Course		Description	Attempted	Earned Grade	Points
INDT	8244	PPSI	87.00	87.00 S							A 7 3 4
INDT	8555	Req Orientation Documents I		0.00 CE		INDT	8280	Reproduction	98.00	98.00 S	
INDT	9100	Prologue	24.00	24.00 S		INDT	9200	MS2 Capstone	70.00	70.00 s	
						INDT	9201	Joint, Skin, and Bone	40.00	40.00 S	
TERM	GPA :	0.000 GPH: 0.00 TOTALS:	519.50	519.50	0.000						
						TERM	GPA :	0.000 GPH: 0.00 TOT	ALS : 208.00	208.00	0.000

2019-0	7-01 :	Active in	n Progra	ım															1000
		2019-07-0	01 : Med	licine -	MD Major					INDT	8264	Car	diovasc,	Resp, I	Renal	164.00	164.00	S	
2023-0	5-20 :	Completed	i Progra	m						INDT	8266	PPS	II: Cli	nical Et	hics	35.00	35.00	S	
					-					INDT	8272	Neu	roscience	es		166.00	166.00	S	
										INDT	8275	Cli	nical Med	dicine 1	I	99.00	99.00) S	
			Ве	ginning	of Medic	ine Record		-57		INDT	8301	Enr	ichment	Program	Humaniti	les 16.00	16.00	S	
											Course Top	pic(s): S	piritual:	ity & Me	dicine				
					Fall 2019														
										TERM	GPA :	0.000	GPH:	0.00	TOTALS :	480.00	480.00		0.000
2023-0		Desc	cription			Attempted	Earned	Grade	Points										
				7,5			Al most			OUHSO	C GPA :	0.000	GPH:	0.00	TOTALS :	1314.50	1314.50		0.000
INDT	8110	Desi	ign/Anal	ysis Cl	in Res	16.00	16.00	S											
INDT	8122	Clir	nical Me	dicine	I	111.50	111.50	S						Sp	ring 2021				
	8124	The	Human S	tructur	e	130.00	130.00	S											
INDT	8125	Four	ndations	of Med	licine	151.00	151.00	S		Course	1	Des	cription			Attempted	Earned	Grade	Points
INDT	8244	PPSI	1			87.00	87.00	S											100
INDT	8555	Req	Orienta	tion Do	cuments I		0.00	CE		INDT	8280	Rep	roduction	n		98.00	98.00	S	
INDT	9100	Prol	logue			24.00	24.00	S		INDT	9200	MS2	Capstone	е		70.00	70.00	S	
										INDT	9201	Join	nt, Skin,	, and Bo	ne	40.00	40.00	S	
TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 519.50	519.50)	0.000										
										TERM	GPA :	0.000	GPH:	0.00	TOTALS :	208.00	208.00		0.000
OURSC	GPA :	0.000	GPH:	0.00	TOTALS	: 519.50	519.50)	0.000										
										OUHSO	GPA :	0.000	GPH:	0.00	TOTALS :	1522.50	1522.50	1	0.000
				S	pring 202	0													
TERM OUHSC														Summ	er II 202	1			
Course		Desc	ription			Attempted	Earned	Grade	Points										
										Course		Desc	cription			Attempted	Earned	Grade	Points
INDT	8132	IMI				68.00	68.00	S											
INDT	8140	Gast	rointes	tinal &	Hepatobi.	1 85.00	85.00	S		INDT	9301	Clir	nical Tra	ansition	s	40.00	40.00	S	
INDT	8148	Endo	, Metab	& Nutr	i Biochem	85.00	85.00	S		PEDI	9650	Pedi	iatric Cl	lerkship		240.00	240.00	A	960.000
INDT	8156	Bloc	d, Hema	topoies	is & Lymp	h 77.00	77.00	S		ORL	9101	Oto	chinolary	ngology	Selectiv	e 80.00	80.00	S	

This official transcript is printed on burgundy security paper. A laser-produced signature of the Registrar, OUHSC is imprinted on each page in black ink. A raised seal is not required. When photocopied, the word COPY should appear. A BLACK AND WHITE OR COLOR COPY OF THIS TRANSCRIPT SHOULD NOT BE ACCEPTED.

This information is released in accordance with the Family Education Privacy Act of 1974 and is also released under the condition that other parties will not have access to this information without the student's written consent.



Lou Klen

REGISTRAR, OUHSC

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OURSC FICE CODE 5889

PHONE (405) 271-2359
PAGE 120 6\(\) 5000\(\) 271-2480
www.ouhsc.edu

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

UNIT OF CREDIT: The unit of credit for undergraduate and graduate courses is the semester hour. Prior to Summer 2002, the unit of credit for professional courses is the clock hour. The unit of credit for the College of Medicine (MD) is the clock hour. Each course taken at OUHSC is recorded on the student's transcript including courses passed, failed, repeated, exempted, audited, etc. All course work is residence credit unless otherwise indicated.

GRADES USED AT OUHSC:

Grades Used in the Calculation of Grade Point Average (GPA)

A = Excellent (4 grade points)
B = Good (3 grade points)

C = Average (2 grade points)

D = Poor (1 grade point) not considered passing in some programs

F = Failing (0 grade points)

Other Symbols

I = Incomplete (student lacks a test, project, paper, etc.)

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

S = Satisfactory (GPA neutral, counted in the total number of attempted hours)

U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)

P = Passing (GPA neutral, counted in the total number of attempted hours)

NP = No Pass (GPA neutral, counted in the total number of attempted hours)

X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

CE = Continuing Education

EX = Exempt from a required course, student has earned equivalent credit

R = Requirements successfully completed

Y = Year-Long Course

H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

Summer (Undergraduate) = 6 semester hours
Summer (Graduate) = 4 semester hours
Fall (Undergraduate) = 12 semester hours
Spring (Undergraduate) = 9 semester hours
Spring (Graduate) = 9 semester hours

Professional students are considered full-time unless otherwise indicated.

TERM DEFINITIONS:

Summer = 8 weeks in length
Summer I = 8 weeks in length
Summer II = 7-8 weeks in length
Fall = 16 weeks in length
Spring = 16 weeks in length

TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics Combined statistics

COURSE NUMBER:

 1000 - 1999
 = Freshman level courses

 2000 - 2999
 = Sophomore level courses

 3000 - 3999
 = Junior level courses

 4000 - 4999
 = Senior level courses

 5000 - 6999
 = Graduate level courses

5000 - 5999 = Bachelor degree program in College of Pharmacy

Undergraduate level courses 7000 – 9999 = Professional degree courses

DEGREE HONORS:

Distinction Special Distinction Outstanding Distinction

OUHSC recognizes honors for degrees conferred by the Colleges of Allied Health, Dentistry, Medicine, Nursing, and Pharmacy.

NORMAN/OKLAHOMA CITY/TULSA SCHUSTERMAN CAMPUSES: Transcripts for all undergraduate and graduate students who were enrolled at OUHSC prior to Fall 1979 are located in the Office of Admissions and Records on the Norman campus. Work completed on the Norman campus prior to enrollment at OUHSC is maintained on the Norman campus.

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RECEIVED

Official Transcript

: Mitchell Howe

University of Oklahoma Health Sciences Center JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Birthdate :

Name

Student ID: 1798175

Summer II 2021 (cont.)

P. O. Box 26901

United States

Oklahoma City, OK 731260901

Summer II 2022 (cont.)

TERM GPA :	4.000	GPH:	240.00	TOTALS :	360.00	360.00	960.000	TERM GPA :	4.000	GPH:	160.00	TOTALS :	320.00	320.00	640.000
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										OUHSC	GPA :	3.560	GPH:	2000.00	TOTALS	4842.50	4842.50		7120.000

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Low Klen:

REGISTRAR, OUHSC

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

EXPLANATION OF RECORD THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OURSC FICE CODE 5889

PHONE (405) 271-2359
PAGE 122 6f 50(005) 271-2480
www.ouhsc.edu

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JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

UNIT OF CREDIT: The unit of credit for undergraduate and graduate courses is the semester hour. Prior to Summer 2002, the unit of credit for professional courses is the clock hour. The unit of credit for the College of Medicine (MD) is the clock hour. Each course taken at OUHSC is recorded on the student's transcript including courses passed, failed, repeated, exempted, audited, etc. All course work is residence credit unless otherwise indicated.

GRADES USED AT OUHSC:

Grades Used in the Calculation of Grade Point Average (GPA)

A = Excellent (4 grade points)

B = Good (3 grade points)
C = Average (2 grade points)

D = Poor (1 grade point) not considered passing in some programs

F = Failing (0 grade points)

Other Symbols

I = Incomplete (student lacks a test, project, paper, etc.)

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

S = Satisfactory (GPA neutral, counted in the total number of attempted hours)

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P = Passing (GPA neutral, counted in the total number of attempted hours)

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X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

CE = Continuing Education

EX = Exempt from a required course, student has earned equivalent credit

R = Requirements successfully completed

Y = Year-Long Course

H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

Summer (Undergraduate) = 6 semester hours
Summer (Graduate) = 4 semester hours
Fall (Undergraduate) = 12 semester hours
Fall (Graduate) = 9 semester hours
Spring (Undergraduate) = 12 semester hours
Spring (Graduate) = 9 semester hours

TERM DEFINITIONS:

Summer = 8 weeks in length
Summer I = 8 weeks in length
Summer II = 7-8 weeks in length
Fall = 16 weeks in length
Spring = 16 weeks in length

TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics
Combined statistics

COURSE NUMBER:

 1000 – 1999
 = Freshman level courses

 2000 – 2999
 = Sophomore level courses

 3000 – 3999
 = Junior level courses

 4000 – 4999
 = Senior level courses

 5000 – 6999
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5000 – 5999 = Bachelor degree program in College of Pharmacy Undergraduate level courses

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Distinction
Special Distinction
Outstanding Distinction

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Official Transcript

University of Oklahoma Health Sciences Center P. O. Box 26901

Oklahoma City, OK 731260901

United States

Name : Mitchell Howe

Student ID: 1798175

Birthdate :

Medicine Career Totals

OUHSC GPA: 3.560 GPH: 20

Post-Baccalaureate Career Totals

OUHSC GPA: 3.560 GPH: 1 OUHSC GPA : 3.560 GPH: 2000.00 TOTALS: 4842.50 4842.50 7120.000

3.560 GPH: 125.00 TOTALS: 302.65 302.65 445.000

- - - - End Of Career (1 of 1) - - - -

- - - End Of Transcript - - - -

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JUN 08 2023

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Lou Klen

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PHONE (405) 271-2359 PAGE 124 5(5005) 271-2480

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Spring

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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AMA Physician Proffite

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

MITCHELL LANE HOWE

Primary Office Address



Birth date



Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

RECEIVED

AMA membership status

MEMBER

MAY 2 2 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

Enrollment Date:

08/2019

Degree Date:

05/2023

AMA files checked 05/22/2024 13:08:05

AMA Physician Profile for Mitchell Lane Howe, MD ©2024 by the American Medical Association. All rights reserved. Page 1 of 3

KKY SY



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: INTEGRIS HEALTH

Sponsoring State: OKLAHOMA

Program name: INTEGRIS HEALTH/GREAT PLAINS PROGRAM

Specialty: FAMILY MEDICINE

Training Type: SPECIALTY

Dates: 07/01/2023 - 06/30/2026 Status: TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
41382	MD	OK	07/01/2023	09/30/2024		ACT	RES	05/06/2024	MITCHELL LANE HOWE



Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

PAGE 128 of 500

APR 0 6 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION EVIDENCE OF STATUS — PART A

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full	Legal Name: Mitchel	1 Lane	Howe	
	line Address			Malden (if applicable)
IVIAI	ling Address:			
			al Security #:	
il dillim-co	City State	Zip Code Teleph	one Number	
		PRIMARY EVIDENC	TE OF CITIZENISHID	
	(FOR US C		PERMANENT LEGAL RESIDENT ALI	ENS)
	(ron os c	TILLING, OS NATIONALS, ON I	ENVIANCENT LEGAL RESIDENT AL	2.13)
If yo	ou are a U.S. citizen, U.S. national	, or permanent legal resident	alien, please attach a photocopy	of one of the following
	uments to this form. Place a chec			
			of Columbia, Puerto Rico (on or after	
			n's Island or the Northern Mariana Isla	inds, unless the person was born to
M	foreign diplomats residing in the U. United States passport (except limit		or periods of less than five years)	
	Report of birth abroad of a U.S. cit			and the second s
			ification of Report of Birth (DS1350) (issued by the Department of State),
	copies available from the Departme		, , , , , , , , , , , , , , , , , , , ,	
			ough a Federal or State court, or throu	
			the N570 is a replacement certificate	issued when the N-550 has been
	lost or mutilated or the individual's			
			viduals who derive U.S. citizenship thr ilated or the individual's name has bee	
			intil April 7, 1983 to U.S. citizens living	
	border who needed it for frequent			near the canadian of Mexican
			ively naturalized citizen of the U.S. wh	o was born in the Northern
	Mariana Islands before November 3	, 1986)		
			dividual is a U.S. citizen (This is given	to an individual born outside the
	U.S. who derives citizenship through			
			ent on the back (identifying U.S. citize	n members of the Texas Band of
	Kickapoos living near the U.S./Mexic Alien Lawfully Admitted for Perma		S	
	INS Form I-551 (Alien Registration R	eceipt Card, commonly known a	s a "green card")	
_	Alien Lawfully Admitted for Perma			
	Unexpired Temporary I-551 stamp	n foreign passport or on INS For	m I-94	
I de	clare under penalty of perjury, und	ler the laws of the State of Ol	dahoma, that all information cont	ained in this application and all
acco	ompanying documents provided to			
	M. HILL	Marin		<u>03-31-2023</u>
Sign	ature	Julius C		e 03 31 000
Subs	scribed and sworn before me this_	31 day of	March 20	23
	1			
Al-t-	ary Public Dea S	onlar		The state of the s
NOta	siy rubily / Coc.	- /	NOTARY	Te HOMAL P
Com	mission Number 1900	12004	SEAL	# 19002006
COM	7	1 1 1	SEAL	A CONTRACTOR
My	commission expires	25 17		The OF OKCATION

T41382

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org

To Request Examination Scores			
For National Board Scores	For FLEX or USMLE Scores		
National Board of Medical Examiners	Federation of State Medical Boards		
PO Box 48014	400 Fuller Wiser Road		
Newark, NJ 07101-4814	Euless, TX 76039-3855		
(215) 590-9500	(817) 868-4000		
www.NBME.org	www.FSMB.org		



- 6. Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the cassage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with ar, application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Monday, May 6, 2024 4:09 PM

Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra To:

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

MITCHELL LANE HOWE has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 05/06/2024 04:05:08pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41382

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



TIME DEFICIENCY FORM

Name:	Mitchell	Hove	Application #	

This document is used a tool to help you complete your application. Please note: we have to account for any/all time from your 18th birthday to present.

Start	Start	End	End	TH HIGH SCHOOL			T	
Month	Year	Month	Year	Name of Institution	City	State	Degre	
08	2011	os	2015	Che I i i i i i i i i i i i i i i i i	Okeese	OK	D: pl	school
08	2015	05	2019	Southwestern Oklahoma state	Okeese Weatherford	OK	B .	S.
38	2019	os	2023	Southwestern Oklahoma state university of Oklahoma College of Medicine	OKC	ok	M.	ρ.
EMPLO Start	Start	NT IF N		TO FILL TIME GAP	Γ	T	Job	
Month	Year	Month	End Year	Name of Employer	City	State	Title	
OTHE	R - UN	EMPLO	YED, S	TAY AT HOME PARENT, SUMMER	R BREAK, TRA	AVELING	G	
Start Month	Start Year	End Month	End Year	Other		City		State
05	2015		2015	Sunner Break Sunner Break			ene	0/1
05	2019	08	2019	sunner Break		Weath	erford	OK
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		-				1		

APR 0 6 2023

OKLAHOMA STATE BOARD OF ABOVE OF ABOVE OF THE PROPERTY OF THE PR

141382

05/02/2023

MITCHELL LANE HOWE

RE: MD Application #41382

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP62708738
Password:Last 4 SSN

Dear MITCHELL HOWE,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190
PostGrad - Form 2 GREAT PLAINS FAMILY PRACTICE RESIDENCY
USMLE Exams Incomplete
OTHER DEFICIENCIES: FCVS
Exam verification date
MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP62708738</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Valeska Barr

Valeska Barr

Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision Application Summary

	Information (due to space rification date	ce limitations on this page	e, this may not be a complete list)
stGrad	WAS PROVIDED BY	FAMILY PRACTICE RESI	DENCY
	dical School Attended: Univ Of Ok Coll Of Med, Okl	alahoma City Ok 73190	
	Number of Licenses	s Previously Granted to 0	Graduates of this Medical School:7,275
2) AL - P - N - N - U	JTHORIZED CIRCULARIZA LL FIVE CRITERIA HAVE E assed USMLE o DUIs or Legal Issues o Significant Malpractice S Graduate raduated Medical School	Issues	D MEMBERS
3) H	AS ISSUED A TEMPORAR	RY LICENSE THROUGH _	_1_1_
4) H/	AS ISSUED A SPECIAL PO	GY-1 TRAINING LICENSE	1814 6-12-23
5) RI	EQUESTS SPECIFIC CON	ISIDERATION OF:	

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type Number Name MD 41439 SAMUEL HUANG
MEDICAL DOCTOR
OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Last Medical School Attended: 040-02 OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201
Number of Licenses Previously Granted to Graduates of this Medical School:61
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD

SAMUEL HUANG 41439

MEDICAL DOCTOR

Practice Address:

April 10, 2023

Status:

Res: TR

Received: 04/06/2023 Entered: 04/06/2023

Temp Issued: Temp Expires:

Train Issued: 07/05/2023 Train Expires: 09/30/2024 Fed Rec: 05/14/2024 AMA Rec: 05/14/2024

Board Action:

License #: 41439

Sex: M Ethnic Origin: 6

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 1	PASS	1/31/16	6/29/23	
Test 2: USMLE 2	PASS	10/13/22	6/29/23	1
Test 3: USMLE 3	PASS	10/28/23	4/29/24	1

Note: PASS means higher than 75

Test AV: **Total Possible:** Okla Passing: Total Score:

PRE-MED EDUCATION

School Name: UNIVERSITY OF ROCHESTER

City: ROCHESTER

Degree: BS, BA

State: NY Country: UNITED STATES From: 8/2010 To: 5/2014 Verified:

School Name: ALFRED-ALMOND CENTRAL SCHOOL

City: ALMOND

State: NY Country: UNITED STATES

Degree: DIPLOMA

From: 12/2009 To: 6/2010 Verified:

MEDICAL SCHOOL EDUCATION

8 / 2014

Name: OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201

Foreign Name:

City: Portland

State/Country: United States of America

Degree: MD, PHD

From:

To: 6/2023

Diploma Ver'd:

Υ

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD

41439 SAMUEL HUANG

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: OPHTHALMOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:

Country: UNITED STATES OF AM

Verified:

ACGME Ver'd:

From:

712023 To:

Comments:

PRACTICE HISTORY

Employed:

From:

Supervisor:

City:

State:

1

Country: To: 1

Verified:

Specialty: Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

DEFICIENCIES

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

RETURN FORM TO:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION DIVISION

oktraining@okmedicalboard.org

QUESTIONNAIRE

Please read and follow ALL instructions

APR 28 2024
OKLAHOMA STATE BOARD OF

<u>FORM INSTRUCTIONS</u>: Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you <u>ARE FULLY LICENSED</u>, you <u>MUST</u> go online and renew your license – <u>DO NOT pay your renewal fee via these instructions (doing so will delay your renewal)</u>.

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

PLEASE PRINT ALL INFORMATION

LAST

NAME EMAIL ADDRESS LICENSE NUMBER HOME ADDRESS PROGRAM ATTENDING		Samuel		NAME		Huang	
		41439	CELL PHONE CITY/ST	ATE			
		University of Oklahoma		SPECIALTY		Ophthalmology	
		DOCUME	ENTA	TION TO	ATTA	сн	
		PAY	MENT	COMPLET	ED		
	\$150 pay of trainin	ment made on Billpay for <mark>RENEWAL</mark> g license		\$250 par license	ymen	t made on Billpay for <mark>UPGRADE</mark> of training	
		DOCUM	IENTA	TION REQ	IIIRF	D	
		(must be received directly from progr	200 2 - 300 0			ion (must be received directly from program)	
	USMLE USMLE	Step 3 (must be received directly from)	n	□ Ar	swer	confidential questions (on back of this form)	
		FOREIG	N TRA	INED STU	DENT	'S	
	Current		0.00		Soc	ial Security Number **if not provided at ial application	
	Backgro	ound Check **if not done at initial app	olicatio	on			

IF YOU ARE FULLY LICENSED – DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN – COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

RENEWAL QUESTIONNAIRE UPDATED 03-2024

FIRST



APR 28 2024

NAME Samuel Huang

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

YES	NO
SMLE exam (not previously disclosed)?	×
estigation or disciplinary action (including probation) by a hospital or	×
ent or settlement against you rising from a professional liability claim?	×
lational Practitioner Data Bank (NPDB)?	×
removed, or suspended hospital privileges?	×
rivileges while under investigation or to avoid investigation?	
nent with a Federal, State, or Local jurisdictional body to avoid formal	×
e ever been denied?	IX
or had any disciplinary action taken on any license?	X
r requested to appear before a licensing or disciplinary agency (other of Medical Licensure and Supervision)?	×
nt or been treated for use of any drug or chemical substance including	×
ged with, or convicted of a felony or misdemeanor other than a traffic	X
ged with, or convicted of a traffic violation involving the use of any	×
used any drug or chemical substance including alcohol?	X
participation, terminated, sanctioned or penalized by any third-party ARE, or MEDICAID?	×
y adverse action taken against any narcotic permit (State or Federal)?	X
participation, terminated, sanctioned or penalized by any third-party ARE, or MEDICAID?	ny

RENEWAL QUESTIONNAIRE UPDATED 03/2024

Oklahoma State Board of Medical Licensure and Supervision PAGE 140 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/06/2023

Applicant Name: HUANG, SAMUEL MD 41439 Date Of Birth: Place Of Birth (City, State): URBANA, NY Sex: M Race: Asian/Pacific Islander Education Type Name **ST Country** Comments City From Degree Veri To UG UNIVERSITY OF ROCHESTER NY 8/2010 5/2014 BS, BA ROCHESTER **Medical School Name** City **State Country** Comments From To OR HLTH SCI UNIV SCH OF MED, Portland OR United States 8/2014 6/2023 PORTLAND OR 97201 Post-Graduate Facility City St Country Specialty Comments From To UNITED S' **Practice History Employer** Specialty Supervisor City ST Countr From To Verif 1 \$25D Other/ Out-Of-State Licenses State License # Profession Status **Issue Date Exp Date**

State Score Date Taken

MD Exam Exam

USMLE

Oklahoma State Board of Medical Licensure and Supervision APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE PAGE 141 of 500

Received:04/06/2023

Que	estions Answered 04/03/2023	Response
Ā.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Н.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
Κ.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
VI.	Have you ever surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
Ο.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
Ρ.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q .	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
₹.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Γ.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision PAGE 142 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received: 04/06/2023

Wilespeed where de consistent to the Constant
If licensed, where do you intend to locate?
OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training
In what manner will you be communicating with your Oklahoma patients (telephone, email, internet,
video-conference, etc)?
Describe how you will exemine each notice tip ways a microte discussion to discussion to add a second tip ways and the second tip ways are second to the second tip ways and the second tip ways and the second tip ways and the second tip ways are second tip ways and the second tip ways and the second tip ways are second to the second tip ways and the second tip ways are second tip ways and the second tip ways are second tip ways and the second tip ways are second tip ways and the second tip ways are second to the second tip ways and the second tip ways are second to the second tip ways are second to the second tip ways are second to the second tip ways are second tip ways and the second tip ways are second to the second tip ways and the second tip ways are second to the second tip ways are second tip ways are second tip ways are sec
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a
patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma?
Yes
165
If 'Yes', Name of practice:
SSECT - Made Christ - Biother particular - Mathematical Control Contro
University of Oklahoma
If so, Please identify with which category:
Residency
Name of Previous Carrier and Policy Holder
Oregon Health & Driversity
orogon rically damp, colonic oniversity
Name of Current Carrier and policy Holder
Company of the production of the control of the con
University of Oklahoma
Will your professional lightility incurance policy across your practice in Oklahama
Will your professional liability insurance policy cover your practice in Oklahoma
Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

I attest that all the above information is accurate as of April 05, 2023: (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other RECEIVIN disciplinary sanction of my license or permit to practice.

> A 6 2023 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Applicant's signature (must be signed in the presence of a notary) SAMUEL, J. Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.) 4/3/2023

OFFICIAL STAMP AMY LOU JOHNSON NOTARY PUBLIC - OREGON COMMISSION NO. 994178 MY COMMISSION EXPIRES DECEMBER 01, 2023

Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

State of Ove 900

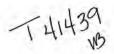
County of Multraman

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 31 day of April

Notary Public Signature

My Notary Commission Expires 12/01/2023





United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 04/29/2024

Examinee: Alt Name(s): Huang, Samuel

Examinee ID: 5-365-376-2

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

Test Date Pass/Fail Score Minimum Pass Comment 01/31/2016 Pass 258 (192) USMLE STEP 2 Clinical Knowledge (CK) Test Date Pass/Fail Score Minimum Pass Comment	
Clinical Knowledge (CK)	
Test Date Pass/Fail Score Minimum Pass Comment	
10/13/2022 Pass 247 (214)	
USMLE STEP 3	
Test Date Pass/Fail Score Minimum Pass Comment	
10/28/2023 Pass 234 (198)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Huang, Samuel

Examinee ID: 5-365-376-2 Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Form 1 (MD)

PRIMARY SOURCE

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 OKTRAINING@OKMEDICALBOARD.ORG

RECEIVED

This form must be completed by the institution and mailed or emailed directly from the institution. UL 0 3 2023

Applicant's Name Samuel Huang	KLAHOMA STA MEDICAL L AND SUPE	RVISION
nstitution: Oregon Health & Science University City/State Portland/OR		
Our records indicate that the above named applicant attended our medical school on the following dates:		
rom 08 / 11 / 2014. To 06 /23 /2023 and was awarded the degree MD/PhD. Month Day Year Month Day Year Please complete the following questions:		
Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.	□ YES	M NO
Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	☐ YES	Мио
Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.	☐ YES	Ø NO
Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below	☐ YES	☑ NO
Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	□ YES	₩ ио
	an accurate a	eccount of
attest that the completion of the following has been completed by the program director and that the information above is a his individual's records and is true and correct. Tomo Ito, EdD Signature	an accurate a	eccount of
his individual's records and is true and correct. Tomo Ito, EdD	an accurate a	eccount of
his individual's records and is true and correct. Iame: Tomo Ito, EdD Signature Assistant Dean, UME Curriculum 6/30/2023	an accurate a	occount o
his individual's records and is true and correct. Iame: Tomo Ito, EdD	an accurate a	eccount o



Notary Seal

T MD 41439 7/3/23 LKC

Course Level: Medical Graduate Current Program College: School of Medicine Major: Physiology/Pharmacology Degree Information:

JUL 0 3 2023

Doctoral Dissertation: Transcription-dependent directed evolution of the adenoassociated virus Capsid

Degree Awarded: Doctor of Philosophy 18-JUN-2021

Major: Physiology/Pharmacology

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Subj	No.	Title			Cred	Grade	Pts R	
INSTI	TUTION	CREDIT:						
Spring	2016							
		MD/PhD Jou	rnal Club		0.50	P	0.00	
PHPH	601	Research			14.50	P	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	15.00	0.00	0.00	0.00				
Summ	er 2016							
CONJ	606MD	MD/PhD Jou	rnal Club		0.50	P	0.00	
PHPH	601	Research			9.00	P	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	9.50	0.00	0.00	0.00				
Fall 20	16							
CONJ	606MD	MD/PhD Jou	rnal Club		0.50	P	0.00	
CONJ	650	Practice and I	Ethics of Scien	ce	1.00	P	0.00	
PHPH		Research			11.50	P	0.00	
PHPH	621	The Visual Sy	ystem		2.00	P	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	15.00	0.00	0.00	0.00				
Winte	r 2017							
CONJ	606MD	MD/PhD Jou	rnal Club		0.50	P	0.00	
PHPH	601	Research			12.50	P	0.00	
PHPH	606	PHPH Journa	l Club		1.00	P	0.00	
PHPH	607	Departmental	Seminar Serie	es	1.00	P	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
1.00	15.00	0.00	0.00	0.00				

Subj	No.	Title			Cred	Grade	Pts R	
INSTI	TUTION	CREDIT:						
Spring	2017							
		MD/PhD Jour	mal Club		0.50	P	0.00	
PHPH	601	Research			12.50	P	0.00	
PHPH		PHPH Journa	I Chib		1.00	P	0.00	
РНРН	9.0,0		Seminar Series		1.00	P	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	15.00	0.00	0.00	0.00				
Summ	er 2017							
		MD/PhD Jour	mal Club		0.50	P	0.00	
PHPH	E & L.	Research	The Cine		15.50	P	0.00	
THE	001	Research			13,30	1	0100	
Farn	ed Hrs	GPA-Hrs	QPts	GPA				
Lain	16.00	0.00	0.00	0.00				
_	10100	0.00	0.00	5.00				
Fall 20								
CONJ	606MD	MD/PhD Jour	mal Club		0.50	P	0.00	
PHPH	601	Research			12.50	P	0.00	
PHPH	606	PHPH Journa	1 Club		1.00	P	0.00	
PHPH	607	Departmental	Seminar		1.00	P	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	15.00	0.00	0.00	0.00				
Winter	2018							
		MD/PhD Jour	rnal Club		0.50	P	0.00	
MGEN	9.99.000	Gene and Cel	minute (minute)		2.00	A	8.00	
PHPH		Research			11.50	P	0.00	
PHPH			Seminar Series		1.00	P	0.00	
	301	- spartmentar			1.00		2,100	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	15.00	2.00	8.00	4.00				
Spring	2018							
		MD/PhD Jour	mal Club		0.50	P	0.00	
PHPH		Research	The Park		13.50	P	0.00	
PHPH			Seminar Series		1.00	P	0.00	
Form	ed Hrs	GPA-Hrs	QPts	GPA				
Earn	15.00	0.00	0.00	0.00				
_	13.00	0.00	0,00	0.00				
-	er 2018		TO DEVICE		Quer/	100	444	
100		MD/PhD Jour			0.50	P	0.00	
CONJ			istics/Basic Sci		3.00	A	12.00	
PHPH	601	Research			11.50	P	0.00	

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Subj No.	Title			Cred	Grade	Pts R	Subj No.	Title			Cred	Grade	Pts R
INSTITUTION	CREDIT:						INSTITUTION	CREDIT:					
Earned Hrs	GPA-Hrs	QPts	GPA				Earned Hrs	GPA-Hrs	QPts	GPA			
15.00	3.00	12.00	4.00				15.00	0.00	0.00	0.00			
Fall 2018							Spring 2020						
CONJ 606MD	MD/PhD Jou	rnal Club		0,50	P	0.00	CONJ 606MD	MD/PhD Joi	urnal Club		0.50	P	0,00
PHPH 601	Research			13.50	P	0.00	PHPH 601	Research			7.50	P	0.00
PHPH 607	Departmenta	Seminar		1.00	P	0.00							
		0.5	CON.				Earned Hrs	GPA-Hrs	QPts	GPA			
Earned Hrs 15.00	GPA-Hrs 0.00	QPts 0.00	GPA 0.00				8.00	0.00	0.00	0.00			
13.00	0.00	0.00	0.00				Summer 2020						
Winter 2019							CONJ 606MD	MD/PhD Jos	irnal Club		0.50	P	0.00
CONJ 606MD	MD/PhD Jou	rnal Club		0.50	P	0.00	PHPH 601	Research			14.50	P	0.00
PHPH 601	Research			13.50	P	0.00							B-023
PHPH 607	Departmenta	Seminar Seri	ies	1.00	P	0.00	Earned Hrs	GPA-Hrs	QPts	GPA			
							15.00	0.00	0.00	0.00			
Earned Hrs	GPA-Hrs	QPts	GPA				D. 11 444						
15.00	0.00	0.00	0.00				Fall 2020	1 mm mi n i	1.01.1		0.50		0.00
Spring 2019							CONJ 606MD PHPH 601	Research	imai Club		0.50	P	0.00
CONJ 606MD	MD/PhD Iou	rnal Club		0.50	P	0.00	PHPH 607	Departmenta	1 Caminar		13.50	P	0.00
PHPH 601	Research	mai Ciuo		13.50	P	0.00	111111 007	Departmente	ii Seliillai		1.00		0.00
PHPH 607		Seminar Seri	ies	1.00	P	0.00	Earned Hrs	GPA-Hrs	QPts	GPA			
	- op	Demina Dem		1100		0.00	15.00	0.00	0.00	0.00			
Earned Hrs	GPA-Hrs	QPts	GPA				P. C. P. Marian						
15.00	0.00	0.00	0.00				Winter 2021						
							CONJ 606MD		urnal Club		0.50	P	0.00
Summer 2019	State 1			2.50	12	& x'x	PHPH 603	Dissertation			14.50	P	0.00
CONJ 606MD		rnal Club		0.50	P	0.00	B	CD . W	ON	CDA			
PHPH 601	Research			14.50	P	0.00	Earned Hrs 15.00	GPA-Hrs 0.00	QPts 0.00	GPA 0.00			
Earned Hrs	GPA-Hrs	QPts	GPA				15.00	0.00	0.00	0.00			
15.00	0.00	0.00	0.00				Spring 2021						
	5.3.5						CONJ 606MD	MD/PhD Jos	urnal Club		0.50	P	0.00
Fall 2019							PHPH 603	Dissertation			14.50	P	0.00
CONJ 606MD		rnal Club		0.50	P	0.00							
PHPH 601	Research			13.50	P	0.00	Earned Hrs	GPA-Hrs	QPts	GPA			
PHPH 607	Departmental	Seminar		1.00	P	0.00	15.00	0.00	0.00	0.00			
Earned Hrs	GPA-Hrs	QPts	GPA				Summer 2021						
15.00	0.00	0.00	0.00				CONJ 606MD	MD/PhD Jos	ırnal Club		0.50	AUD	0.00
		,795.7)	475.7				22.10 3001112				5.50	1075	217-2
Winter 2020							Earned Hrs	GPA-Hrs	QPts	GPA			
CONJ 606MD		rnal Club		0.50	P	0.00	0.00	0.00	0.00	0.00			
PHPH 601	Research			13.50	P	0.00	p. 10 1000						
PHPH 607	Departmental	Seminar Seri	es	1.00	P	0.00	Fall 2021		5	RID CID	ולית מלוחוי	0	
									1.0	NO BY COLD	57 A 500	U)	

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GPA-Hrs

CONJ 606MD MD/PhD Journal Club

Spring 2023 CONJ 606MD MD/PhD Journal Club

GPA-Hrs

GPA-Hrs

GPA-Hrs

GPA-Hrs

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GPA-Hrs

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Earned Hrs 0.00

Spring 2022

Earned Hrs 0.00

Summer 2022

Earned Hrs

Earned Hrs

Winter 2023

Earned Hrs

Earned Hrs 0.00

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Fall 2022

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331		Student	NO: 00000.	4165				
Subj	No.	Title			Cred	Grade	Pts R	
INSTI	TUTION	CREDIT:						
CONJ	606MD	MD/PhD Jour	mal Club		0.50	AUD	0.00	
Earı	ned Hrs	GPA-Hrs	QPts	GPA				
	0.00	0.00	0.00	0.00				
Winte	r 2022							
CONJ	606MD	MD/PhD Jou	rnal Club		0.50	AUD	0.00	

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Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	303.50	5.00	20.00	4.00
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	303.50	5.00	20.00	4.00

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Course Level : Medical Current Program

College: School of Medicine

Major: Medicine

Degree Information:
Degree Awarded: Doctor of Medicine 23-JUN-2023

Major: Medicine

Summer 2015

Subj	No.	Title			Cred	Grade	Pts R
INSTI	TUTIO	N CREDIT:					
Summ	er 2014						
FUND		Fundamentals			9.00	P	0.00
TRAN	702	Transition to	Medical School	i	2.00	P	0.00
Earr	ned Hrs	GPA-Hrs	QPts	GPA			
	11.00	0.00	0.00	0.00			
Fall 20	014						
	3 705A	MD/PhD Jour	nal Club		1.00	P	0.00
BLHD	710	Blood & Host	Defense		13.00	P	0.00
FAMP	706K	SW Volunteer	r Clinic		1.00	AUD	0.00
FUND	710	Fundamentals			9.00	P	0.00
IPE	701	Fndn Pt Safet	v & IP Practice	61	1.00	P	0.00
PREC	721	Preceptorship			1.00	P	0.00
Earr	ned Hrs	GPA-Hrs	QPts	GPA			
24	25.00	0.00	0.00	0.00			
Winter	r 2015						
CARE	710	Cardiopulmor	nary & Renal		9.00	P	0.00
PREC	722	Preceptorship			1.00	P	0.00
SBM	710	Skin, Bones a	nd Musculature	2	13.00	P	0.00
Earn	ned Hrs	GPA-Hrs	QPts	GPA			
	23.00	0.00	0.00	0.00			
Spring							
CARE		Cardiopulmor			18.00	P	0.00
HODI		Hormones &			7.00	P	0.00
PREC	723	Preceptorship			1.00	P	0.00
Earn	ned Hrs	GPA-Hrs	QPts	GPA			
	26.00	0.00	0.00	0.00			

Subj	No.	Title			Cred	Grade	Pts R	
INSTI	TUTIO	N CREDIT:						
HODI		Hormones & I	Digestion		11.00	P	0.00	
NSF	710	Nervious Syst			13.00	P	0.00	
PREC		Preceptorship	om ac r unono.		0.50	P	0.00	
TICLE	124	Treceptorsinp			0.50	1	0.00	
	ed Hrs	GPA-Hrs	QPts	GPA				
	24.50	0.00	0.00	0.00				
Fall 20	15							
BCMB		MD/PhD Jour	nal Club		1.00	P	0.00	
DEVH		Developing H			12.00	P	0.00	
NSF	710	Nervious Syst			9.00	P	0.00	
	724	Preceptorship	em & runction		1.00	P	0.00	
FREC	124	Freceptorship			1.00	F	0.00	
	ed Hrs	GPA-Hrs	QPts	GPA				
	23.00	0.00	0.00	0.00				
Winter	2016							
PREP		Preparation fo	r HSMLE Ster	. 1	5.00	P	0.00	
TRAN		Transition to C			2.00	P	0.00	
	1,90				2,00		1135	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	7.00	0.00	0.00	0.00				
Spring	2016							
JCON		MD/PhD Long	gitudinal Clerk	ship	1.00	P	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	1.00	0.00	0.00	0.00				
Fall 20	16							
JCON		MD/PhD Long	zitudinal Clerk	ship	1.00	P	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	1.00	0.00	0.00	0.00				
Winter	2017							
JCON		MD/PhD Long	ritudinal Clark	chin	1.00	P	0.00	
JCON	115	MD/FIID LON	gituulilai Cicik	Silip	1.00	1	0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	1.00	0.00	0.00	0.00				
Spring	2017							
JCON		MD/PhD Long	vitudinal Clerk	ship	1.00	P	0.00	
20014	, 15	DIT IID LON	5. Garage	Jinp	1.00		0.00	
Earn	ed Hrs	GPA-Hrs	QPts	GPA				
	1.00	0.00	0.00	0.00				

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Subj No.	Title	_		Cred	Grade	Pts R	Subj No.	Title			Cred	Grade	Pts R
NSTITUTION	CREDIT:						INSTITUTIO	ON CREDIT	1				
CON 715	MD/PhD Lo	ngitudinal Cle	erkship	1.00	P	0.00	Fall 2019 JCON 715	MD/PhD	Longitudinal C	lerkship	1.00	AUD	0.00
Earned Hrs 1.00	GPA-Hrs 0.00	QPts 0.00	GPA 0.00				Earned Hrs	GPA-Hrs	QPts	GPA 0.00			
Vinter 2018 CON 715	MD/PhD Lo	ngitudinal Cle	erkship	1.00	P	0.00	0.00 Winter 2020	0.00	0.00	0.00			
							JCON 715	MD/PhD	Longitudinal C	lerkship	1.00	AUD	0.00
Earned Hrs 1.00	GPA-Hrs 0.00	QPts 0.00	GPA 0.00				Earned Hrs 0.00	GPA-Hrs		GPA 0.00			
pring 2018 CON 715	MD/PhD Lo	ngitudinal Cle	erkshin	1.00	P	0.00	Spring 2020	0.00	0.00	0.00			
				1100		0.00	INTS 771	Intersess	on - Cancer		2.00	P	0.00
Earned Hrs	GPA-Hrs	QPts	GPA				INTS 772		on - Cognitive		2.00	P	0.00
1.00	0.00	0.00	0.00				INTS 773		on - Infection		2.00	P	0,00
Summer 2018							INTS 774	Intersess	on - Pain Mana	gement	2.00	P	0.00
CON 715	MD/PhD Lo	ngitudinal Cle	erkship	1.00	P	0.00	Earned Hrs 8.00	GPA-Hrs 0.00		GPA 0.00			
Earned Hrs	GPA-Hrs	QPts	GPA					0,00	0.00	0.00			
1.00	0.00	0.00	0.00				Summer 2020 JCON 715		Longitudinal C	lerkship	1.00	AUD	0.00
Fall 2018 CON 715	MD/PhD Lo	ngitudinal Cle	erkship	1.00	P	0.00	Earned Hrs 0.00	GPA-Hrs		GPA 0.00			
Earned Hrs 1.00	GPA-Hrs 0.00	QPts 0.00	GPA 0.00				Fall 2020	0.00	0.00	0.00			
7/: 2010							JCON 715	MD/PhD	Longitudinal C	lerkship	1.00	AUD	0.00
Winter 2019 ICON 715	MD/PhD Lor	naitudinal Cle	erkehin	1.00	P	0.00	Earned Hrs	GPA-Hrs	OPto	GPA			
715	WID/T HD LO	igituumai Cic	ricsinp	1.00		0.00	0.00	0.00		0.00			
Earned Hrs 1.00	GPA-Hrs 0.00	QPts 0.00	GPA 0.00				Winter 2021			3.52			
							JCON 715	MD/PhD	Longitudinal C	lerkship	1.00	P	0.00
Spring 2019 JCON 715	MD/PhD Lor	ngitudinal Cle	erkship	1.00	AUD	0.00	Earned Hrs	GPA-Hrs		GPA			
Earned Hrs	GPA-Hrs	QPts	GPA				1.00	0.00	0.00	0.00			
0.00	0.00	0.00	0.00				<u>Spring 2021</u> JCON 715	MD/PhD	Longitudinal C	lerkship	1.00	AUD	0.00
Summer 2019							220,1 1/12		gaaaaaa c		1.00		222
CON 715	MD/PhD Lor	ngitudinal Cle		1.00	AUD	0.00	Earned Hrs 0.00	GPA-Hrs 0.00		GPA 0.00			
Earned Hrs 0.00	GPA-Hrs 0.00	QPts 0.00	GPA 0.00				Summer 2021	ī		RECIE		_	

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Summer 2022 CPX 702

INTS 770E

OPHT 701A

OPHT 709X

RADD 709A

Fall 2022 JCON 700C

JCON 725

Earned Hrs

14.00

Clinical Performance Exam

Peds Testing Intersession

Ophthalmology Research

GPA-Hrs

0.00

Ophthalmology Special Elect

Diagnostic Radiology-General

QPts

0.00

Preparation for USMLE Step 2CK

Clin & Translational Research

Subj No.	Title			Cred	Grade	Pts R	Subj No.	Title			Cred	Grade	Pts R
INSTITUTIO	N CREDIT:						INSTITUTIO	N CREDIT:					
NEUR 730	Neurology Co	re Clinical Ex	D	6.00	P	0.00							
PEDI 730	Pediatrics Cor			6.00	P	0.00	Earned Hrs	GPA-Hrs	QPts	GPA			
PSYC 730	Psychiatry Co			6.00	P	0.00	9.00	0.00	0.00	0.00			
Earned Hrs	GPA-Hrs	QPts	GPA				Winter 2023				20.00		
18.00	0.00	0.00	0.00				ANST 709A	Anesthesiolo	~		4.00	P	0.00
							OPHT 701A	Ophthalmolo			4.00	P	0.00
Fall 2021							SCHI 703		ject-Capstone		1.00	P	0.00
FAMP 730	Family Medic			6.00	P	0.00	TRAN 704	Transition to	Residency		1.00	P	0.00
IMED 730	Internal Med			6.00	P	0.00				-			
INTS 770C	Neurology Te			1.00	P	0.00	Earned Hrs	GPA-Hrs	QPts	GPA			
INTS 770F	Psychiatry Te	stingIntersessi	on	1.00	P	0.00	10.00	0.00	0.00	0.00			
Earned Hrs	GPA-Hrs	QPts	GPA				Spring 2023					4.	article and the second
14.00	0.00	0.00	0.00				OPHT 711A	Ophthalmolo	gy Research		2,00	P	0.00
Winter 2022							Earned Hrs	GPA-Hrs	QPts	GPA			
INTS 770A	FamilyMed T			1.00	P	0.00	2.00	0.00	0.00	0.00			
INTS 770B	Inter Med Tes		on	1.00	P	0.00							
INTS 770E	Peds Testing l			1.00	WP	0.00	Transcript To	tals	Earned Hrs	GPA Hrs	Points	GPA	
OBGY 730	OBGYN Core	Clinical Exp		6.00	P	0.00	TOTAL INSTI	TUTION	245.50	0.00	0.00	0.0	0
Earned Hrs	GPA-Hrs	QPts	GPA										
8.00	0.00	0.00	0.00				TOTAL TRAN	ISFER	0.00	0.00	0.00	0.0	0
Spring 2022							OVERALL		245.50	0.00	0.00	0.0	0
INTS 770D	OB/GYN Tes			1.00	P	0.00				END OF TR	LANSCRI	PT	
INTS 770G	Surgery Testin		1	1.00	P	0.00	-						
OPHT 709A	Advanced Op			4.00	P	0.00							
SURG 730	Surgery Core	Clinical Exp		6.00	P	0.00							
Earned Hrs 12.00	GPA-Hrs 0.00	QPts 0.00	GPA 0.00										

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Gwen Hyatt Registrar



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Grading System

Beginning August 1, 2013 for all Schools; Dentistry, Medicine and Nursing

A = Honors or Excellent IP = In Progress
B = Near Honors or Good I = Incomplete

D = Marginal or Inferior AUD = Audit F = Failure W = Withdrew

P = Pass WP = Withdrew Passing
NP = No Pass WNP = Withdrew Non-Passing
WAU = Withdrew from Audit

+ or - may be used with letter grades

School of Medicine - MD Program - Prior to September 16, 1961: I=91-100%, (I=86-90%, III=81-85%, IV=76-80%, V=75% (barely passing). Beginning September 18, 1961: A=Exceptional, B=Superior, C=Average, D=Inferior, E=Conditional, F=Failure. Beginning September 12, 1977: H=Honors, Acc=Acceptable, M=Marginal, F=Failure, P=Pass, NP=No Pass, AU=Audit, I=Incomplete, W=Withdrew. Courses listing two grades, i.e. Acc/I are for knowledge/skills. Beginning June 12, 1988: H=Honors, NH=Near Honors, S=Satisfactory, M=Marginal, F=Failure, X=No Grade Received/No Basis for Grade, P=Pass, NP=No Pass, AU or AUD=Audit, I=Incomplete, W=Withdrew. The mark "M" necessitates remedial work with a mark of at least "S" or better on the academic record. The mark of "F" would require repeating the course. Beginning January 2006: I/(Grade)=Incomplete grade changed to final grade.

School of Medicine - Graduate and Allied Health Programs - Prior to September 16, 1961: I=91-100%, II=86-90%, III=81-85%, IV=76-80%, V=75% (barely passing). Beginning September 18, 1961: A=Exceptional, B=Superior, C=Average, D=Inferior, E=Conditional, F=Failure. Beginning September 1989: 4.0=Exceptional, 3.0=Superior, 2.0=Average, 1.0=Inferior, 0.0=Failure, P=Pass, NP=No Pass, AUD=Audit, I=Incomplete, X=No Grade Received/No Basis or Grade, W=Withdrew. Beginning September 2003 (for Graduate Programs only): A=Exceptional, B=Superior, C=Average, D=Inferior (+ or - may be used with letter grades), F=Failure, P=Pass, NP=No Pass, AU or AUD=Audit, I=Incomplete, X=No Grade Received/No Basis for Grade, W=Withdrew, WS=Withdrew Satisfactory, WU=Withdrew Unsatisfactory. Beginning January 2006: I/(Grade)=Incomplete grade changed to final grade.

School of Nursing - <u>Prior to June 21, 1971</u>: A=Exceptional, B=Superior, C=Average, D=Inferior, F=Failure. <u>From June 21, 1971 to August 13, 1982</u>: A=Exceptional, B=Superior, C=Average, P=Satisfactory or better, N=Unsatisfactory. <u>Beginning September 27, 1982</u>: 4.0=Exceptional, 3.0=Superior, 2.0=Average, 0.0=Failure, P=Pass, NP=No Pass, AUD=Audit, !=Incomplete, W=Withdrew, WS=Withdrew Satisfactory, WU=Withdrew Unsatisfactory, X=No Grade Received/No Basis for Grade, IP=In Progress. Beginning January 2006: I/(Grade)=Incomplete grade changed to final grade. OHSU students on the Southern Oregon University (SOU) campus (formerly Southern Oregon State College (SOSC)): valid grades include A, B, C, D, F (with or without plus/minus), from September, 1993 through June, 1994 only.

OGI School of Science & Engineering - <u>Beginning Fall 1998</u>: A=High Pass, B=Pass, C=Low Pass, (+ or - may be used with letter grades), F=Fail, P=Pass, NP=No Pass, W=Withdrawn, I=Incomplete, PI=Permanent Incomplete, AU=Audit, NG=No Grade Submitted. <u>2008</u>: OGI School of Science & Engineering merged in to the School of Medicine. <u>Beginning Fall 2008</u>: Refer to School of Medicine - Graduate and Allied Health Programs.

School of Dentistry - <u>Beginning Fall 1979</u>: Grades of 4.0, 3.5, 3.0, 2.5, 2.0, 1.5, 1.0, 0.0 also designate quality points per credit hour. Other grades are F=Fail, P=Pass, NP=No Pass, EX=Exempt, AUD=Audit, I=Incomplete, W=Withdrew, WS=Withdrew Satisfactory, WU=Withdrew Unsatisfactory, *=no grade (for a continuing term course). Beginning Summer 2007: I/(Grade) - Incomplete grade changed to final grade.

Former Names

1887: the University of Oregon established a medical school in Portland Oregon. 1926: the University of Oregon established a program in nursing. 1945: the University of Oregon established a dental school by incorporating the North Pacific College of Oregon (formerly known as the North Pacific Dental College). 1974: the Oregon Legislature established the University of Oregon Health Sciences Center as a free-standing institution within the Oregon State System of Higher Education. 1981: the health sciences centerwas renamed Oregon Health Sciences University. 2001: the Oregon Health Sciences University merged with the Oregon Graduate Institute of Science and Technology (formerly known as the Oregon Graduate Center prior to 1989) and was renamed Oregon Health & Science University.

Oregon Health & Science University is accredited by the Northwest Commission on Colleges and Universities. In addition, all appropriate health care programs are accredited by specialized accrediting associations.

Calendar

Oregon Health & Science University operates on the term or quarter system.

Course Numbering System

200-299 Lower division level 300-499 Upper division level

500-599 Graduate courses offered primarily in support of master's level programs
600-699 Graduate courses offered primarily in support of doctoral level programs
700-799 Professional courses which may be applied to a professional degree

OGI School of Science & Engineering (Prior to September 2003)

700 Master Thesis Research 800 Post Qualifying Ph.D. Research

School of Dentistry (Prior to June 2006)

DMD courses:

610-619 Professional courses offered primarily in support of first year curriculum
620-629 Professional courses offered primarily in support of second year curriculum
630/730-639/739 Professional courses offered primarily in support of third year curriculum
640/740-649/749 Professional courses offered primarily in support of fourth year curriculum

Graduate courses:

500-599 Graduate courses offered primarily in support of master's level programs
600-699 Graduate courses offered primarily in support of the Orthodontics program
700-799 Graduate courses offered primarily in support of master's level programs

Repeated Courses

A course followed by an E indicates the course has been repeated and has been excluded from the GPA calculation, the total earned credits and the degree requirements.

Special Subject Codes:

IPE = Interprofessional education and collaborative practice.
UNI = University course taught in a multiprofessional manner.



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION





AMA Physician Profife

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address

SAMUEL JONATHAN HUANG

Primary Office Address

Birth date



Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDE

AMA membership status

MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: OREGON HEALTH & SCIENCE UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: **Enrollment Date:** YES

08/2014

Degree Type:

MD

Degree Date:

06/2023

AMA files checked 05/14/2024 12:53:36

AMA Physician Profile for Samuel Jonathan Huang, MD ©2024 by the American Medical Association. All rights reserved.



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State: OKLAHOMA

Program name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty: OPHTHALMOLOGY

Training Type: SPECIALTY

Dates: 07/01/2023 - 06/30/2027 **Status:** TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME



US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

PAGE 157 of 500

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET

OKLAHOMA CITY OK 73105

EVIDENCE OF STATUS – PART A OKLAHOMA STA

APR 0 6 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Full Legal Name:	SAMUEL	JONA	THAN	HUANG	
	First		Middle	Last	Malden (If applicable)
Mailing Address:					
		Street Address or F	Post Office Box	337100 500 (1 100 21 100 21 100 21 100 30 30 30 30 30 30 30 30 30 30 30 30 3	
				Social Security #:	
City	State	ZIp Code	Telephone Number		

PRIMARY EVIDENCE OF CITIZENSHIP (FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)

	u are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following uments to this form. Place a checkmark below to indicate the document that is attached.
X	A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
	United States passport (except limited passports, which are issued for periods of less than five years)
	Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State
	Certificate of Naturalization (N-550 or N-570) (Issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
	Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
	Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
	Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
	American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
	Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
	Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94
acco	clare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all mpanying documents provided to substantiate my Evidence of Status application are true and correct. Date 4/3/2023
Subs	cribed and sworn before me this 3 day of April 20 23.
Nota	official STAMP AND TOPICIAL STAMP AND TOPICIAL STAMP
Com	mission Number 494178 NOTARY PUBLIC - OREGON COMMESSION NO. 994178
Myc	ommission expires 2/0 /2023 MY COMMISSION EXPIRES DECEMBER 01, 2023

T41439

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org

To Request Ex	BIRCHIANED	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814	Federation of State Medical Boards 400 Fuller Wiser Road Euless, TX 76039-3855	APR 0 6 2023 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE
(215) 590-9500 www.NBME.org	(817) 868-4000 www.FSMB.org	AND SUPERVISION

- Extended Background Check Applicants for licensure are required to request an Extended Background Check,
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- 8. <u>Photo and Oath Form</u> Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. **English Proficiency Exam** Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. **Temporary Licensure** (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Samuel Huang	SMY	04/04/2023
Name of Applicant (type or print)	Signature of Applicant	Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

141439

Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Sunday, April 28, 2024 4:18 PM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

SAMUEL JONATHAN HUANG has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/28/2024 04:04:18pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41439

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.





June 2, 2023

Subject: Degree Confirmation

To Whom It May Concern:

Samuel Huang will complete all his MD/PhD dual degree graduation requirements as of April 28th 2023 from Oregon Health & Science University, School of Medicine, MD Program. He will be available to attend orientation in June. There are no disciplinary actions pending against him.

His diploma date will be June 23^{rd} 2023. His diploma will be available by the first week of August.

If you have any questions, please feel free to contact me at (503) 494-5100.

Sincerely,

Tomo Ito, Ed.D.
Assistant Dean, UME Curriculum
School of Medicine

Oregon Health & Science University

RECEIVED

UN 29 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION OHSU School of Medicine. Office of the Dean tel 503 494-8220

Undergraduate Medical Education tel 503 494-8228 fax 503 494-3400

Mail code: CL5MD 2730 S. Moody Ave. Portland, OR 97201

www.ohsu.edu/som

Associate Dean, Undergraduate Medical Education Tracy Bumsted, MD, MPH

Assistant Deans, Student Affairs Rebecca Cantone, MD Benjamin Schneider, MD

Assistant Dean, UME Curriculum Tomo Ito, Ed.D, MSEd.

Assistant Dean, Admissions Robert Cloutier, MD, MCR

Director, Undergraduate Medical Education Debbie Melton

Director, UME Assessments Alexandra Shuford, PhD, MA

Admissions Kathryn Guertin-Davis, MS, Admin Manager

Teaching Services Emily Larson, Admin Manager

OASIS Erika Lenford, MAEd, Program Manager





Lisa Cullen

OKLAHOMA STATE BOARD OF

From: Samuel Huang

Sent: Wednesday, May 10, 2023 1:47 PM

To: OK Training

Subject: [EXTERNAL] Re: Oklahoma MD Application #41439 Follow-Up

Attachments: USMLE_Step2_score_report.pdf; USMLE_Step1_score_report.pdf; huang_OHSU Unofficial

Transcript.pdf

To whom it may concern,

Thank you for your initial review of my application. Can you please answer the following questions about the listed deficiencies below in red?

>NEED EXPLANATION OF WHY MEDSCHOOL TOOK 9 YEARS

I was in the MD/PhD program and the PhD portion took 5 years. Do you require further explanation?

- > Exam verification date
- > USMLE Exams Incomplete

I believe these items may go together so I have attached my official USMLE Step 1 and Step 2 score reports.

> MedSchool-Transcript OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201 Attached.

> MedSchool-Form 1 OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201

My medical school is offering to fill out this form after I have officially graduated and conferred my MD. This would take place in late July. If you would like this filled out earlier, can you please offer some instruction on how to address the line regarding what degree I was awarded?

> PostGrad - Form 2 COLLEGE OF MEDICINE OKC

This form appears to be for any post-graduate training. Since I have not yet graduated, I have not completed any. Would you like me to submit the form in some way to indicate that it is not applicable?

Thank you very much for your assistance.

Sincerely, Samuel Huang

On Tue, May 2, 2023 at 6:02 AM Valeska Barr < <u>vbarr@okmedicalboard.org</u>> wrote:

We have received your Oklahoma MD License Application. Attached is a follow-up letter listing the required items we still have not yet received. It also includes a Username and instructions for checking the status of your application online.

If you have any questions about the licensing process or any listed deficiencies, please direct them to: oktraining@okmedicalboard.org



TIME DEFICIENCY FORM

Name:	Samuel Huang	Application #	
ivallic.	Samuel Huang	Application #	

This document is used a tool to help you complete your application.

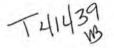
Please note: we have to account for any/all time from your 18th birthday to present.

2006		Year	Name of Institution	City State Deg		Degree	
	06	2010	Alfred-Almond Central School	Almond	NY		
2010	05	2014	University of Rochester	Rochester	NY	BS, BA	
2014	06	2023	Oregon Health & Science University	Portland	OR	MD,PhD	
OYMEI	NT IF N	EDED	TO FILL TIME GAP				
Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
-							
R - UN	EMPLO		TAY AT HOME PARENT, SUMME	R BREAK, TR	AVELING		
Start Year	End Month	End Year	Other		City	State	
2010	08	2010	Summer Break				
2014	08	2014	Summer Break				
-							
	Start Year R - UN Start Year 2010	Start End Month R - UNEMPLO Start End Year Month 2010 08	Start End Year Month Year R - UNEMPLOYED, S Start End End Year Month Year 2010 08 2010	Start End Year Month Year Name of Employer R - UNEMPLOYED, STAY AT HOME PARENT, SUMME Year Month Year 2010 08 2010 Summer Break	Start End Month Year Name of Employer City R - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRA Start Fend Month Year 2010 08 2010 Summer Break	Start Year Month Year Name of Employer City State R - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING Start Year Month Year Other 2010 08 2010 Summer Break	

BECEIVED

APR 0 6 2023

OKLAHOMA STATE BOARD OF MED DAY PENGURE AND STATE BOARD OF



05/02/2023

SAMUEL HUANG

RE: MD Application #41439

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP90713505 Password:Last 4 SSN

Dear SAMUEL HUANG,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

OTHER DEFICIENCIES: NEED EXPLANATION OF WHY MEDSCHOOL TOOK 9 YEARS Exam verification date

MedSchool-Transcript OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201 MedSchool-Form 1 OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP90713505</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email. oktraining@okmedicalboard.org

Sincerely,

Valeska Barr

Valeska Barr

Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision Application Summary

	e r Name 439 SAMUEL HUANG TOR	
Exam verification	m 2 COLLEGE OF MEDICINE OKC	e, this may not be a complete list)
	School Attended: TH SCI UNIV SCH OF MED, PORTLAND OR 9 Number of Licenses Previously Granted t	
Application for	: Resident Full License	Reinstatement
1) AUTHOR	of the Board has reviewed this application a RIZED CIRCULARIZATION TO OTHER BOARI E CRITERIA HAVE BEEN MET [Fast Track] USMLE	D MEMBERS
- No DUIs - No Sign - US Grad	s or Legal Issues nificant Malpractice Issues	
- No DUIs - No Sign - US Grad - Graduat	s or Legal Issues nificant Malpractice Issues duate	11
- No DUIs - No Sign - US Graduat - Graduat 3) HAS ISS	s or Legal Issues nificant Malpractice Issues duate ted Medical School on time	_1_1_ 1

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type MD	Number 39598	Name DAVID ALEJANDRO IRUEGAS NUNEZ
MEDIC	AL DOCTOR	
		ion (due to space limitations on this page, this may not be a complete list)
PostG		CIES: NEED CURRENT VISA / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION COLLEGE OF MEDICINE OKC und Check
	*	
<u> </u>	VI	
		Dol Attended: De Est Sup De Monterrey, Esc De Med I.A.Santos, Monterrey
		Number of Licenses Previously Granted to Graduates of this Medical School:4
Applica	tion for: Re	esident Full License Reinstatement
The S	ecretary of th	ne Board has reviewed this application and:
1)	AUTHORIZE	ED CIRCULARIZATION TO OTHER BOARD MEMBERS
	- Passed USI	Legal Issues tice Issues
		Medical School in 4 years or less
3)	HAS ISSUEI	D A TEMPORARY LICENSE THROUGH / /
4)	HAS ISSUEI	D A SPECIAL PGY-1 TRAINING LICENSE

OKLAHOMA STATE BOARD OF MEDICAL BOARD OF LICENSURE AND SUPERVISION

Note: This information was obtained from FAIMER (Foundation for Advancement of International Medical Education and Research.

INTERNATIONAL MEDICAL SCHOOL SUMMARY

INSTITUTION: LOCATION:	TECNOLOGICO	TECNOLOGICO DE MONTERREY ESCUELA DE MEDICINA Y CIENCIAS DE LA SALUD CAMPUS MONTERREY MEXICO						
ALTERNATE NAMES	INSTITUTO T	ECNOLOGICC	Y DE ESTUD	IOS SUPERIO	DRES DE MONT	ERREY (CURRENT)		
School type: Year instruction	n started:	PRIVATE	SCHOOL	<u>DETAILS</u>				
Operational sta			OPERATION	AL				
Additional		-			IE MEDICO CIRU	JJANANO CURRICULUM WAS		
information:		SEVEN YEARS WITHOUT SOCIAL SERVICE						
Year instruction	_	1978	PROGRAM	1 DETAILS				
Curriculum dur		6 YEARS						
Language(s) of		SPANISH, CASITLIAN SPANISH, CASITLIAN IS REQUIRED INFORMATION NOT PROVIDED						
Entrance exam	•	_	\sim	-				
Additional		THE PROGRAM IS SIX YEARS OF CURRICULUM PLUS ONE YEAR OF SOCIAL SERVICE. ADMISSION FOLLOWS COMPLETION OF UPPER SECONDARY EDUCATION						
information:		ADMISSION	FOLLOWS CC	IMPLETION C	OF UPPER SECO	JNDARY EDUCATION		
			SPONSO	R NOTES				
Graduation Year Additional Information:	ars:	to	;	to	; 1984	to CURRENT		
Listed on appro	oved list by C	California Me	dical Board	:	• YES	○ NO		
The total numb	er of gradua	tes from this	s medical sc	hool who ar	e licensed by	the Oklahoma Board:		
O 0	<u> </u>	0	2	3	•	5		

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type

Number

Name

MD 39598

DAVID ALEJANDRO IRUEGAS NUNEZ

MEDICAL DOCTOR

Practice Address:

April 20, 2022

HOSPITAL NARVAEZ

CALLE GUERRERO 790 SUR COLONIA CENTRO

CIUDAD ACUNA, 26200

NOT OKLAHOMA

COAHUILA

MEXICO

Status:

Res: MD

Received: 04/20/2022

Entered: 04/20/2022

Temp Issued:

Temp Expires:

Train Issued: 07/01/2022 Train Expires: 09/30/2024 Fed Rec: 05/31/2024

AMA Rec: 05/31/2024

Board Action:

License #: 39598

Sex: M

Ethnic Origin: 4

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	02/22/22	4/20/22	1
Test 2: USMLE 2	PASS	02/27/21	4/20/22	. 1
Test 3: USMLE 1	PASS	10/15/20	4/20/22	1
	e: PASS r	neans high	er than 75	

Test AV: Total Possible: Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: INSTITUTO HISPANOAMERICANO DE VILLA ACUNA

City: CIUDAD ACUNA

Degree: HIGH SCHOOL

State:

Country: MEXICO

From: 8/2010 To: 7/ 2013 Verified:

MEDICAL SCHOOL EDUCATION

POST GRADUATE EDUCATION

Name: Inst Tec Y De Est Sup De Monterrey, Esc De Med I.A. Santos, Monterrey

Foreign Name:

City: Monterrey

State/Country: Mexico

Degree: PHYSICIAN AND SU From: 8 / 2013 To: 7 / 2020 Diploma Ver'd:

From: 7 / 2022

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE

To:

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:OK Country:UNITED STATES OF AN

Verified:

. 04/05/0000

ACGME Ver'd: 04/25/2022

Comments: 07/03/2023 RCVD EVAL (LKC)

Y

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type MD

Number

Name

39598

DAVID ALEJANDRO IRUEGAS NUNEZ

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: HOSPITAL NARVAEZ

Supervisor:

State: Country: MEXICO

City: CIUDAD ACUNA Specialty: GENERAL PRACTITIONER AT

From: 4/2021 To: 5/2022 Verified:

EMERGENCY DEPARTMENT

Comments: I AM CURRENTLY COVERING 6 MORNING SHIFTS A WEEK IN THE HOSPITAL'S ED.

Employed: NONE

City: CIUDAD ACUNA

Supervisor:

Country: MEXICO

Specialty: UNEMPLOYED

State: From: 8/2020 To: 3/2021 Verified:

Comments: UNEMPLOYED, LIVING AT MY PARENTS' HOME. VOLUNTEERED WITH COVID

TELEHEALTH REMOTE CARE FROM HOME.

Other Licenses

State Lic Type and Number

Status

Issued

Exp

Verif

DEFICIENCIES

OTHER DEFICIENCIES: NEED CURRENT VISA / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Extended Background Check

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 170 of 500

Received:04/20/2022

Foreign Graduate

Applicant Name: IRUEGAS NUNEZ, DAVID ALEJANDRO

MD 39598

Date Of Birth:

Place Of Birth (City, State): PIEDRAS NEGRAS, COAHUILA, MEXICO

Sex: M

Race: Hispanic

Educ Type	ation Name	City	ST Country	From	То	Degree	Comments	Veri
HS	INSTITUTO HISPANOAMERI CANO DE VILLA ACUNA	CIUDAD ACU	MEXICO	8/2010	7/2013	HIGH SCHOOL		

Medical School Name	City	State Country	Comments	From	To
Inst Tec Y De Est Sup De Monterrey, Esc De Med I.A.Santos, Monterrey	Monterrey	Mexico		8/2013	7/2020

acility	City	St Country	Specialty	Comments	From	To
---------	------	------------	-----------	----------	------	----

Practice History Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
HOSPITAL NARVAEZ	GENERAL PRACTITIONER AT EMERGENCY DEPARTMENT		CIUDAD ACUNA	MEXICO	4/2021	0/0	
NA	UNEMPLOYED		CIUDAD ACUNA	MEXICO	8/2020	3/2021	

Other/ Out-Of-State L	icenses				
State License #	Profession		Status	Issue Date	Exp Date
MD Exam		49.70	1111		
Exam	State	Score	Date Taken	#_	
USMLE					

Oklahoma State Board of Medical Licensure and Supervision ARRIGATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE PAGE 171 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2022

Foreign Graduate

Que	stions Answered 04/07/2022	Response
Α.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Н.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
Ī.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
Ĺ.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ο.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemica substance, including alcohol?	l N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	, N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision PAGE 172 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2022

Foreign Graduate

If licensed, where do you intend to locate? OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: The University of Oklahoma Medical Sciences Center
If so, Please identify with which category: Hospital
Name of Previous Carrier and Policy Holder Not applicable
Name of Current Carrier and policy Holder I will have malpractice insurance provided by the training program.
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
I attest that all the above information is accurate as of April 19, 2022:(Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51" Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



ignature (must be signed in the presence of a notary)

Iruegas Nunez, David, A.

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

April - 29 - 2022

Date of signature (must correspond to the date of notarization)

Please note: The Notary Public seal should overlap the bottom of the photo to the left

	NOTARY	MAY 0 2 2002
County of	Acuna	OKLATIONA STATE SCAPE OF

Certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before moby the applicant on this 29 day of 1, 202

My Notary Commission Expires_ Notary Public Signature Conhaila de Talak



United States Medical Licensing Examination® (USMLE®) RECEIVED Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

OKLAHOMA STATE BOARD OF MEDICAL LICENSURI AND SUPERVISION

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 04/19/2022

Examinee: Alt Name(s): Iruegas Nunez, David Alejandro

Examinee ID: 1-098-406-0

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score: Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1				
Test Date 10/15/2020	Pass/Fail Pass	Score 267	Minimum Pass (194)	Comments	
USMLE ST	EP 2				
Clinical Know	ledge (CK)				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
02/27/2021	Pass	278	(209)		
USMLE ST	EP 3		Silver S		
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
02/22/2022	Pass	246	(198)		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Iruegas Nunez, David Alejandro Examinee ID: 1-098-406-0

Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a twodigit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER"COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available- The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS"NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS'NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Rev 2018 Page 2 of 2

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

APR 25 2022

OKLAHOMA STATE BOARD OF

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

Applicant's Name Day	vid Alejandro Iruegas Nu	úñez			
	le Medicina y Ciencias de la	Salud City/State	Monterrey, N.L., Mexic	со	
Our records indicate that the	he above named applicant attended our n	nedical school on the follo	wing dates:		
From <u>08 / 05 / 201</u> Month Day Yea		_ and was awarded the d	egree Physician and Su	ırgeon	-
Does this individual's explain.	official record reflect (an) interruption(s)	or extension(s) in his/her r	medical education? If yes, please	☐ YES	■ NO
Does this individual's	official record reflect that he/she was evention? If yes, please explain.	er placed on academic or d	lisciplinary probation during	☐ YES	■ NO
Does this individual's	official record reflect that he/she was eve e medical school or parent university? If		eports for behavioral reasons or	☐ YES	■ NO
Does this individual's	official record reflect that he/she was eve al school or parent university? If yes, plea	er disciplined for unprofess	sional conduct/behavioral	☐ YES	■ NO
Does this individual's	official record reflect that there were any questions of academic incompetence, dis	limitations or special requ		□ YES	■ NO
Completion of the following	ng is certification that the information ab	oove is an accurate accour	nt of this individual's records and	is true and	correct.
Name: Jorge Eugenio Va	dez García, MD PhD	Signature	T.Z. Valde	2	
Title of Signatory: Dean	of School of Medicine and Health Sciences	Date of Signature	April 21, 2022		
Tel: +52 81 8888 2000	Fax:	E-Mail:jorge.va	ldez@tec.mx		
	If no seal is available, t	his form must be notarize			
Escuela de Medicina Ciencias de la Salu TecSalud	d				
	My commission expires				-



Notary Seal

(M039598



Campus Monterrey

Certificate of studies *

Folio

18-8635 I

* Official transcripts are issued only in spanish.

The Office of the Registrar of the Instituto Tecnologies y de Estudios Superiores de Monterrey certifies that the student named in this document has credited the subjects listed below in the ocademic periods cited.

This certificate is only valid as an original copy when it bears the raised seals of the Institute. The studies certified by this document are officially valid in the entire country in accordance with the Presidential Decree of July 24, 1952, published in the Diario Oficial de la Federación of September 12, 1952 and Agreement Number 343k issued by the Ministry of Public Education on February 28, 1974 and published in the Diario Oficial de la Federación on March 5 of the same year. The Feculógico de Monterrey is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award backelor's, moster's, and doctoral degrees. Contact the Commission on Colleges at 1866 Southern Lace, Decatur, Georgia 30033-4097 or call (+1) 404-679-4500 for questions about the accreditation of the Technológico de Monterrey. Contres are given in cighteen-week semesters, or in six-week periods, an an intensive basis: Semesters begin in August and January. Intensive courses begin in June and are given in the same number of hours as in the semesters. In some of the graduate programs, courses are given in twelve-week trimesters, beginning in January. April and September. The grading scale is from 1 to 100. The minimum passing grade is 70.

Name David Alejandro Iruegas Núñez

RECEIVED

APR 25 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Date September 23rd, 2020

Registration number 815209

This certificate was issued at Monterrey, Nuevo León

(This is the translation and therefore is unsigned)

This document certifies studies in PHYSICIAN & SURGEON

Name of course	Grade	Name of course	Grade
August - December 2013		Morphofunctional Laboratory	95
Analysis and Verbal Expression	99	Microbiology and Parasitology	95
Chemical Foundations of Metabolism		Musculoskeletal and Digestive	
and Physiology	96	Systems	92
Cell Biology	95	Biocontrol Systems	93
Historical Foundations in Health	1000	Community I	100
Sciences	100	January - May 2015	
Histology '	96	Verbal Expression in the Workplace	96
Research and Technology in Health	1 22	Ethics, Self and Society	97
Sciences	99	Defense and Hemostasis	97
Introduction to the Medical Doctor		General Pharmacology and Toxicology	98
Academic Program	99	Vital Processes	91
January - May 2014		History Taking and Clinical	
Biostatistics	100	Examination I	93
Metabolism and Functional		Community II	100
Biochemistry	98	August - December 2015	
Developmental Biology	96	Humanities and Fine Arts	100
Genetics for Health Sciences	95	Pathophysiology of the Endocrine	
Basic Morphophysiology	94	System	99
August - December 2014		Morphological and Functional	
Foreign Language	94	Pathology I	89
Healthy Environment and Self-care	100	Pathophysiology	92
CONTINUED NEXT COLUMN		OVER	



(MD 39598

Community III January - May 2016 Applied Pharmacology Pathophysiology of the Digestive System and Nutrition Renal Pathophysiology Community Research Morphological and Functional Pathology II Health Psychology August - December 2016 Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	93 100 97 92 95 100 94 98 94 88 95 94 92 93	Quality Healthcare and Patient Safety June - September 2018 Critical Appraisal of Medical Literature Emergency Clinic Radiology Clinic Traumatology, Orthopedics and Rehabilitation Clinic Emergencies Radiology Traumatology, Orthopedics and Rehabilitation September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	100 99 95 90 88 95 100 100 100 99 94 98 96
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Applied Pharmacology Pathophysiology of the Digestive System and Nutrition Renal Pathophysiology Community Research Morphological and Functional Pathology II Health Psychology August - December 2016 Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	92 95 100 94 98 94 88 95 94 92 93	Literature Emergency Clinic Radiology Clinic Traumatology, Orthopedics and Rehabilitation Clinic Emergencies Radiology Traumatology, Orthopedics and Rehabilitation September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	99 95 90 88 95 100 100 100 99 94 98 96
Pathophysiology of the Digestive System and Nutrition Renal Pathophysiology Community Research Morphological and Functional Pathology II Health Psychology August - December 2016 Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	92 95 100 94 98 94 88 95 94 92 93	Emergency Clinic Radiology Clinic Traumatology, Orthopedics and Rehabilitation Clinic Emergencies Radiology Traumatology, Orthopedics and Rehabilitation September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	99 95 90 88 95 100 100 100 99 94 98 96
System and Nutrition Renal Pathophysiology Community Research Morphological and Functional Pathology II Health Psychology August - December 2016 Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	95 100 94 98 94 88 95 94 92 93	Radiology Clinic Traumatology, Orthopedics and Rehabilitation Clinic Emergencies Radiology Traumatology, Orthopedics and Rehabilitation September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	95 90 88 95 100 100 100 99 94 98 96
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Community Research Morphological and Functional Pathology II Health Psychology August - December 2016 Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	94 98 94 88 95 94 92 93	Rehabilitation Clinic Emergencies Radiology Traumatology, Orthopedics and Rehabilitation September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	88 95 100 100 100 100 99 94 98 96
Morphological and Functional Pathology II Health Psychology August - December 2016 Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	94 98 94 88 95 94 92 93	Emergencies Radiology Traumatology, Orthopedics and Rehabilitation September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	88 95 100 100 100 100 99 94 98 96
Pathology II Health Psychology August - December 2016 Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	98 94 88 95 94 92 93	Radiology Traumatology, Orthopedics and Rehabilitation September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	95 100 100 100 100 99 94 98 96
Health Psychology August - December 2016 Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	98 94 88 95 94 92 93	Traumatology, Orthopedics and Rehabilitation September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	100 100 100 100 99 94 98 96
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Entrepreneurship Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	88 95 94 92 93	September - December 2018 Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	100 100 100 99 94 98 96
Pathophysiology of the Circulatory System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	88 95 94 92 93	Dermatology Clinic Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	100 100 99 94 98 96
System Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	95 94 92 93	Oncology Clinic Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	100 100 99 94 98 96
Pathophysiology of Respiratory System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	95 94 92 93	Rheumatology and Allergies Clinic Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	100 99 94 98 96
System Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	94 92 93 92	Dermatology Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	99 94 98 96
Clinical Pathology Laboratory Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	94 92 93 92	Medical Immunology Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	94 98 96
Legal and Forensic Medicine Pre-hospitalization Care and Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	92 93 92	Oncology and Palliative Care Rheumatology and Allergies January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	98 96
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Clinical Skills Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	92	January - March 2019 Geriatrics Clinic Neurology and Neurosurgery Clinic	
Morphological and Functional Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	92	Geriatrics Clinic Neurology and Neurosurgery Clinic	
Pathology III January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive		Neurology and Neurosurgery Clinic	99
January - May 2017 Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive			99
Citizenship Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	99	Darrohiater, Clinic	99
Global Health and Preventive Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive		Psychiatry Clinic Geriatrics	88
Medicine Pathophysiology of Nervous System Pathophysiology of Reproductive	20	Neurology and Neurosurgery	86
Pathophysiology of Nervous System Pathophysiology of Reproductive	96	Psychiatry	96
Pathophysiology of Reproductive	93	March - June 2019	30
ACTUAL CONTROL OF THE PROPERTY	33	Introduction to Professional	
DVSCEIII	92	Development	99
TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	94	Professional Elective I	100
Morphological and Functional	94	Professional Elective II	100
	92	Professional Elective II	100
	100	Professional Elective Clinic	100
June - September 2017	100	This certificate covers 92 (NINETY	
The state of the s	87	TWO) courses that make up the entire	
Internal Medicine Clinic	93	curriculum for Physician & Surgeon	
The state of the s	100	(Version 2011).	
The Control of the Co	89	(Version 2011).	
September - December 2017	09	Crade point arrayage for all the	
The Production of the Control of the	95	Grade point average for all the courses included in this certificate	05 00
The Decision of the Control of the C	100	courses included in this certificate	95.69
Otorhinolaryngology and	100	THIS IS THE OFFICIAL TRANSLATION	
	100	OF THE TRANSCRIPT ISSUED	
Otorhinolaryngology and	100	BY INSTITUTO TECNOLOGICO Y DE	
Ophthalmology	96	ESTUDIOS SUPERIORES DE MONTERREY	
January - March 2018	96	ESTODIOS SOPERIORES DE MONTERRET	
Legal Issues of Medical Practice	OF	C =st	
	95	00	
	100	C.P. Blanca Nieves Bernal Puente	
Obstetrics and Gynecology		Registrar	
March - June 2018	89	269 tactachilla	
	100	2.8.400, 0000	
Pediatrics Clinic	100	2 3 557, 2020	
Pediatrics Clinic Pediatrics	98		
CONTINUED NEXT COLUMN	89	DESIROCIÓN DE ESENVECIOS	
CONTINOED NEXT CODONN		ISCOLUES .	
		RECUNIVED	Page 2 of 2



APR 25 2022



Campus Monterrey

Constancia de historia académica

Folio

18-7161

La Dirección de Servicios Escolares del Instituto Tecnológico y de Estudios Superiores de Monterrey del campus o de la entidad que se indica, hace constar que el alumno cuyo nombre aparece en este documento cursó en los períodos escolares indicados fas materias que obajo se emmeran, habiendo obtenido en ellas las colificaciones finades que se indican.

Esta constancia es válida y original inicamente si lleva el sello realzado del Instituto y las firmas de las autoridades correspondientes, registradas unte la Secretaria de Educación Pública. Los estudios realizados en el Instituto Tecnológico y de Estudios Superiores de Monterrey tienen validez oficial en todo el post, de de cuerdo con el Dereto Presidencial del 24 de julio de 1952, publicado en el Diario Oficial de la Federación el 18 de septiembre de 1952 y el Acuerdo No. 3188 expedido por o el Secretario de Educación de Educación de Educación de el Diario Oficial de la Federación el 3 de marzo del mismo año. El Tecnológico de Monterrey está acreditado por la Comisión de Universidades de la Asociación de Escuelas y Universidades del Sur de Estados Unidos para norgar tindos profesionales y grados acadêmicos de maestría y deciorado. Comuniquese con la Comisión de Universidades en la dirección 1866 Southern Lone, Decatur, Georgia 30033-4097, a llame al (+1) 404-679-1500, para preguntas sobre la acreditación del Tecnológico de Monterrey. Los cursos se de Bactarrollan en sementres de 18 aconanas o en cursos intensicos con duración de 6 semanas. Los semestres se inician en agosto y en ocero. Los cursos Intensivos se inician en junto y se imparten en un mimero de baras igual al se los semestres. Algunos programas de graduados se imparten en períodos trinestrales de doce semanas de duración. Los trinestres comienzan en enero, abril y septiembre. La escola de calificaciones es de 1 a 100. La calificación minima para aprubar un curso es 70.

Nombre del alumno David Alejandro Iruegas Núñez

Número de matricula 815209

Ficha 21 de septiembre de 2020

Esta constancia se expidió en Monterrey, Nuevo León

Lie. Angelberto Guardado Astorga Duccor de Servicios Escolares

Esta constancia ampara estudios de MÉDICO CIRUJANO

RECEIVED

APR 2 5 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Nombre del curso	Calificación	Nombre del curso	Calificación
Agosto - Diciembre 2013		Microbiología y parasitología	95
Análisis y expresión verbal	99	Sistemas locomotor y digestivo	92
Bases químicas del metabolismo y la		Sistemas biocontroladores	93
fisiología	96	Comunidad I	100
Biología celular	95	Enero - Mayo 2015	
Fundamentos históricos en ciencias		Expresión verbal en el ámbito	
de la salud	100	profesional	96
Histología '	96	Ética, persona y sociedad	97
Investigación y recursos		Defensa y hemostasia	97
tecnológicos en salud	99	Farmacología y toxicología general	98
Introducción a la carrera de MC	99	Procesos vitales	91
Enero - Mayo 2014		Propedéutica clínica I	93
Bioestadística	100	Comunidad II	100
Metabolismo y bioquímica funcional	98	Agosto - Diciembre 2015	
Biología del desarrollo	96	Humanidades y bellas artes	100
Genética para ciencias de la salud	95	Fisiopatología del sistema endócrino	99
Morfofisiología básica	94	Patología morfológica y funcional I	89
Agosto - Diciembre 2014		Procesos fisiopatológicos	92
Lengua extranjera	94	Propedéutica clínica II	93
Entorno saludable y autocuidado	100	Comunidad III	100
Laboratorio morfofuncional basado en		Enero - Mayo 2016	
evidencias	95	Farmacología aplicada	97
AL FRENTE		A LA VUELTA	



Calificación

90

88

95

100

100

100

100

99

94

98

96

99

99

99

88

86

96

99

100

100

100

Nombre del curso

Fisiopatología del sistema digestivo

Fisiopatología del sistema renal

Investigación en la comunidad

y de la nutrición

Calificación

92

95

100

Nombre del curso

Clínica de traumatología, ortopedia

y rehabilitación

Emergencias

Radiología

investigación en la comunidad	100	Radiologia
Patología morfológica y funcional II	94	Traumatología, ortopedia y
Psicología de la salud	98	rehabilitación
Agosto - Diciembre 2016		Septiembre - Diciembre 2018
Emprendimiento	94	Clínica de dermatología
Fisiopatología del sistema		Clínica de oncología
circulatorio	88	Clínica de reumatología y alergias
Fisiopatología del sistema		Dermatología
respiratorio	95	Inmunología médica
Laboratorio de patología clínica	94	Oncología y cuidados paliativos
Medicina legal y forense	92	Reumatología y alergias
Medicina prehospitalaria y		Enero - Marzo 2019
habilidades clínicas	93	Clínica de geriatría
Patología morfológica y funcional		Clínica de neurología y neurocirugía
III	92	Clínica de psiquiatría
Enero - Mayo 2017		Geriatría
Ciudadanía	99	Neurología y neurocirugía
Salud global y medicina preventiva	96	Psiquiatría
Fisiopatología del sistema nervioso	93	Marzo - Junio 2019
Fisiopatología del sistema	55	Introducción a la vida profesional
reproductor y del desarrollo	92	Optativa profesional I
Medicina familiar	94	Optativa profesional II
Patología morfológica y funcional IV	92	Clínica de optativa profesional
Fundamentos de la gestión	32	ciinica de optaciva profesionar
administrativa en el sector salud	100	Esta constancia ampara 92 (noventa y
Junio - Septiembre 2017	100	dos) materias que cubren
Cardiología y enfermedades		completamente el plan de estudios de
metabólicas	87	Médico Cirujano (Plan 2011).
Clínica de medicina interna		Medico Cirujano (Pian 2011).
Medicina complementaria	93	
Medicina interna	100	
	89	INSTITUTO TECNOLÓGICO Y
Septiembre - Diciembre 2017		DE ESTUDIOS SUPERIORES
Cirugía	95	DE MONTERREY
Clínica de cirugía	100	Z 1 SEP 2020
Clínica de otorrinolaringología y	. 24	T I OCL THE
oftalmología	100	
Otorrinolaringología y oftalmología	96	DIRECCIÓN DE SERVICIOS
Enero - Marzo 2018		ESCOLARES
Aspectos legales de la práctica		
médica	95	
Bioética clinica	100	
Clínica de ginecología y obstetricia	100	
Ginecología y obstetricia	89	DECEMBED
Marzo - Junio 2018		Paragraph of the
Bioética	100	RECIEIVIED APR 2 5 2022
Clínica de pediatría	98	APR Z 5 ZUZZ
Pediatría	89	OKI ALIOMA STATE BOARD OF
0-111-1		OKLAHOMA STATE BOARD OF

Calidad y seguridad del paciente

Análisis crítico de la literatura

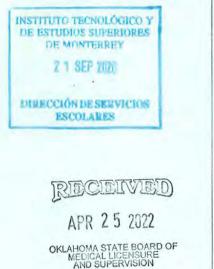
Junio - Septiembre 2018

Clínica de emergencias

Clínica de radiología

médica

AL FRENTE



Página 2 de 2

100

100

99

95



3624 Market Street Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 19 Apr 2022

STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

AND SUPERVISION

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 1-098-406-0

Applicant's Name: David Alejandro Iruegas Nunez

Applicant's Date of Birth:

ECFMG Clinical Skills Pathway **

ECFMG Certified: Yes

Certificate Issue Date: 14 May 2021 English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score	
USMLE Step 1	15 Oct 2020	*	*	
USMLE Step 2 CK	27 Feb 2021	*		
Most Recent Passing Performan	ce on Clinical Skills Examination	1:		
Examination	Date			

^{**} This individual met the clinical and communication skills requirements, including English language proficiency, for ECFMG Certification through one of the Pathways developed in response to the suspension and subsequent discontinuation of USMLE Step 2 CS.

N/A

Name of Medical School and Country: Tecnológico de Monterrey Escuela de Medicina Monterrey, Monterrey, MEXICO

Degree Year: 2020

Medical Education Credentials Status†: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit https://cvsonline2.ecfmg.org/verify/verify.asp and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: QY71DORVM6

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

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

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

ECFMG® is an organization committed to promoting excellence in medical education

037

Form 282 B - 6/2



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

DAVID ALEJANDRO IRUEGAS UNIV OF OKLAHOMA STE 6300 800 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104-5018

Birth date

Primary Office Address

800 STANTON L YOUNG BLVD 630 OKLAHOMA CITY, OK 73104-5018

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL

AMA membership status

MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration	Deactivation	Reactivation	Replacement	Last Reported	
	Date	Date	Date	Number	Date	
1952037657	07/26/2022	NOT RPTD	NOT RPTD	NOT RPTD	05/17/2024	

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: ESCUELA DE MEDICINA IGNACIO A SANTOS

AMA files checked 05/31/2024 15:45:29

AMA Physician Profile for David Alejandro Iruegas, MD ©2024 by the American Medical Association. All rights reserved.



Degree Awarded: Enrollment Date: YES

NOT REPORTED

Degree Type: Degree Date: MD 2020

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State: OKLAHOMA

Program name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty: INTERNAL MEDICINE

Training Type: SPECIALTY

Dates: 07/01/2022 - 06/30/2025 **Status:** TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
39598	MD	OK	07/01/2022	09/30/2024		ACT	RES	05/06/2024	DÁVID ALEJANDRO IRUEGAS NUNEZ



Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME
US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

Applicant Number: 10984060

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at https://cvsonline2.ecfmg.org/

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET

OKLAHOMA CITY OK 73105

EVIDENCE OF STATUS - PART B

	1131	0	2	2022	
OK				HOAD	D OF

Full I and Man	David	Alejandro	Iruegas Nunez	VUD SOLFITATION
Full Legal Name:	First	Middle	Lost	Maiden (if applicable)
and the said of the said	1,1021	imadic	1031	maiden (ir applicable)
Mailing Address:		first Address - Post Office P		
		Street Address or Post Office Box		
			Social Security #:	
City	State	Zip Code Telephone No	umber	
		DOCUMENTATION TO DETERM	AINE OUALIEED ALIEN STATUS	
		DOCUMENTATION TO DETERM	TINE QUALIFIED ALIEN STATUS	
If you are a qualified a	lian places submit	a notarized copy of the original, une	sunlead desuments. Place a sk	advantable balancia tadinata tha
document that will be		a notarized copy of the original, une	expired documents. Place a chi	eckmark below to indicate the
Immigrant or Non-Imm				
INS Form 1-94	igrant visa status.			
☐ INS Form I-688E	3			
Asylee:				
	nnotated with stamp	showing grant of asylum under 5208 o	f the INA	
		rization Card) annotated "27a .12 (a) (
		zation Document) annotated "AS"	-1	
	m the Asylum Office o			
	nigration judge grantin			
Refugee:				
	nnotated with stamp	showing admission under §207 of the	NA	
		rization Card) annotated "274 a.12 (a)		
☐ INS Form 1-766	(Employment Authori	zation Document) annotated "A3"		
☐ INS Form I-571	(RefugeeTravel Docum	nent)		
Alien Paroled Into the L	J.S. for a least One Ye	ar:		
INS Form I-94 w	ith stamp showing ad	mission for at least one year under §2	12 (d) (5) of the INA. (Applicant ca	annot aggregate periods of admission
for less than one	e year to meet the on	e-year requirement.)	TANK 1 6 70 50 70 10 10 10 10 10 10 10 10 10 10 10 10 10	
Alien Whose Deportation				
		rization Card) annotated "274 a.12 (a)	(10)"	
		zation Document) annotated "A10"		
		wing deportation withheld under §243	(h) of the INA as in effect prior t	o April 1, 1997, or removal withheld
under 9241 (b)				
Alien Granted Condition		mission under 6202 (a) (7) of the INIA		
		mission under §203 (a) (7) of the INA rization Card) annotated "274 a.12 (a)	(3)"	
		zation Document) annotated "A3"	(3)	
Cuban/Haitian Entrant:		zation bocument, annotated A3	.4.	
		ceipt Card, commonly known as a "gre	en card") with the code CU6, CU7	7. or CH6
		foreign passport or on INS Form I-94 w		70.0.0
		role as "Cuba/Haitian Entrant" under		
Alien Who Has Been Ba			1-1, (-)	
	d appropriate support			
Other Document (pleas				
D 81/02	VIJA			
I declare under penalty	of perjury, under th	e laws of the State of Oklahoma, tha	at all information contained in t	his application and all accompanying
documents provided to	o substantiate my Evi	idence of Status application are true	and correct.	
	. 10.20			F.C. N XC. 1.
Signature	out colunes		Date_FIX	1 -32-303-
	^	C	20	
Subscribed and sworn	before me this	day of April	20	
		1	OR LUIS CARMO.	
11	1.1 (1	L	S Antis Publica 1 40	t.
Notary Public Lx. H	iscle inple	imore Serected	18 34 6	· M
			NOTAL	RY
Commission Number_			SEAL	· E

My commission expires N

Lisa Cullen

From:

David Iruegas

Sent:

Friday, April 29, 2022 1:32 PM

To:

Lisa Cullen

Subject:

[EXTERNAL] RE: Oklahoma MD Application #39598 Deficiencies

Attachments:

David Iruegas Evidence of Status.pdf; David Iruegas N Photo and Oath.pdf

Good afternoon. Attached to this mail are my notarized documents:

- 1. Evidence of Status along with a copy of mi B1/B2 current Visa (Expiry date: March 12 2030) and most recent I-94.
- 2. Photo and Oath

To answer the questions. Yes, in Mexico, we have 7 years of medical school, including a year of social service, before we can graduate and get our Physician and Surgeon title. I am still working in Hospital Narvaez. My last day here will be May 5th, 2022.

Thank you for your time and attention. Please do not hesitate to contact me if you need any more documents or information.

Best regards, David Iruegas

De: Lisa Cullen < lcullen@okmedicalboard.org>

Enviado: lunes, 25 de abril de 2022 14:28

Para:

Asunto: Oklahoma MD Application #39598 Deficiencies

We have received your Oklahoma MD License Application. Attached is a letter listing the required items we have not yet received. It also includes a Username and instructions for checking the status of your application online.

PRODUKTED

MAY 0 2 2022

OKLAHOMA STATE SCAPP OF AND BUFFRY SON



04/25/2022

DAVID ALEJANDRO IRLIEGAS NUNEZ

RE: MD Application #39598

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP77238774
Password:4 Digit Birth Year

Dear DAVID IRUEGAS NUNEZ,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please <u>allow 5 business days</u> for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at <u>licensing@okmedicalboard.org</u> or call (405) 962-1470.

Review of your application for special licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

OATH

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

INSTRUCTION SHEET

MedSchool-Form 1 Inst Tec Y De Est Sup De Monterrey, Esc De Med I.A.Santos, Monterrey

PostGrad - Form 2

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

OTHER DEFICIENCIES: HAVE YOU BEEN IN MED SCHOOL FOR 7 YEARS? / *DO NOT NEED:

FORM 2, STEP 3, AMA, FED, NPDB

US Customs and Immigration Service (USCIS)

Translations

MedSchool-Transcript Inst Tec Y De Est Sup De Monterrey, Esc De Med I.A.Santos, Monterrey

Social Security Number

Extended Background Check

Time DEFICIENCIES: ARE YOU STILL WORKING AT HOSPITAL NARVAEZ? IF NOT, WHEN

DID/DOES JOB END?

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website: http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP77238774 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@okmedicalboard.org

APR 0 4 2023

QUESTIONNAIRE Please read and follow ALL instructions

OKLAHOMA STATE BOARD OF, MEDICAL LICENSURE AND SUPERVISION

139598

FORM INSTRUCTIONS: Complete both pages of this form only if you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

PAYMENT INSTRUCTIONS: If you ARE FULLY LICENSED, you MUST go online and renew your license – DO NOT pay your renewal fee via these instructions (doing so will delay your renewal) for those needing to pay online please see the instructions of ATTACHMENT 2.

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY
If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-

If you are **RENEWING** your training license, your fee will be \$150 & you will choose **MD TRAINING LICENSE RENEWAL PLEASE PRINT ALL INFORMATION**

LAST

NAME

CELL

Iruegas Nunez

HON ADD PRO	MBER 39598 ME DRESS DGRAM University of Oklahama Haa ENDING Sciences Center DOCUM		SPEC	STA ODE	Y Internal Medicine
3	PA	MENT	COMPI	LETE	D
Ø	\$150 payment made on Billpay for RENEWAL of training license		\$250 licens		ment made on Billpay for UPGRADE of training
	DOCUI	MENTA	TION R	EQL	JIRED
	Form 2 (must be received directly from program) **ONLY FOR UPGRADE - ATTACHME			Eva	luation (must be received directly from program) -
	USMLE Step 3 (must be received directly from USMLE)			An	swer confidential questions (on back of this form)
- 1	FOREIG	SN TRA	INED S	TUI	DENTS
d	Current visa			Ø	Social Security Number **if not provided at initial application
	Background Check **if not done at initial app	olicatio	n		

https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN - COMPLETE YOUR RENEWAL

AND PAY THE RENEWAL FEE.

FIRST

NAME

EMAIL ADDRESS LICENSE David

NAME David Iruegas Nunez

PLEASE COMPLETE THE RENEWAL QUESTIONS BELOW, IF YOU HAVE ANY "YES" ANSWERS YOU MUST PROVIDE A NOTARIZED STATEMENT EXPLAINING YOUR ANSWER.

QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		N
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	0	M
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		Ø
Have you been reported to the National Practitioner Data Bank (NPDB)?		⊠
Have you ever been denied, had removed, or suspended hospital privileges?	0	DX
Have you surrendered hospital privileges while under investigation or to avoid investigation?		
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	×
Has your application for licensure ever been denied?	0	DX.
Have you surrendered a license or had any disciplinary action taken on any license?		25
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?	0	d
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	0	×
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	0	2
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	0	
Have you been addicted to or abused any drug or chemical substance including alcohol?	0	2
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		2
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		P

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature Double Q

APR 0 4 2023

Date 04/04/2023

OKI VIIOINY STATE BUY DE DE

RENEWAL QUESTIONNAIRE UPDATED 01-2023

73959B

ATTACHMENT 4

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@okmedicalboard.org FORM MUST BE RETURNED BY THE PROGRAM, NOT THE APPLICANT

RECEIVED

JUL 0 3 2023

ANNUAL EVALUATION – TRAINING LICENSES ONLY

DO NOT COMPLETE FOR FULLY LICENSED PHYSICIANS

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name of Resident (please print)	Davi	di	Alejar	dro :	Iruea	as Nune
License Number 39598				al Me)
nstitution Name University	0 70	Klah	ana F	tealth	Science	es Center
Program Director (please print)						
rogram Director Email Ajay - N			3			
nstructions: Please rate each resident Fair) or 2 (Below Average) YOU MUST	according	to the	scale below.	If the score		
ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
MEDICAL KNOWLEDGE						
APPLICATION OF MEDICAL KNOWLEDGE					O'	
COMMUNICATION SKILLS					1	
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS					Ø	
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP					Ø	
COMPLETED BY (please print)	ay P.	Nac	liq, M.	ρ		
SIGNATURE Jun P. Nade	ig, M	0	 	DATE_	6/	21/2023

Oklahoma State Board of Medical Licensure and Supervision Application Summary

	mation (due to space limitations on this page, this may not be a complete I	ist)
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	School Attended: c Y De Est Sup De Monterrey, Esc De Med I.A.Santos, Monterrey	
	Number of Licenses Previously Granted to Graduates of this Medical S	chool:4
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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Incomplete Information (due to space limitations on this page, this may not be a complete list) PostGrad - Form 2 COLLEGE OF MEDICINE TULSA OTHER DEFICIENCIES: NEED EVALUATION		ND 41512 AHMAD MICHAEL JAMALEDDINE
DestGrad - Form 2 COLLEGE OF MEDICINE TULSA OTHER DEFICIENCIES: NEED EVALUATION	Ν	MEDICAL DOCTOR
CTHER DEFICIENCIES: NEED EVALUATION Last Medical School Attended: 039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 Number of Licenses Previously Granted to Graduates of this Medical School:7,358 Application for: Resident Full License Reinstatement The Secretary of the Board has reviewed this application and: 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE - No Dulls or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less 3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /	_	
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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name

MD 41512 AHMAD MICHAEL JAMALEDDINE

MEDICAL DOCTOR

Practice Address:

April 19, 2023

Endorsed By: USMLE EXAMINATION

Status: Res: TR

Received: 04/13/2023 Entered: 04/13/2023

Temp Issued: Temp Expires:

Train Issued: 07/01/2023
Train Expires: 09/30/2024
Fed Rec: 05/30/2024
AMA Rec: 05/30/2024

Board Action:

License #: 41512

Sex: M Ethnic Origin: 1

Date Date Test Score Taken Verified Attempts Test 1: USMLE 3 PASS 05/06/24 5/30/24 2 Test 2: USMLE 1 PASS 6/4/21 4/13/23 1 PASS 7/1/22 4/13/23 Test 3: USMLE 2 1

Note: **PASS** means higher than 75

Test AV: Total Possible: Okla Passing: Total Score:

PRE-MED EDUCATION

School Name: OKLAHOMA STATE UNIVERSITY

City: STILLWATER

State: OK Country: UNITED STATES

Degree: BACHELOR OF SCIENCE

From: 8/2013 To: 5/ 2018 Verified:

School Name: JENKS HIGH SCHOOL

City: JENKS
State: OK Country: UNITED STATES
Degree: HIGH SCHOOL DIPLOMA
From: 8/2009 To: 5/ 2013 Verified:

MEDICAL SCHOOL EDUCATION

Name: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Foreign Name:

City: Oklahoma City State/Country: United States of America

Degree: DOCTOR OF MEDIC From: 8 / 2019 To: 5 / 2023 Diploma Ver'd:

Υ

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type Number Name

41512 AHMAD MICHAEL JAMALEDDINE MD

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty: FAMILY AND COMMUNITY

MEDICINE

To:

Res. Fellowship: Residency

City: TULSA

State: OK Country: UNITED STATES OF AM

1

Verified: From: 7 / 2023

ACGME Ver'd: Comments:

PRACTICE HISTORY

Employed: MOLECULAR TEMPLATES

Supervisor:

City: AUSTIN

State: TX

Country: UNITED STATES

Specialty: RESEARCH ASSOCIATE 1 From: 6/ 2018 To: 7/ 2019

Verified:

Comments: RESEARCH ASSOCIATE IN R& D DEPARTMENT OF SMALL BIOTECH COMPANY.

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

DEFICIENCIES

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

OTHER DEFICIENCIES: NEED EVALUATION

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@okmedicalboard.org

RECEIVED

JUN 04 2024

QUESTIONNAIRE
Please read and follow ALL instructions

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

<u>FORM INSTRUCTIONS:</u> Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you <u>ARE FULLY LICENSED</u>, you <u>MUST</u> go online and renew your license – <u>DO NOT pay your renewal fee via these instructions (doing so will delay your renewal)</u>.

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-FULL

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

PLEASE PRINT ALL INFORMATION

LAST

NAME

CELL

PHONE

Jamaleddine

ADDRESS PROGRAM ATTENDING				ZIP COL	1 M		
		OU-TU School of Community Medicine SI			PECIALTY Family Medicine		
		DOCUMEN	ITAT	ION TO	TTA	сн	
		PAYMI	ENT	COMPLET	ED		
		ment made on Billpay for RENEWAL ng license	Ø	\$250 pay license	men	it made on Billpay for <mark>UPGRADE</mark> of training	
		DOCUME	NTA	TION REQ	UIRE	D	
	4	2 (must be received directly from prograr Y FOR UPGRADE	m)	Ev	aluat	ion (must be received directly from program)	
Ø	USMLE	E Step 3 (must be received directly from E)		□ Ar	swei	confidential questions (on back of this form)	
		FOREIGN	TRA	INED STU	DENT	rs .	
	Currer	nt visa				ial Security Number **if not provided at ial application	
	Backgr	ound Check **if not done at initial applic	catio	on			

https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN — COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

IF YOU ARE FULLY LICENSED - DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT

RENEWAL QUESTIONNAIRE UPDATED 03-2024

FIRST

NAME

EMAIL ADDRESS LICENSE

NUMBER

Ahmad Michael

41512

TH512



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

NAME_Ahmad Michael Jamaleddine_____

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whiche recent)	ver is m	ost
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?	M	
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		M
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		M
Have you been reported to the National Practitioner Data Bank (NPDB)?		d
Have you ever been denied, had removed, or suspended hospital privileges?		v
Have you surrendered hospital privileges while under investigation or to avoid investigation?	0	M
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	M
Has your application for licensure ever been denied?		M
Have you surrendered a license or had any disciplinary action taken on any license?		A
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?		M
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		Ø
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	_	A
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		M
Have you been addicted to or abused any drug or chemical substance including alcohol?		Ø
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	0	M
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature	Multo.	Date 06/04/2024

PAGE 198 of 500
JUN 0 4 2024

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE
AND SUPERVISION

May 28, 2024

To whom it may concern,

I failed my first attempt at USMLE Step 3 in November 2023. It was my first failure in the series of my USMLE exams and I was shocked. In retrospect, I did not prepare as well as I should have for the case-based questions. After receiving this news, I scheduled a new date, created a study plan, and studied specifically for the cases. I took the exam again in early May and after my dedicated study time along with a few more months of residency, I felt much more prepared. I am confident and hopeful that this re-take will result in a pass. Having learned my lesson, I now know not to underestimate any of the exams in the series of test required on the path to becoming a physician, and I am thankful for the continued opportunity to practice medicine. If the committee has any questions, I am happy to answer them. My email is and my personal cellphone is

Kind regards,

Michael Jamaleddine, MD

Notary: Renda S. Chubb Date: May 28, 2024

State of Oklahoma, Tulsa County Commission Number: 16002898

Expires: March 14, 2028

RENDA S. CHUBB

NOTARY PUBLIC
STATE OF OKLAHOMA

Commission # 16002698 Expires 03/14/28

Oklahoma State Board of Medical Licensure and Supervision of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/13/2023

Applicant Name: JAMALEDDINE. AHMAD MICHAEL

MD 41512



Date Of Birth:

Place Of Birth (City, State): TULSA, OK

Race: Caucasian

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	OKLAHOMA STATE UNIVERSITY	STILLWATER	OK	8/2013	5/2018	BACHELOR OF SCIENCE		
HS	JENKS HIGH SCHOOL	JENKS	ОК	8/2009	5/2013	HIGH SCHOOL DIPLOMA		

Medical School Name	City	State Country	Comments	From	То
Univ Of Ok Coll Of Med, Oklahoma	Oklahoma City	OK United States		8/2019	5/2023
City Ok 73190					

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
			UNITED S'			1	1

Practice History										
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif			
MOLECULAR TEMPLATES	RESEARCH ASSOCIATE 1		AUSTIN	TX	8/2018	7/2019				

Other/ Out-Of-State L	icenses				
State License #	Profession	Status	Issue Date	Exp Date	
MD Exam					_
Exam	State Score	Date Taken	#_		
USMLE					

W

\$350

Oklahoma State Board of Medical Licensure and Supervisiือัส00 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/13/2023

Que	stions Answered 04/12/2023	Response
Α.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
С.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
Э.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Н.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
Κ.	Has your application for examination or a professional license ever been denied?	N
	Have you ever failed any part of a licensure/certification/registration examination?	N
И.	Have you ever surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
0.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
Ρ.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q .	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
₹.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Т.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervisitorial of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/13/2023

If licensed, where do you intend to locate? OK Why do you seek Licensure in the state of Oklahoma? Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)? Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located: Describe the manner in which you intend to practice medicine across state lines in Oklahoma: Have you executed or been offered a contract in connection with practice in the state of Oklahoma? If 'Yes', Name of practice: If so, Please identify with which category: Name of Previous Carrier and Policy Holder University of Oklahoma College of Medicine Name of Current Carrier and policy Holder University of Oklahoma College of Medicine Will your professional liability insurance policy cover your practice in Oklahoma

I attest that all the above information is	accurate as of April 12, 202	3: (Signed Online)

If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma





Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to: Oklahoma State Board of Medical Licensure and Supervision

oktraining@okmedicalboard.org

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

Lauthorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

	1in/h/ll.	
	JAMALEDD . JE RHMAD, M	
1	opplicants printed last name, first name, middle Initial, ar	
D	ate of signature (must correspond to the date of notariz	RECEIVED
	NOTARY	MAY 0 1 2023
state of Ohlohomo ,	, County of Tulsa	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
applicant by (a) comparing his/her pl	elow, the individual named above did appear personally hysical appearance with the photograph on the identify offixed hereto, and (b) comparing the applicant's signatury fying document.	ring document presented by the
The statements on this document are	subscribed and sworn to before me by the applicant on thi	is 17 day of April , 2023
Notary Public Signature Lud	nolem Johnson My Notary Commiss	ion Expires Ole 18 . 7034
	NOTARY Public, S Commission	A JOHNSON State of Oklahoma n#20007297 Expires 06-18-2024



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/29/2024

Examinee: Jamaleddine, Ahmad Michael

Alt Name(s):

Examinee ID: 5-476-370-1

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1				
Test Date 06/04/2021	Pass/Fail Pass	Score 204	Minimum Pass (194)	Comments	
USMLE ST	EP 2				
Clinical Know	ledge (CK)				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
07/01/2022	Pass	229	(214)		
USMLE ST	EP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
05/06/2024	Pass	205	(200)		
11/11/2023	Fail	192	(198)		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

MAY 3 0 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

453



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Jamaleddine, Ahmad Michael

Examinee ID: 5-476-370-1 Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change, Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances <u>not</u> in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

nstitution: University of Oklah	noma College of Med	cine City/State Oklahoma C	ity,OK	
our records indicate that the above name	ed applicant attended our medic	al school on the following dates:		
8 ,19 ,2019 _{To}	5 /20 /2023 _{an}	was awarded the degree Doctor of Me	edicine	
Month Day Year	Month Day Year			
Does this individual's official record explain.	reflect (an) interruption(s) or ex	ension(s) in his/her medical education? If ye	es, please YES	✓ NO
Does this individual's official record his/her medical education? If yes, p		ed on academic or disciplinary probation du	ring YES	√ NO
Does this individual's official record an investigation by the medical scho	그 이 없으면 하는 사람들이 되었다. 그리고 있다고 하는데	subject of negative reports for behavioral re lease explain below.	asons or YES	✓ NO
Does this individual's official record reasons by the medical school or pa		iplined for unprofessional conduct/behavior plain below	YES	✓ NO
		ations or special requirements imposed on the ary problems, or any other reason? If yes, p		V
		s an accurate account of this individual's re	cords and is true and	d correct.
Name: Teresa Scordino, M.D.).	s an accurate account of this individual's re Signature Teen Dury	cords and is true and	d correct.
Teresa Scordino, M.D.			cords and is true and	d correct.
Teresa Scordino, M.D. itle of Signatory: Associate Dea	an for Student Affairs	Signature Templow		i correct.
Teresa Scordino, M.D. Fitle of Signatory: Associate Dea	on for Student Affairs 405-271-2287 If no seal is available, this for Notary Public	Signature Teen flow Date of Signature S 31123 E-Mail: Teresa-Scordino@out		d correct.
Teresa Scordino, M.D. Fitle of Signatory: Associate Dea	on for Student Affairs 405-271-2287 If no seal is available, this for	Signature Teen flow Date of Signature S 31123 E-Mail: Teresa-Scordino@out		d correct.

RECEIVED

Official Transcript

: Ahmad Jamaleddine

Description

07-JUN-2023

JUN 0 8 2023

Student ID: 1796759 Birthdate :

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

Degrees Awarded

Doctor of Medicine 2023-05-20 Confer Date Plan Medicine

Oklahoma City, OK 731260901

P. O. Box 26901

United States

External Degrees

Oklahoma St Univ-Stillwater

2018-05-12 Bachelor of Science

University of Oklahoma Health Sciences Center

Field of Study : Sociology/Anthropology

2018-05-12 Bachelor of Arts

Field of Study : Philosophy

2018-05-12 Bachelor of Science

Field of Study : Microbio/Cell & Molecular Biol

- - - - Academic Program History

O SCIENCES Medicine MD

2019-07-01 : Active in Program 2019-07-01 : Medic

2019-07-01 : Medicine - MD Major

Beginning of Medicine Record

Fall 2019

2019-07-01 : Medic.
PVD : Completed Program

Course Description

NDT 8110 Design/Analys:
NDT 8122 Clinical Medic.

The Human Str. Attempted Earned Grade 16.00 S Design/Analysis Clin Res 16.00 Clinical Medicine I 111.50 111.50 S HINDT 130.00 S 8124 The Human Structure 130.00 INDT 8125 Foundations of Medicine 151.00 151.00 S INDT 8244 PPSI 87.00 87.00 S INDT 8555 Req Orientation Documents I 0.00 CE 24.00 S INDT 9100 Prologue 24.00 519.50 519.50 0.000 TERM GPA : 0.000 GPH: 0.00 TOTALS : 0.000 OURSC GPA : 0.000 GPH: 0.00 TOTALS : 519.50 519.50

Spring 2020

Course				Des	cription			2	Attempted	Earned	Grade	Points
INDT	81	132		IMI					68.00	68.00	s	
INDT	81	140		Gas	trointes	tinal &	Hepatob:	il	85.00	85.00	s	
INDT	81	148		Ende	, Metab	& Nutri	Bioche	m	85.00	85.00	S	
INDT	81	156		Bloc	od, Hema	topoiesi	s & Lym	ph	77.00	77.00	S	
TERM	GPA	:	0.	.000	GPH:	0.00	TOTALS	:	315.00	315.00		0.000
OUHSC	GPA	:	0.	000	GPH:	0.00	TOTALS		834.50	834.50		0.000

Fall 2020

INDT	8264	Card	iovasc,	Resp, R	tenal		164.00	164.00	s	
INDT	8266	PPS :	II: Cli	nical Et	hics		35.00	35.00	S	
INDT	8272	Neur	oscience	es			166.00	166.00	S	
INDT	8275	Clin	ical Med	dicine I	I		99.00	99.00	s	
INDT	8301	Enri	chment I	Program:	Humani	ties	16.00	16.00	S	
Co	ourse Top	ic(s): Ca	ring for	the Dy	ing Pat	ient				
TERM	GPA :	0.000	GPH:	0.00	TOTALS		480.00	480.00		0.000
OURSC	GPA :	0.000	GPH:	0.00	TOTALS		1314.50	1314.50		0.000

Spring 2021

Course		Description	on		Attempted	Earned	Grade	Points	
INDT	8280	Reproducti	ion		98.00	98.00	S		
INDT	9200	MS2 Capsto	one		70.00	70.00	S		
INDT	9201	Joint, Ski	in, and Bor	ie	40.00	40.00	S		
TERM	GPA :	0.000 GPH:	0.00	TOTALS	208.00	208.00		0.000	
OUHSC	GPA :	0.000 GPH:	0.00	TOTALS	1522.50	1522.50		0.000	

This official transcript is printed on burgundy security paper. A laser-produced signature of the Registrar, OUHSC is imprinted on each page in black ink. A raised seal is not required. When photocopied, the word COPY should appear. A BLACK AND WHITE OR COLOR COPY OF THIS TRANSCRIPT SHOULD NOT BE ACCEPTED.

This information is released in accordance with the Family Education Privacy Act of 1974 and is also released under the condition that other parties will not have access to this information without the student's written consent.



Lou Klen.

REGISTRAR, OUHSC

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OURSC FICE CODE 5889

PHONE (405) 271-2359 PAGE 207fof 5005) 271-2480 www.ouhsc.edu

UNIT OF CREDIT: The unit of credit for undergraduate and graduate courses is the semester hour. Prior to Summer 2002, the unit of credit for professional courses is the clock hour. The unit of credit for the College of Medicine (MD) is the clock hour. Each course taken at OUHSC is recorded on the student's transcript including courses passed, failed, repeated, exempted, audited, etc. All course work is residence credit unless otherwise indicated.

GRADES USED AT OUHSC:

Grades Used in the Calculation of Grade Point Average (GPA)

- A = Excellent (4 grade points)
- B = Good (3 grade points)
- C = Average (2 grade points)
- D = Poor (1 grade point) not considered passing in some programs
- F = Failing (0 grade points)

Other Symbols

- I = Incomplete (student lacks a test, project, paper, etc.)
- AU = Audit (no credit)
- W = Withdrawal
- AW = Administrative Withdrawal
- S = Satisfactory (GPA neutral, counted in the total number of attempted hours)
- U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)
- P = Passing (GPA neutral, counted in the total number of attempted hours)
- NP = No Pass (GPA neutral, counted in the total number of attempted hours)
- X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

- CE = Continuing Education
- EX = Exempt from a required course, student has earned equivalent credit
- R = Requirements successfully completed
- Y = Year-Long Course
- H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

Summer (Undergraduate) = 6 semester hours
Summer (Graduate) = 4 semester hours
Fall (Undergraduate) = 12 semester hours
Spring (Undergraduate) = 9 semester hours
Spring (Graduate) = 9 semester hours

TERM DEFINITIONS:

Summer = 8 weeks in length
Summer I = 8 weeks in length
Summer II = 7-8 weeks in length
Fall = 16 weeks in length
Spring = 16 weeks in length

TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics Combined statistics

RECEIVED

JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

COURSE NUMBER:

1000 - 1999 = Freshman level courses
2000 - 2999 = Sophomore level courses
3000 - 3999 = Junior level courses
4000 - 4999 = Senior level courses
5000 - 6999 = Graduate level courses
5000 - 5999 = Bachelor degree program in College of Pharmacy
Undergraduate level courses
7000 - 9999 = Professional degree courses

DEGREE HONORS:

Distinction

Special Distinction
Outstanding Distinction

OUHSC recognizes honors for degrees conferred by the Colleges of Allied Health, Dentistry, Medicine, Nursing, and Pharmacy.

Professional students are considered full-time unless otherwise indicated.

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Official Transcript

07-JUN-2023 PAGE 208 of 500

JUN 0 8 2023

: Ahmad Jamaleddine

Student ID: 1796759 Birthdate :

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Summer II 2021

University of Oklahoma Health Sciences Center

P. O. Box 26901

United States

Oklahoma City, OK 731260901

Summer II 2022

Course		Description	Attempted	Earned Grade	Points	Course	Description	Attempted	Earned Gra	de Points
NDT	9301	Clinical Transitions	40.00	40.00 S		INDT 9403	Subinternship Elective	160.00	160.00 A	640.000
URG	9760	Surgery Clerkship	320.00	320.00 B	960.000	Course Top	pic(s): FM Subinternship Electiv	e		
						INDT 9403	Subinternship Elective	160.00	160.00 A	640.000
TERM GP.	PA :	3.000 GPH: 320.00 TOT	ALS: 360.00	360.00	960.000	Course Top	oic(s): FM Subinternship Electiv	e		
TERM GP.	PA :	3.000 GPH: 320.00 TOT	ALS : 1882.50	1882.50	960.000	TERM GPA :	4.000 GPH: 320.00 TOTALS	: 320.00	320.00	1280.000
		Fall	2021			OUHSC GPA :	3.080 GPH: 2000.00 TOTALS	: 3802.50	3802.50	6160.000
ourse		Description	Attempted	Earned Grade	Points		Fall 202	2		
	9650	Pediatric Clerkship	240.00	240.00 B	720.000	Course	Description	Attempted	Earned Gra	de Points
EUR	9370	Neurology Clerkship	160.00	160.00 C	320.000	2756		-		10200
4	9540	Fam Med Clerkship	160.00	160.00 B	480.000	INDT 9300	Capstone	160.00	160.00 s	
ED :	9101	Geriatric Selective	80.00	80.00 S		UROL 9101	Urology Selective	80.00	80.00 S	
						INDT 9407	Fourth Year Selective	80.00	80.00 S	
TERM GP	A :	2.714 GPH: 560.00 TOT	ALS : 640.00	640.00	1520.000		pic(s): Directed Readings in PHA			
	70,000		77717				Directed Readings in PHA			
OUHSC GP	A :	2.818 GPH: 880.00 TOT	ALS : 2522.50	2522.50	2480.000					
						TERM GPA :	0.000 GPH: 0.00 TOTALS	: 320.00	320.00	0.000
		Spring	2022							
						OUHSC GPA :	3.080 GPH: 2000.00 TOTALS	: 4122.50	4122.50	6160.000
ourse		Description	Attempted	Earned Grade	Points					
							Spring 20	23		
	9250	Medicine Clerkship	320.00	320.00 B	960.000					
ADT	9101	RADI Selective	80.00	80.00 S		Course	Description	Attempted	Earned Gra	de Points
	9101	Urology Selective	80.00	80.00 S						
BGY :	9210	Obstet & Gyn Clerkship	240.00	240.00 B	720.000	INDT 9407	Fourth Year Selective	80.00	80.00 S	
SBS	9520	Psychiatry Clerkshp	240.00	240.00 B	720.000	Course Top	<pre>Directed Readings in PHA Directed Readings in PHA</pre>			
TERM GP	A :	3.000 GPH: 800.00 TOT	ALS : 960.00	960.00	2400.000	Course	Description	Attempted	Earned Grad	de Points
OUHSC GP		2.905 GPH: 1680.00 TOT	The state of the s	3482.50	4880.000	INDT 9406	Special Studies Elective	160.00	160.00 s	
nterprofe	essiona	al Education Tier I-Complete	d			Course Top	ic(s): INDT Special Studies Elec	ctive		
						INDT 9406 Course Top	Special Studies Elective ic(s): INDT Special Studies Elec-	160.00	160.00 S	
						INDT 9402	Mixed In/Outpatient Election	ve 160.00	160.00 S	
							ic(s): MED Mixed In/Outpatient 1			
						FM 9569	CH I	80.00	80.00 S	

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Low Klen

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

EXPLANATION OF RECORD THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER **OUHSC FICE CODE 5889**

PHONE (405) 271-2359 PAGE 209 6 (5005) 271-2480 www.ouhsc.edu

UNIT OF CREDIT: The unit of credit for undergraduate and graduate courses is the semester hour. Prior to Summer 2002, the unit of credit for professional courses is the clock hour. The unit of credit for the College of Medicine (MD) is the clock hour. Each course taken at OUHSC is recorded on the student's transcript including courses passed, failed, repeated, exempted, audited, etc. All course work is residence credit unless otherwise indicated.

GRADES USED AT OUHSC:

Grades Used in the Calculation of Grade Point Average (GPA)

A = Excellent (4 grade points)

B = Good (3 grade points) C = Average (2 grade points)

D = Poor (1 grade point) not considered passing in some programs

F = Failing (0 grade points)

Other Symbols

= Incomplete (student lacks a test, project, paper, etc.)

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

S = Satisfactory (GPA neutral, counted in the total number of attempted hours)

U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)

P = Passing (GPA neutral, counted in the total number of attempted hours)

NP = No Pass (GPA neutral, counted in the total number of attempted hours)

X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

CE = Continuing Education

EX = Exempt from a required course, student has earned equivalent credit

R = Requirements successfully completed

Y = Year-Long Course

H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

Summer (Undergraduate) = 6 semester hours Summer (Graduate)

Fall (Undergraduate)

= 4 semester hours = 12 semester hours

Fall (Graduate)

= 9 semester hours

Spring (Undergraduate)

= 12 semester hours

Spring (Graduate)

= 9 semester hours

Professional students are considered full-time unless otherwise indicated.

TERM DEFINITIONS:

Summer

= 8 weeks in length

Summer I

= 8 weeks in length Summer II = 7-8 weeks in length

= 16 weeks in length

Spring

= 16 weeks in length

RECEIVED

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics

Combined statistics

COURSE NUMBER:

1000 - 1999 = Freshman level courses

2000 - 2999 = Sophomore level courses

3000 - 3999 = Junior level courses 4000 - 4999 = Senior level courses

5000 - 6999 = Graduate level courses

5000 - 5999 = Bachelor degree program in College of Pharmacy

Undergraduate level courses

7000 - 9999 = Professional degree courses

DEGREE HONORS:

Distinction

Special Distinction

Outstanding Distinction

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RECEIVED Official Transcript

6160.000

PAGE 210 6 500 : 07-JUN-2023

University of Oklahoma Health Sciences Center P. O. Box 26901

Oklahoma City, OK 731260901 United States

JUN 08 2023

: Ahmad Jamaleddine

Student ID: 1796759

Birthdate :

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

4842.50 4842.50

Spring 2023 (cont.)

Course		Des	scriptio	<u>on</u>		A	ttempted	Earned	Grade	Points
FM	9572	CH	II				80.00	80.00	s	
TERM	GPA :	0.000	GPH:	0.00	TOTALS	:	720.00	720.00		0.000
OUHSC	GPA :	3.080	GPH:	2000.00	TOTALS	:	4842.50	4842.50		6160.000
Medici	ne Care	er Totals								

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER Post-Baccalaureate Career Totals

3.080

OUHSC GPA :

OUHSC GPA : 125.00 TOTALS : 302.65 385.000 3.080

GPH: 2000.00 TOTALS :

End Of Career (1 of 1) -- End Of Transcript - - - -

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Lou Klin

REGISTRAR, OUHSC

Registrar's Office 1105 N. Stonewall Avenue LTB 121 Oklahoma City, OK 73117-1221

EXPLANATION OF RECORD THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER **OUHSC FICE CODE 5889**

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= 16 weeks in length

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OUHSC statistics Combined statistics

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Undergraduate level courses

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Distinction

Special Distinction Outstanding Distinction

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION EVIDENCE OF STATUS – PART A

MAY 0 1 2023

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORGEDICAL LICENSURE AND SUPERVISION

		AND GOT ENVIOLON								
Full L	Legal Name: AHMAD MICHAEL JA	MALFOD, NE Malden (if applicable)								
Maili	ling Address:	meden in appreciately								
	Street Address or Bost Office Box									
	City State Zip Code Telephone Number	al Security #:								
	Lip code Telephone Humber									
	PRIMARY EVIDENCE OF CITIZENSHI	P								
	(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEG	AL RESIDENT ALIENS)								
If yo	ou are a U.S. citizen, U.S. national, or permanent legal resident alien, please att	ach a photocopy of one of the following								
docu	uments to this form. Place a checkmark below to indicate the document that is	attached.								
	to market the document that is	attaches.								
	A birth certificate showing birth in one of the 50 States, the District of Columbia, Puert	o Rico (on or after January 13, 1941). Guam, the U.S.								
	Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the No									
1	foreign diplomats residing in the U.S.	Title in interioria islanos, antas ina para								
U	United States passport (except limited passports, which are issued for periods of less t	han five years)								
	Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to									
	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report									
	copies available from the Department of State	or birth (b31330) (issued b) the beginning								
	Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or S	tate court, or through administrative naturalization								
	after December 1990 to individuals who are individually naturalized; the N570 is a repla									
	lost or mutilated or the individual's name has been changed)									
_	Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive	U.S. citizenship through a parent; the N-561 is a								
	replacement certificate issued when the N-560 has been lost or mutilated or the Individual									
	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican									
	border who needed it for frequent border crossing) (formerly Form I-179, last issued in	February 1974)								
	Northern Mariana Identification Card (issued by the INS to a collectively naturalized ci	tizen of the U.S. who was born in the Northern								
Ц	Mariana Islands before November 3, 1986)									
	Statement provided by a U.S. consular officer certifying that the individual is a U.S. ci	tizen (This is given to an Individual born outside the								
	U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or D	S-1350);								
	American Indian Card with a classification code "KIC" and a statement on the back (id	entifying U.S. citizen members of the Texas Band of								
	Kickapoos living near the U.S./Mexican border.)									
	Alien Lawfully Admitted for Permanent Residence:									
	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")									
	Alien Lawfully Admitted for Permanent Residence:									
	Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94									
	clare under penalty of perjury, under the laws of the State of Oklahoma, that all									
acco	ompanying documents provided to substantiate my Evidence of Status application	n are true and correct.								
Signature Date 64 17 23										
Subs	Subscribed and sworn before me this 14th day of April 20 23.									
GENERAL SE										
Mota	ary Public X (MMIM) BOMMYN									
140(8	NOTADY									
C	amission Number 20007297	NOTARY								
Com	nmission Number <u>QUOTA 9 T</u>	SEAL								
	commission expires Ole ·18 · 7024									
My c	commission expires OU 18 WO									

LEANDERA JOHNSON Notary Public, State of Oklahoma Commission # 20007297 My Commission Expires 06-18-2024

Lale HZ



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

Primary Office Address

AHMAD MICHAEL JAMALEDDINE

SOURCEY

Birth date

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

MAY 3 0 2024

AMA membership status

MEMBER

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Enrollment Date:

08/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/30/2024 11:44:27

AMA Physician Profile for Ahmad Michael Jamaleddine, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE-

TULSA

Sponsoring State: OKLAHOMA

Program name: UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE

(TULSA) PROGRAM FAMILY MEDICINE

Training Type: SPECIALTY

Dates: 07/01/2023 - 06/30/2026 **Status:** TRAINING IN PROGRESS

Specialty board certification

Specialty:

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
41512	MD	ОК	07/01/2023	09/30/2024		ACT	RES	05/06/2024	AHMAD MICHAEL JAMALEDDINE



Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION **EVIDENCE OF STATUS - PART A**

RECEIVED

MAY 0 2 2023

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full Legal Name	. AHMAD	4.4	7	AND SUPERVIS								
run tegai wame	First	MICHAEL Middle	JAMALEDDINE	Maiden (if applicable)								
Mailing Address												
Mailing Address		Street Address or Post Office Box										
			wayee was									
City	State Z	p Code Telephone Num	cial Security #:									
2700-20		relephone num										
		PRIMARY EVIDENCE OF	CITIZENSHIP									
	(FOR US CITIZEN	NS, US NATIONALS, OR PERM	ANENT LEGAL RESIDENT ALIENS)									
If you are a U.S.	citizen, U.S. national, or po	ermanent legal resident alier	n, please attach a photocopy of one	of the following								
documents to t	his form. Place a checkmarl	k below to indicate the docu	ment that is attached.									
****				40 4041 C H- II C								
			umbia, Puerto Rico (on or after January									
But isidii	lomats residing in the U.S.	/), American Samoa, Swain's Isla	nd or the Northern Mariana Islands, un	less the person was born to								
C-/		ssports, which are issued for per	inde of less than five years)									
		S-240) (issued by the Departmen										
				y the Department of State),								
	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State), copies available from the Department of State											
	Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturali											
	after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N											
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	Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a											
	replacement certificate issued when the N-560 has been lost or mutilated or the Individual's name has been changed)											
1	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)											
Mauthau f	North and Administration County (served by the INIS to a collectively naturalized sitings of the U.S. who was been in the Northern											
	Mariana Islands before November 3, 1986)											
Statement	Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the											
U.S. who d	erives citizenship through a pa	rent but does not have an FS-240), FS-545 or DS-1350);									
☐ American	American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of											
Kickapoos	Kickapoos living near the U.S./Mexican border.)											
	ully Admitted for Permanent F											
		t Card, commonly known as a "g	reen card")									
	fully Admitted for Permanent F											
Unexpired	Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94											
I declare under	nenalty of periury under th	e laws of the State of Oklaho	ma, that all information contained in	n this application and all								
accompanying	documents provided to sub-	stantiate my Evidence of Statu	us application are true and correct.	Tims application and an								
accompanying	Joedinents provinced to such	Cantal Constitution of State	opplication and that are contest.	25 66								
Signature //			Date C	74/17/27								
7/	-//		3500000									
Subscribed and sworn before me this 14th day of April 20 23.												
Notary Public Leanner Johnson												
Notary Public	XI/IMOUND DEL	marr										
. 6			NOTARY									
Commission Nu	mber 2000729	<u> </u>	SEAL									

DG . 18.2024

My commission expires___

LEANDERA JOHNSON Notary Public, State of Oklahoma Commission # 20007297 My Commission Expires 06-18-2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org

To Request Ex	camination Scores
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners	Federation of State Medical Boards
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Euless, TX 76039-3855
(215) 590-9500	(817) 868-4000
www.NBME.org	www.FSMB.org

- Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the
- Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent reyocation of licensure?

AHMAD M. LIMAEL JAMALE-DON'S

Name of Applicant (type or print)

Signature of Applicant

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

ATTACHMENT 5

TIME DEFICIENCY FORM

	T			
Name:	MICHAEL -	AMMI FODINE	Application #	41512

This document is used a tool to help you complete your application. Please note: we have to account for any/all time from your 18th birthday to present.

tart Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
PC	2009	05	2013	JENKS HIGH SCHOOL	JENKS	ok	Haguseno: LDT.
8	2013	05	2018	CKLAHOUA STATE WINERLY	STILLWATER	vk	BS BA
>1	2019	05	2025	COLLEGE OF MEDICALE	OKC	CK	MD
EMPLO	DYME	NT IF N	EEDED	TO FILL TIME GAP			
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
06	2018	07	2019	MOLEULAR TEMPLATES	AUTIN	TX	Reserven Number
			-				
OTHE				STAY AT HOME PARENT, SUMM	ER BREAK, TR	AVELIN	IG
Start Month	Start Year		End Year	Other		City	State
06	2013	08	2017	SUMMEZ BECAK		Tous	A DK
	-		+				

RECEIVED

MAY 0 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Duplicate

7415/2

Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Tuesday, May 7, 2024 7:39 PM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

AHMAD MICHAEL JAMALEDDINE has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 05/07/2024 07:05:38pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41512

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



05/02/2023

AHMAD MICHAEL JAMALEDDINE

RE: MD Application #41512

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP44275503 Password:Last 4 SSN

Dear AHMAD JAMALEDDINE,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

USMLE Exams Incomplete

Evidence of Status

Application Instructions

OATH

Extended Background Check

Exam verification date

MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP44275503</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email. oktraining@okmedicalboard.org

Sincerely,

Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision Application Summary

PostGrad - Form 2 COLLEGE	o space limitations on this page, thi OF MEDICINE TULSA	s may not be a complete list)
JSMLE Exams Incomplete		
Exam verification date		
ast Medical School Attende 39-01 Univ Of Ok Coll Of Me		
Number of Lic	enses Previously Granted to Grade	uates of this Medical School:7,275
1) AUTHORIZED CIRCUL	ARIZATION TO OTHER BOARD ME	MBERS
2) ALL FIVE CRITERIA HA - Passed USMLE - No DUIs or Legal Issu - No Significant Malpra - US Graduate - Graduated Medical So	actice Issues	
 - Passed USMLE - No DUIs or Legal Issu - No Significant Malpra - US Graduate - Graduated Medical So 	ies actice Issues chool on time DRARY LICENSE THROUGH/	
- Passed USMLE - No DUIs or Legal Issu - No Significant Malpra - US Graduate - Graduated Medical So 3) HAS ISSUED A TEMPO	ies actice Issues chool on time DRARY LICENSE THROUGH/	
- Passed USMLE - No DUIs or Legal Issu - No Significant Malpra - US Graduate - Graduated Medical So 3) HAS ISSUED A TEMPO	nes Actice Issues Chool on time DRARY LICENSE THROUGH/ AL PGY-1 TRAINING LICENSE/	
- Passed USMLE - No DUIs or Legal Issu - No Significant Malpra - US Graduate - Graduated Medical So 3) HAS ISSUED A TEMPO	nes Actice Issues Chool on time DRARY LICENSE THROUGH/ AL PGY-1 TRAINING LICENSE/	
- Passed USMLE - No DUIs or Legal Issu - No Significant Malpra - US Graduate - Graduated Medical So 3) HAS ISSUED A TEMPO	nes Actice Issues Chool on time DRARY LICENSE THROUGH/ AL PGY-1 TRAINING LICENSE/	

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type MD	Number 41485	Name AOUS JARROUJ	
	AL DOCTOR		
Incompl	ete Informati	ion (due to space limitations on this page, this may not be a complete list)	
OTHE	R DEFICIENCE	CIES: NEED CURRENT VISA / NEED QUESTIONNAIRE / \$250 UPGRADE FEE COLLEGE OF MEDICINE OKC	1
I ast N	Medical Scho	pol Attended:	
		AMASCUS, FAC OF MED, DAMASCUS, SYRIA	
	N	lumber of Licenses Previously Granted to Graduates of this Medical School:	98
Applica	tion for: Re	sident Full License Reinstatement	
The Se	ecretary of th	ne Board has reviewed this application and:	
1)	AUTHORIZE	D CIRCULARIZATION TO OTHER BOARD MEMBERS	
- - -	Passed USM No DUIs or I No Malpract US Graduate	Legal Issues tice Issues	
3)	HAS ISSUED	A TEMPORARY LICENSE THROUGH//	
4)	HAS ISSUED	A SPECIAL PGY-1 TRAINING LICENSE	

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type MD Number

Name

41485

AOUS JARROUJ

MEDICAL DOCTOR

Practice Address:

May 03, 2023

Status:

Res: MD

Entered: 04/11/2023

Received: 04/11/2023

Temp Issued:

Temp Expires:

Train Issued: 07/06/2023
Train Expires: 09/30/2024
Fed Rec: 05/09/2024

AMA Rec: 05/09/2024 Board Action: PP

License #: 41485

Sex: M Ethnic Origin: 5 Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	02/21/24	4/22/24	2
Test 2: USMLE 1	PASS	11/29/21	4/28/23	2
Test 3: USMLE 2	PASS	4/2/21	4/28/23	2

Note: PASS means higher than 75

Test AV: Total Possible: Okla Passing: Total Score:

PRE-MED EDUCATION

School Name: AL-NOUR

City: DAMASCUS

Degree: HIGH SCHOOL DEGREE

State:

Country: SYRIA

From: 9/1999 To: 9/ 2003 Verified:

MEDICAL SCHOOL EDUCATION

Name: UNIV OF DAMASCUS, FAC OF MED, DAMASCUS, SYRIA

Foreign Name:

City: Damascus

State/Country: Syria

Degree: MD

From: 9

9 / 2003 **To:** 9 / 2009

Diploma Ver'd:

Υ

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type

Number

Name

MD

41485

AOUS JARROUJ

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: RADIATION ONCOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Verified:

From: 7 / 2023

ACGME Ver'd:

Comments:

Facility: TUCSON HOSPITALS MEDICAL EDUCATION PRO Specialty: TRANSITIONAL

Res. Fellowship: Internship

City: TUCSON

State:AZ

Country: UNITED STATES OF AN

Verified: 07/05/2023

From: 6 / 2022

To: 6/2023

ACGME Ver'd: 07/05/2023

Comments:

Facility: IBN AL-NAFEES

Specialty: PLASTIC SURGERY

Res. Fellowship:

City: DAMASCUS

State:

Country: SYRIA

Verified:

Waived

From: 1 / 2010

To: 1/2013

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: CHARLESTON AREA MEDICAL CENTER

Supervisor:

City: CHARLESTON

State: WV Country: UNITED STATES

Specialty: RESEARCH

From: 2/2020 To: 5/2022 Verified:

Comments:

Employed: UNIVERSITY OF ARIZONA

Supervisor:

City: TUCSON Specialty: RESEARCH

State: AZ Country: UNITED STATES From: 1/2013 To: 1/2020 Verified:

Comments:

Employed: NONE

Supervisor:

State:

Country: SYRIA

Specialty: BREAK BEFORE STARTING

From: 9/2009 To: 1/2010 Verified:

RESIDENCY

City: DAMASCUS

Comments:

Other Licenses State Lic Type and Number Status Issued Exp Verif 6/10/22 AZ MD R79371 6/23/23 5/9/24

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type

Number

Name

MD 41485

AOUS JARROUJ

MEDICAL DOCTOR

DEFICIENCIES

OTHER DEFICIENCIES: NEED CURRENT VISA / NEED QUESTIONNAIRE / \$250 UPGRADE FEE /

EVALUATION

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Oklahoma State Board of Medical Licensure and Supervisite 127 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023

Foreign Graduate

Applicant Name: JARROUJ, AOUS

MD 41485



Date Of Birth:

Place Of Birth (City, State): DAMASCUS, SYRIA

Sex: M Race: Other

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
HS	AL-NOUR	DAMASCUS	SYRIA	9/1999	9/2003	HIGH SCHOOL DEGREE		

Medical School Name	City	State Country	Comments	From To
UNIV OF DAMASCUS, FAC OF	Damascus	Syria		9/2003 9/2009
MED. DAMASCUS, SYRIA				

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM	TUCSON	AZ	UNITED S'	TRANSITIONAL		6/2022	6/2023
IBN AL-NAFEES	DAMASCUS		SYRIA	PLASTIC SURGERY		1/2010	1/2013

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
CHARLESTON AREA MEDICAL CENTER	RESEARCH		CHARLESTON	WV	2/2020	5/2022	
UNIVERSITY OF ARIZONA	RESEARCH		TUCSON	AZ	1/2013	1/2020	

				censes	Out-Of-State Li	Other/
- 4	Exp Date	Issue Date	Status	Profession	License #	State
	6/23/23	6/24/22	U		R79371	AZ
	6/23/23	6/24/22	U		R79371	AZ

\$250

MD Exam				
Exam	State	Score	Date Taken	#_
USMLE				

Oklahoma State Board of Medical Licensure and Supervisite 128 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023

Foreign Graduate

Questions Answered 04/09/2023		
A.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
O.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Т.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
U.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision 229 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023 Foreign Graduate

If licensed, where do you intend to locate? OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: The University of Oklahoma
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder none
Name of Current Carrier and policy Holder Tucson Medical Center
Will your professional liability insurance policy cover your practice in Oklahoma
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma 07/01/2023
attest that all the above information is accurate as of April 10, 2023:(Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo-

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



Applicant's signature (must be signed in the presence of a notary)

JUN 2 0 2023

OKLAHOMA STATE BOA MEDICAL LICENSUF

Aous Jarrouj

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

6/14/2023

Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

State of AZ

County of Time

al named above did appear personally before me and that I did identify this

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

ic statements on this document are subscribed and sworn to before me by the applicant on this 14 day of June , 20 23

Motory Public gnatu/Pime County, Artsone My Comm. Expires 02/01/2027 Commission No. 644336

My Notary Commission Expires 2/1/2

Valing 2



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

SOURCE

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 04/21/2024

Examinee:

Jarrouj, Aous

Examinee ID: 0-899-556-5 Date of Birth:

Alt Name(s): Date

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	TEP 1				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
11/29/2021	Pass	194	(194)		
10/15/2021	Fail	188	(194)		

USMLE STEP 2

Clinical Knowledge (CK)

Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/02/2021	Pass	216	(209)	
04/20/2015	Fail	156	(209)	

USMLE STEP 3

USMILE ST	EP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
02/21/2024	Pass	201	(200)		
03/28/2023	Fail	189	(198)		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

APR 22 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Rev 2018

Page 1 of 2



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Jarrouj, Aous

Examinee ID: 0-899-556-5 Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

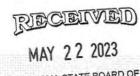
ANNOTATIONS APPEARING AS "NOTE"

Circumstances <u>not</u> in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.





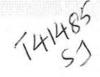
Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

Applicant's Name Aous Jarro	uj				
Institution: The University of	of Damascus	City/State	Damascus, Syria	a	
Our records indicate that the above named	applicant attended our medic	al school on the follow	ring dates:		
From 09 / 01 / 2003 To	09 / 01 / 2009 an Month Day Year	d was awarded the de	gree <u>HD</u>		
Does this individual's official record re explain.	eflect (an) interruption(s) or ex	tension(s) in his/her m	edical education? If yes, please	□ YES	⊠ио
Does this individual's official record re his/her medical education? If yes, ple		ced on academic or dis	ciplinary probation during	☐ YES	×NO
Does this individual's official record re an investigation by the medical school	flect that he/she was ever the	CHARLEST COLUMN TO A STREET COLUMN	ports for behavioral reasons or	☐ YES	ОИЖ
Does this individual's official record re reasons by the medical school or pare	flect that he/she was ever disc	iplined for unprofession	onal conduct/behavioral	☐ YES	⊠ NO
Does this individual's official record re 5. individual because of questions of aca explain below	flect that there were any limit	ations or special requi		☐ YES	Ø NO
Completion of the following is certification	n that the information above i	s an accurate account	of this individual's records and i	s true and (correct.
Name: Prof. Raed About	Harb MD,phD	Signature			
Title of Signatory: Dean Of Facu	Ity Of Medicine	Date of Signature	04/30/2023		
Tel: +963 11 2117404 Fax:	+963 11 2123664	ε-маіі; Dean.m	ed@Damascusunivers	sity.edu	.sy
Ogmas Culty of Medicines of Faculty of Faculty of Medicines of Faculty of Medicines of Faculty of F	If no seal is available, this for Notary Public Commission # My commission expires:	rm must be notarized	MARINE TO THE PARTY OF THE PART		
- Faculty of Man			Notary Seal		





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SYRIAN ARAB REPUBLIC DAMASCUS UNIVERSITY FACULTY OF MEDICINE

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

ATTESTATION OF STUDENT'S TRANSCRIPT OF GRADES

AOUS JARROUJ TALAL	
Syrian National	
2003/2004	
Syrian Secondary Study Diploma, Scientific	

We list in what follows a transcript of his grades during the years of his study at the Faculty of Medicine, from the 2003/2004 academic year until the 2008/2009 academic year:

First Year: 2003-2004 ACADEMIC YEAR

Subjects	First Semester Grades
Medical Physics	64
General Chemistry	52
Cytology	59
Biology	59
Arabic Language	93
Foreign Language (English)	75
Subjects	Second Semester Grades
Genetics	52
Anatomy (Limbs)	54
Organic Chemistry	60
Medical Embryology	51
National Socialist Education	93
Foreign Language (English)	75
GRAND TOTAL	787
AVERAGE	65.58
RESULT	Passed

Translated on October 28, 2013

This is a true and correct word-for-word translation of the original written in Arabic AL AMAL TRANSLATION OFFICE, DAMASCUS, SYRIA, TEL: 963-11-3314723

E-mail: amal.akaw@gmail.com

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Second Year: 2004-2005 ACADEMIC YEAR

Subjects	First Semester Grades
Physiology (1)	50
Biochemistry (1)	53
General Histology	60
Anatomy (Nervous System)	51
Subjects	Second Semester Grades
Physiology (2)	52
Biochemistry (2)	63
Histology (Organ Systems)	53
Anatomy (Viscera)	57
Foreign Language (English)	85
GRAND TOTAL	524
AVERAGE	58.22
RESULT	Passed

Third Year: 2005-2006 ACADEMIC YEAR

Subjects	First Semester Grades
Pharmacology 1	54
Microbiology	68
Symptoms and Diagnosis	51
Patho-Physiology	52
Public Health	54
Medical Biostatistics	53
Subjects	Second Semester Grades
Pharmacology 2	49+1
General Pathology	58
Medical Parasitology	57
Minor Surgery	70
Clinical Patho-Chemistry	49+1
Medical Immunology	53
Foreign Language (English)	45+5
GRAND TOTAL	713
AVERAGE	54.84
RESULT	Passed

Translated on October 28, 2013

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E-mail: amal.akaw@gmail.com

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[3]

STUDENT: AOUS JARROUJ

Fourth Year: 2006-2007 ACADEMIC YEAR

Subjects	First Semester Grades
Internal Medicine 1 (Gastroenterology – Rheumatology)	51
Surgery (General) 2	70
Obstetrics	52
Pediatrics 1	63
Specific Pathology	50
Otolaryngology Diseases	63
Foreign Language (English)	56
Subjects	Second Semester Grades
Internal Medicine 2 (Cardiology-Respiratory)	57
Surgery 3 (Cardiovascular -Thoracic)	66
Dermatology & Venereology	69
Pediatrics (2)	59
Forensic Medicine	67
Ethics of Medicine	80
GRAND TOTAL	803
AVERAGE	61.76
RESULT	Passed

Translated on October 28, 2013

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[4]

STUDENT: AOUS JARROUJ

Fifth Year: 2007-2008 ACADEMIC YEAR

Subjects	First Semester Grades
Internal Medicine 3	56
(Neurology - Nephrology)	05
Internal Medicine 4	65
(Endocrinology, Geriatrics & Nutrition)	
Surgery 4	59
(Neurosurgery -Urology-Pediatric)	
Gynecology	72
Ophthalmology	72
Anesthesiology & Emergency Medicine	61
Psychiatry	68
Subjects	Second Semester Grades
Radiology	68
Preventive Medicine	59
Internal Medicine 5	57
(Hematology-Oncology-Infectious	
Diseases)	
Surgery 5	68
(Orthopedic- Plastic)	
Family Medicine	76
Foreign Language (English)	54
GRAND TOTAL	835
AVERAGE	64.23
RESULT	Passed

Translated on October 28, 2013

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E-mail: amal.akaw@gmail.com

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[5]

MAY 2 2 2023

STUDENT: AOUS JARROUJ

OKLAHOMA STATE BOARD OF

FACULTY OF MEDICINE - SIXTH YEAR -

2008/2009 ACADEMIC YEAR

SESSION	GRADES	
Internal Medicine	70	
Surgical Diseases	73	
Pediatrics	64	
Obstetrics & Gynecology	67	
6TH YEAR TOTAL GRADES	: 274	
6TH YEAR AVERAGE	: 68.50%	
RESULT	: Graduated	

Accordingly, he was awarded the **Doctor of Medicine Diploma with a rating of Good and a graduation average of 62.18%** as a result of the 2008/2009 academic year National July session examinations, per Damascus University Board Resolution No. 3488 of 09/08/2009.

Upon his request he was given this transcript, having paid its fee to the Damascus University treasury per receipt # 9013 of 11/14/2012.

Damascus,

Head, Examination Department (Signature & Seal)

Dean, Faculty of Medicine (Signature & Seal)

Translated on October 28, 2013

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E-mail: amal.akaw@gmail.com

TUILLES

الجمهورية العربية السورية جامعة دمشق كلية الطب





مصدقة كشف علامات الطالب : أوس جروج

امع الطالب: أوس جروج

العسم الأبع : طلال

محل وتاريخ الولاحة: حمشق ١٩٨٤

الجنسية : العربية السورية

موجوات التسجيل: تانوية سورية علمية

ټاريخ الټسبيل: ٢٠٠٤/٢٠٠٣

ندرج فيما يلي كشفا بعلمات خلال سني دراست في كلية الطب البشري بدءا من العام الدراسي ٢٠٠٢ / ٢٠٠٤ ولغاية العام الدراسي ٢٠٠٨ / ٢٠٠٩

Γ••ε/	الاولى ٢٠٠٣	المزة			
	مل الأول	القص			
الدرجة		یر	اسم المقرر		
كتابة	رقما				
أربع وستون	7 5			الفيزياء الطبية	
اثتتان وخمسون	70			الكيمياء العامة	
يسك وخمسون	09			علم الخلية	
تسع وخمسون	09			علم الحياة	
تلاث وتسعون 💉 🚺 ئالات وتسعون	98			اللغة العربية	
خمس وسبعون	Yo		(اللغة الأجنبية (١	
22	القصل الثاني	t .	Garage Control		
الدرجة		٠	اسم المقر		
كتابة	رقما				
اثتتان وخمسون	70			علم الوراثة	
أربع وخمسون	0 £	(-	بيكل والأطراف	التشريح (١) (ال	
ستون فقط	٦.			الكيمياء العضوية	
احدى وخمسون	01		, ,	علم الجنين الطبي	
مراقبة المحلف فالمنافع وتسعون	98			الثقافة القومية الا	
خمس وسبعون	Yo		(٢)	اللغة الأجنبية	
النتيجة : ناجح	70.01	المعدل:	٧٨٧	المجموع:	

وة ع

ربيع السدران

نظمیر الله المرابدی

الاسم :

التوقيع

الجمهورية العربية السورية جامعة دمشق كلية الطب



مِحدِقة كُفِهِم عُلَامَاتِمُ الطَّالَبِمِ : أوس جروح

T++0/1	الثانية ٤٠٠	المنة
	سل الأول	القد
الدرجة		اسم المقرر
كتابة	رقما	
خمسون فقط	0.	علم وظائف الأعضاء (١)
ثلاث وخمسون ثلاث	٥٣	الكيمياء الحيوية الطبية (١)
ستون فقط	٦.	علم النسج العام
إحدى وخمسون	01	التشريح (٢) الرأس والعنق والجملة العصبية والحواس)
	فصل الثاني	i)
الدرجة	*	اسم المقرر
كتابة	رقما ا	,
اثنتان وخمسون	٥٢	علم وظائف الأعضاء (٢)
ثلاث وستون	٦٣	الكيمياء الحيوية الطبية (٢)
ٹلاٹ وخمسون	٥٣	علم النسج الخاص
سبع وخمسون	٥٧	التشريح (٣) (الصدر والبطن والحوض)
خمس وثمانون	٨٥	اللغة الأجنبية
النتيجة : ناجح	٥٨.٢٢	المجموع: ٢٤٥ المعدل:

MENT THE

دققها دران ربيع السدران

<u>نظمه الله و الله الموالم</u> المواقيع:

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الجمهورية العربية السورية جامعــة دمشــق كلية الطــب



محدقة كفف علامات الطالب اوس جروج

r-1	الثة ١٠٠٥/	السنة الأ
	صل الأول	١
الدرجة		اسم المقرر
كتابة	رقما	
أربع وخمسون	. 01	علم الادوية العام
ثمان وستون	' TA -	الأحياء الدقيقة (١) الجراثيم والفيروسات
المحمدي وخمسون	10	الاعراض والتشخيص
🌠 🎾 اثنتان وخمسون	97	علم وظائف الأعضاء المرضي
أربع وخمسون	0 £	الصحة العامة
ثلاث وخمسون	٥٣	الاحصاء الطبي الحيوي
	صل الثاني	<u>ā1</u>)
الدرجة		اسم المقرر
كتابة	رقما	
تسع وأربعون مساعد بدرجة واحدة	1+59	الأدوية (٢)
ثمان وخمسون	01	التشريح المرضى العام
سبع وخمسون	ov	الأحياء الدقيقة (٢) (الطفيليات)
سبعون فقط	٧.	الجراحة (١) (مدخل الى الجراحة)
تسع وأربعون مساعد بدرجة واحدة	1+29	الكيمياء المرضية
ثلاث وخمسون	.07	علم المناعة
خمس وأربعون مساعد بخمس درجات	0+20	اللغة الاجنبية
النتيجة : ناجح	04.46	المجموع: ٧١٣ المعدل:

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دققه___ ربيع السدران et v

هراس سرايدي

الاسم : التوقيع:

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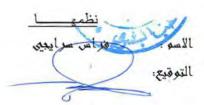


الجمهورية العربية السورية جامعة دمشق كلية الطب

مصدقة كفف علامات الطالب : أوس جروج

F-V/	رابعة ٢٠٠٦	المنة ال
	فصل الأول	الا
الدرجة		اسم المقرر
كتابة	رقما	
إحدى وخمسون	01	الأمراض الباطنة (١) (أمراض جهاز الهضم والجهاز الحركي
سبعون فقط	٧.	الجراحة (٢) الجراحة العامة وجراحة البطن)
اثنتان وخمسون	70	التوليد
ثلاث وستون	75	أمراض الأطفال(١)
خمسون فقط	٥.	التشريح المرضى الخاص
ثلاث وسنون	٦٣	الأمراض الجلدية والأمراض المنتقلة بالجنس
ست وخمسون	٥٦	اللغة الأجنبية
	فصل الثاني	1)
الدرجة		اسم المقرر
	رقما	in the second se
سبع وخمسون	٥٧ .	الامراض الباطنة (٢) (أمراض القلب والأوعية وأمراض الصدر)
ست وسنتون	177 -	الجراحة (٣) (جراحة القلب والصدر والأوعية)
تسع وستون	79	أمراض الأنف و الأذن و الحنجرة
يسع وخمسون	٥٩	أمراض الأطفال (٢)
سبع وستون	٦٧	الطب الشرعي
ثمانون فقط	۸.	اداب الطب
النتيجة : ناجح	11.71	المجموع: ٨٠٣ المعدل:

ربيع السدران القراد المراد الم



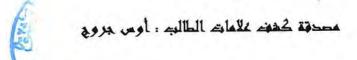
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سبعون فقط	٧.	جلسة الطب الباطني
ثلاث وسبعون ثلاث	٧٣	جلسة الأمراض الجراحية
أربع وستون	7 £	جلسة طب الأطفال
سبع وستون	77	جلسة التوليد و أمراض النساء

وبذا فقد منح اجازة دكتور في الطب البشري نتيجة امتحانات دورة / تموز / للعام الدراسي ٢٠٠٩ /٢٠٠٩ بمرتبة / جيد / ومعدل عام قدره / ٦٢٠١٨ / اثنتان وستون درجة وثمانية عشرة جزءا بالمائه بقرار مجلس جامعة دمشق رقم/ ٣٤٨٨ / تاريخ ٨/ ٩ / ٢٠٠٩ وبناء على طلبه منح هذه المصدقة المسدد رسمها إلى صندوق جامعة دمشق بالايصال رقم (٩٠١٣) تاريخ ٢٠١٢/١١/١٤

وققها: ربيع السدران

نظمها: فراس سرايجي

عميد كلية الطب

الأستاذ الدكتور د

رئيسة قسم الامتدانات

رئيس و ير إستحانات الاسترسمام كم التوقيع

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION





1	فاعمة ١١٠٠٧	المزة ال
	فصل الأول	1)
الدرجة		اسم المقرر
كتابة	رقما ،	z, t
ست وخمسون	٥٦	الأمراض الباطنة (٣) (الأمراض العصبية وأمراض الكلية)
خمس وستون	70	الأمراض الباطنة (٤) (أمراض الغدد والأستقلاب والشيخوخة)
تسع وخمسون	09	الجراحة (٤) الجراحة العصبية والبولية وجراحة الأطفال
اثنتان وسبعون	٧٢	الامراض النسائية
اثنتان وسبعون	- 44	امراض العين وجراحتها
إحدى وستون	71	طب الطواريء والتخدير
ثمان وستون	٦٨	علم الأمراض النفسية
	فصل الثاني	
الدرجة		اسم المقرر
كتابة	رقما	
ثمان وستون	٨٢ 🖈	علم الأشعة والمعالجة الشعاعية
نسع وخمسون	09	لطب الوقائي والمهني
سبع وخمسون	٥٧	لامراض الباطنة (٥) الأمراض الخمجية وأمراض الدم
ثمان وستون	÷ 7.A	لأمراض الجراحية (٥) (الجراحة العظمية وجراحة التجميل)
ست وسبعون	. 17	طب الاسرة
أربع وخمسون	0 2	للغة الأجنبية
النتيجة : ناجح	7 1 . 7	المجموع: ٥٣٥ المعدل: ٣







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245 of 500

Translation World 1

Sworn Translation

I.W.

Tel. 2241684 - Mob. 0992885533

e-mail: swadee1979@gmail.com Damascus – Marjeh - Rami Str. دمشق – مرجة – شارع رامي ترجمة محلفة فورية

PRIMARY

MAY 2 2 2023

Syrian Arab Republic Ministry of Higher Education Damascus University

Doctor of Medicine Diploma (M.D)

The Damascus university board has decided on 8th of September 2009, having verified the result of the final examination at the Faculty of Medicine, to award **MR. AOUS JARROUJ**

Father's name: TALAL,

citizen of the Syrian Arab Republic, born in Damascus in 1984, the Doctor of Medicine Diploma (M.D), with a rating of Good.

Accordingly, he is entitled to have the rights and privileges pertaining to this degree.

Damascus: 21/May/2020

Dean of the Faculty of Medicine / name and signed Damascus University Chairman / name and signed Damascus University / Sealed Duly Certified

No: 21947/4571

True translation of the attached diploma

Damascus: 30/04/2023



Sworn translator



Oklahoma State Board of Medical Licensure and Supervision

OKTRAINING@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

Verification of Graduate Medical Education

Institution: _	TMC Health	n Medical Edu	ucation Program	City/State	Tucso	n, AZ			
Training Level: (e.g. 1, 2, 3, etc.)	1 sp	ecialty/Subspecialty	Transitional		From:	06/2	4/202	22 то:	_06/23/202
	☑ Internship		Successfully Completed		□ IN P	ROGRESS			
Accredited By:	⊠ ACGME	□ AOA	The state of the s						
Training Level:		aniale./Cubanasiale.			From:	,	,	Tax	, ,
(e.g. 1, 2, 3, etc.)	☐ Internship	ecialty/Subspecialty ☐ Residency	Successfully	☐ YES	- From:		1	То:	
			Completed?	- 100	□ IN P	ROGRESS			
Accredited By:	□ ACGME	□ AOA		_ ,,,					
Training Level: (e.g. 1, 2, 3, etc.)	Sne	ecialty/Subspecialty			From:	,	,	To:	, ,
(e.g. 1, 2, 3, e.e.,	☐ Internship		Successfully	☐ YES	- 10000		,		- ' '
Access ditated them			Completed		☐ IN PR	ROGRESS			
Accredited By:	□ ACGME	□ AOA				CAMP OF			
1. Did th	is individual ev	ver take a leave o	f absence or break from his/he	r training?				☐ YES	⊠ NO
2. Was t	his individual e	ever placed on pro	obation?					☐ YES	⊠ NO
3. Was t	his individual e	ever disciplined or	placed under investigation?					☐ YES	⊠ NO
VV d5 L									
11001	there any neg	ative reports for b	pehavioral reasons ever filed by	instructors	5?			☐ YES	⊠ NO
4. Were 5. Were acade	any limitation emic incompet	s or special requir	pehavioral reasons ever filed by rements placed upon this indivi problems or any other reason	dual becaus		stions of		☐ YES	⊠ NO
4. Were 5. Were acade	any limitation: emic incompet a any "YES" resp of the followin	s or special requirence, disciplinary conse from above: g is attesting that	ements placed upon this indivi	dual becaus	se of ques	is individ	lual's r	□ YES	⊠ NO
4. Were 5. Were acade Please explain Completion cand correct.	any limitation: emic incompet a any "YES" response the following The signature	s or special requirence, disciplinary conse from above: g is attesting that line must contain	rements placed upon this indiving problems or any other reason the information above is an action the original signature of the problems.	dual becaus ? curate acco	se of ques	is individ	lual's r	□ YES	⊠ NO
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3624 Market Street Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 27 Apr 2023

STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

ECFMG® CERTIFICATION STATUS REPORT

RECEIVED

MAY 0 1 2023

USMLE®/ECFMG Identification Number: 0-899-556-5

Applicant's Name: Aous Jarroui

Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 28 Dec 2021 English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	29 Nov 2021	*	*
USMLE Step 2 CK	02 Apr 2021	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination Date ECFMG Clinical Skills Pathway ** N/A

Name of Medical School and Country: University of Damascus Faculty of Medicine, Damascus, SYRIA

Degree Year: 2009

Medical Education Credentials Status†: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit https://cvsonline2.ecfmg.org/verify/verify.asp and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: ML27432S3M

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

*To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

\$\frac{1}{2}\since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

Form 282 B - 6/22

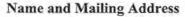
^{**} This individual met the clinical and communication skills requirements, including English language proficiency, for ECFMG Certification through one of the ECFMG Pathways, Prior to the ECFMG Pathways, IMGs met these requirements by passing the former USMLE Step 2 CS.



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,



AOUS JARROUJ OU HEALTH SCIENCES CTR L100 800 NE 10TH ST OKLAHOMA CITY, OK 73104-5418

Birth date

Primary Office Address

SAME AS MAILING ADDRESS

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER.

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF DAMASCUS FACULTY OF MEDICINE

Degree Awarded:

YES

Enrollment Date:

NOT REPORTED

Degree Type:

Degree Date:

MD 2009

AMA files checked 05/9/2024 15:47:29

AMA Physician Profile for Aous Jarrouj, MD ©2024 by the American Medical Association. All rights reserved.



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State:

OKLAHOMA

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

RADIATION ONCOLOGY

Specialty: Training Type:

SPECIALTY

Dates: Status: 07/01/2023 - 06/30/2027 TRAINING IN PROGRESS

Sponsoring Institution:

TMC HEALTH MEDICAL EDUCATION PROGRAM, INC. (THMEP)

Sponsoring State:

ARIZONA

Program name:

TMC HEALTH MEDICAL EDUCATION PROGRAM INC (THMEP)

PROGRAM

Specialty:

TRANSITIONAL YEAR

Training Type:

SPECIALTY

Dates:

06/24/2022 - 06/23/2023

Status:

COMPLETED

Specialty board certification

NO DATA REPORTED AT THIS TIME



Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

Applicant Number: 08995565

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at https://cvsonline2.ecfmg.org/

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.



If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

RECEIVED

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET **OKLAHOMA CITY OK 73105**

EVIDENCE OF STATUS - PART B

MAY 0 1 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Full Legal Name	: Aous		Jarrouj	
_	412		st	Maiden (if applicable)
Mailing Addres				
		Street Address	or Post Office Box	
			Social Security #	
City	State	Zip Code	Telephone Number	
		DOCUMENT	TATION TO DETERMINE QUALIFIED ALIEN STATE	ıs
you are a quali	ied alien, please submit	a notarized copy	of the original, unexpired documents. Place a	checkmark below to indicate the
ocument that w	ill be submitted.			
	Immigrant Visa Status:			
INS Form I	-94			
INS Form I	-688B			
sylee:				
			sylum under §208 of the INA	
	688B (Employment Author	orization Card) anno	otated "27a .12 (a) (5)"	
INS Form I	766 (Employment Author	ization Document)	annotated "AS"	
Grant lette	r from the Asylum Office	of INS		
Order of a	immigration judge grant	ing asylum		
efugee:				
INS Form I	94 annotated with stamp	showing admission	under §207 of the INA	
INS Form I	688B (Employment Author	orization Card) anno	otated "274 a.12 (a) (3)"	
	766 (Employment Author			
	571 (RefugeeTravel Docu			
	the U.S. for a least One Y			
INS Form I	94 with stamp showing a	dmission for at leas	t one year under §212 (d) (5) of the INA. (Applicant	cannot aggregate periods of admission
	n one year to meet the or			
	rtation or Removal Was V			
	6888 (Employment Autho		stated "274 a.12 (a) (10)"	
	766 (Employment Author			
	an immigration judge sho (b) (3) of the INA	owing deportation v	withheld under §243 (h) of the INA as in effect prio	r to April 1, 1997, or removal withheld
lien Granted Con				- Company Comp
	94 with stamp showing a	mission under 620	3 (a) (7) of the INA	
	688B (Employment Autho	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN		
	766 (Employment Author		The state of the s	
uban/Haitian Ent				

I declare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all accompanying documents provided to substantiate my Evidence of Status application are true and correct.

Signature_

Alien Who Has Been Battered or Subjected to Extreme Cruelty: INS petition and appropriate supporting documentation

Subscribed and sworn before me this

Other Document (please list)

INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") with the code CU6, CU7, or CH6

Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with the code CU6 or CU7 INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212 (d) (5) of the INA

Notary Public

Commission Number_

My commission expires_

ARY Kochiti Idalia Gaxiola Notary Public Pima County, Arizona ly Comm. Expires 02/01/2027 Commission No. 644336

T41485

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Ex	camination Scores
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners	Federation of State Medical Boards
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Euless, TX 76039-3855
(215) 590-9500	(817) 868-4000
www.NBME.org	www.FSMB.org

RECEIVED

JUN 1 4 2023

KLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

- Extended Background Check Applicants for licensure are required to request an Extended Background
 Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Aous Jarrouj	Aous Jarrouj	6/14/2023
Name of Applicant (type or print)	Signature of Applicant	Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

MD APPLICATION INSTRUCTIONS Revised 08/2021

Page 4 of 4

MARI

Name:	Aous Jarrouj	Application #	41485	

We must account *for any/all time from your 18th birthday to present*. Please complete this form to the best of your recollection for the times indicated.

EDUC	ATION							
Start Month	Start Year	End Month	End Year	Name of Institution Ci	ity	State	Deg	ree
WORK	/ LICT/	DDV						
Start Month	Start Year	End Month	End Year	Name of Employer Ci	ty	State	Job Title	
-								_
OTHER	R ACTI	VITY						
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home p	parent, etc.)	City		State
09	2009	01	2010	break before starting residence	су	Dama	scus	Syria

JUN 1 4 2023
OKLAHOMA STATE BOARD OF



05/03/2023

AOUS JARROUJ

RE: MD Application #41485

Dear AOUS JARROUJ.

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP27542279 Password:Last 4 SSN

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

Translations

ECFMG

ECFMG Date

MedSchool-Transcript UNIV OF DAMASCUS, FAC OF MED, DAMASCUS, SYRIA

MedSchool-Form 1 UNIV OF DAMASCUS, FAC OF MED, DAMASCUS, SYRIA

PostGrad - Form 2 TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM

OTHER DEFICIENCIES: FCVS /

Verify License from AZ R79371

Exam verification date

PostGrad - Certificate COLLEGE OF MEDICINE OKC

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Exam USMLE 3 Requires Date

US Customs and Immigration Service (USCIS)

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 9/2009 - 1/2010 -- MUST USE TIME DEFICIENCY FORM

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is AP27542279 (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Valeska Barr

Valeska Barr

Dept. of Licensing

Encl

June 14, 2023

Dear Board Secretary,

I am writing this letter to offer my sincere apologies for a mistake made in my application. I made the incorrect selection in error for the question regarding USMLE failures. I failed USMLE Step 2 back in 2015 but passed it in 2021 on the second attempt. I also failed USMLE Step 1 in 2021 and passed on the second attempt in the same year.

Please contact me if any further clarification is needed.

Kind regards,

Aous Jarrouj

Aous Jarrouj

JUN 1 4 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

X MMS

Oklahoma State Board of Medical Licensure and Supervision

101 NE 51st St Oklahoma City, OK 73105

Phone: (405) 962-1400 FAX: (405) 962-1440 email:licensing@okmedicalboard.org

06/29/2023

AOUS JARROUJ

RE: MD Application #41485

Check Your Application Status Online at: http://www.okmedicalboard.org Username: AP27542279 Password:Last 4 SSN

Dear AOUS JARROUJ,

On June 29, 2023 the Oklahoma State Board of Medical Licensure and Supervision approved your application for MD licensure pending receipt of the following item(s):

OTHER DEFICIENCIES: RECEIVED FORM 5, NEED FORM 2 REFLECTING SUCCESSFUL COMPLETION OF THE PROGRAM

Verify License from AZ R79371 unable to verify resident license (ucc)

Exam verification date

PostGrad - Form 2 TUCSON HOSPITALS MEDICAL EDUCATION PROGRAM V

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

Upon receipt of the missing documentation and its verification by the Board Secretary, your license will be sent to you.

If you have any questions, please contact the Board office at 405-962-1400.

Sincerely,

Lisa Cullen

Lisa Cullen Director of Licensing APPROVED for 2nd year training license ofull

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name MD 39627 LARAIB JAVED
MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
OTHER DEFICIENCIES: NEED CURRENT VISA / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION PostGrad - Form 2 COLLEGE OF MEDICINE OKC
Last Medical School Attended:
704-25 Aga Khan Med Coll, Aga Khan Univ, Karachi, Pakistan
Number of Licenses Previously Granted to Graduates of this Medical School:69
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE
- No DUIs or Legal Issues
- No Malpractice Issues - US Graduate
- Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD

39627

LARAIB JAVED

MEDICAL DOCTOR

Practice Address:

April 25, 2022

Status:

Res: MD

Received: 04/22/2022

Entered: 04/22/2022

Temp Issued:

Temp Expires:

Train Issued: 07/01/2022 Train Expires: 09/30/2024

> Fed Rec: 06/04/2024 AMA Rec: 06/04/2024

Board Action:

License #: 39627

Degree:

Sex: F

Ethnic Origin: 5

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2CS	PASS	06/07/19	4/22/22	1
Test 2:	USMLE 2CK	PASS	08/20/21	4/22/22	1
Test 3:	USMLE 1	PASS	08/28/20	4/22/22	. 1
1031 0.	USMLE 3	PASS	5/10/22	8/7/23	1
The second of the second of the second	Noto	DACC	noone high	or than 75	

Test AV:

Note: **PASS** means higher than 75

Total Possible:

Okla Passing: **Total Score:**

PRE-MED EDUCATION

School Name: LAHORE GRAMMAR SCHOOL

City: LAHORE

State:

Country: PAKISTAN

From: 12/2012 To: 7/2014 Verified:

MEDICAL SCHOOL EDUCATION

Name: Aga Khan Med Coll, Aga Khan Univ, Karachi, Pakistan

Foreign Name:

City: Karachi

State/Country: Pakistan

Degree: BACHELOR OF ME

12 / 2014 **To**: 11 / 2019 From:

Diploma Ver'd:

Υ

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD

39627 LARAIB JAVED

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Verified:

From:

712023

To:

ACGME Ver'd: Comments:

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AM

Verified: 07/26/2023

ACGME Ver'd: 04/27/2022

712022 From:

To: 6/2023

Comments:

PRACTICE HISTORY

Employed: NONE

City: OKLAHOMA CITY

Supervisor:

Specialty: VISITING FAMILY

From: 12/ 2021 To: 5/ 2022

State: OK Country:

Verified:

Comments:

Employed: SERVICES HOSPITAL

City: LAHORE

State:

Supervisor: Country: PAKISTAN

Specialty: INTERNSHIP

From: 1/ 2021 To: 7/ 2021

Verified:

Comments:

Employed: NONE

City: LAHORE

State:

Supervisor: Country: PAKISTAN

Specialty: UNEMPLOYED

From: 12/ 2019 To: 12/ 2021

Verified:

Comments: STUDYING FOR EXAMS

Employed: NONE

City: LAHORE

State:

Country: PAKISTAN

Specialty: UNEMPLOYED

From: 9/ 2014 To: 11/ 2014

Supervisor:

Verified:

Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp Verif

DEFICIENCIES

OTHER DEFICIENCIES: NEED CURRENT VISA / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Oklahoma State Board of Medical Licensure and Supervision PAGE 263 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/22/2022

Foreign Graduate

Applicant Name: IAVED LARAIR MD 39627 Date Of Birth: Place Of Birth (City, State): BELFAST, IRELAND Sex: F Race: Other Education Type Name City ST Country From To Degree Comments Veri LAHORE LAHORE **PAKISTAN** 12/2013 7/2014 **GRAMMAR** SCHOOL **Medical School Name** City **State Country** Comments From To Aga Khan Med Coll, Aga Khan Karachi Pakistan 10/201411/2019 Univ, Karachi, Pakistan Post-Graduate Facility City St Country Specialty Comments From To UNITED S' **Practice History** Employer Specialty Supervisor City ST Countr From To Verif 1 Other/ Out-Of-State Licenses License # Profession Status **Issue Date** Exp Date

State Score Date Taken

HS

State

MD Exam Exam

USMLE

Oklahoma State Board of Medical Licensure and Supervision PAGE 264 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/22/2022

Foreign Graduate

Que	stions Answered 04/12/2022	Response
۹.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
3.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
٥.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
Э.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Ⅎ.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
ζ.	Has your application for examination or a professional license ever been denied?	N
	Have you ever failed any part of a licensure/certification/registration examination?	N
Λ.	Have you ever surrendered a license or had a license revoked?	N
١.	Has any disciplinary action been taken on any license?	N
Ο.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
٥.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
2.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
₹.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemica substance, including alcohol?	l N
3.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	ı N
Γ.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
1.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/22/2022

Foreign Graduate

If licensed, where do you intend to locate?
OK
Why do you seek Licensure in the state of Oklahoma? Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice:
University of Oklahoma
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder
none
Name of Current Carrier and policy Holder None at the moment
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
Lattact that all the above information is accurate as of April 21, 2022: (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51" Street Oklahoma City, OK 73105

I, the underagoed, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials formshed with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are smedy true in every aspect.

I acknowledge that I have read and understand the application and have inswered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

Fauthorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agoncy having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other permean dara, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I berely release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (bied, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every mature and kind arising out of investigation made by the

I will immediately nonty the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I anderstand my fathor to answer questions contained in this application muthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



State of PUNJAB

Applicant's signature (must be signed in the presence of a notary)

Javed Laraib

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Applicants printed last name, first name, middle mittal, and suffix (e.g., Ir.)

April 35, 2022.

Date of signature (must correspond to the date of notarization)

[Please note The Notary Public seal should overlap the bottom of the photo to the left] M. SALEEM KHAN Advocate High Court FOTARY PUBLIC LAHORF

NOTARY

, County of PAKISTAN.

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing its/her physical appearance with the photograph on the identifying document presented by the applicant and with the identifying document.

photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her The statements on this document are subscribed and swom to before me by the applicant on this 25 day of APKIL 20 2/2

Notary Public Signature

My Notary Commission Expires





United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 08/07/2023

Examinee ID: 1-063-674-4

Examinee: Alt Name(s): Jayed, Laraib

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE STEP 1							
Test Date	Pass/Fail	Score	Minimum Pass	Comments			
08/28/2020	Pass	272	(194)				

USMLE STEP 2

Clinical Knowledge (CK)

Minimum Pass Test Date Pass/Fail Score Comments

08/20/2021 Pass 256 (209)

Clinical Skills (CS)

Pass/Fail Comments **Test Date**

06/07/2019 Pass

USMLE STEP 3 Minimum Pass Test Date Pass/Fail Score Comments 05/10/2022 Pass 231 (198)

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

T39627



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Javed, Laraib

Examinee ID: 1-063-674-4
Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

RECEIVED

APR 15 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

	Laraib Javed			
Institution: Aga	Khan University	City/State Karachi		
Our records indicate From 12 / 15 Month Day	that the above named applicant attended our medic	BACHELOR OF I		
World Day	real Month Day real	DEGREE CONFERRED: 11/3	0/201	9
 Does this indiversely explain. 	dual's official record reflect (an) interruption(s) or ex	tension(s) in his/her medical education? If yes, please	☐ YES	NO NO
	dual's official record reflect that he/she was ever pla I education? If yes, please explain.	ced on academic or disciplinary probation during	☐ YES	M NO
	dual's official record reflect that he/she was ever the n by the medical school or parent university? If yes, p	e subject of negative reports for behavioral reasons or please explain below.	☐ YES	NO NO
Does this indiv	idual's official record reflect that he/she was ever dis medical school or parent university? If yes, please ex	ciplined for unprofessional conduct/behavioral	□ YES	NO NO
Does this indiv	idual's official record reflect that there were any limituse of questions of academic incompetence, disciplin	tations or special requirements imposed on the	□ YES	₩ NO
Name: Am	1.	Stadium Rhad, P.O. Bo	WANI rar sstrar sity ox 3500	correct.

Notary Seal



MD 39627



THE AGA KHAN UNIVERSITY

OFFICE OF THE REGISTRAR 270 of 500 Official Transcript

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44773

Name: Laraib Javed Student Number: 506701 Date of Birth:

Academic Unit: Medical College, Pakistan

Programme: Bachelor of Medicine; Bachelor of Surgery

Date of Issue: April 21, 2022

Date of Admission: December 2014

Date of Completion: October 2019

Date of Convocation: November 30, 2019

Programme Status: Graduated

	Course Title	Grade	Remarks
Term: Dec 2014 - Nov 2015			
Dec 2014 - Jan 2015			
Humanities	Exploration in Contemporary Art & New Media	S	
Humanities	Pakistan Studies	S	
Humanities	Photography	S	-
Humanities	Religions of Pakistan	S	
Humanities	Spanish Language	S	
Humanities	Urdu Communication	S	2
Feb 2015 - Mar 2015			
Process Assessment	Blood Module	P	
Summative Examination	Blood Module	82	
Mar 2015 - Apr 2015			
Process Assessment	Inflammation & Neoplasia	P	
Summative Examination	Inflammation & Neoplasia	85	-
Apr 2015 - May 2015			
Process Assessment	GIT, Nutrition & Metabolism	P	2
Summative Examination	GIT, Nutrition & Metabolism	82	
Jun 2015 - Aug 2015			
Process Assessment	Respiration & Circulation	P	~
Summative Examination	Respiration & Circulation	77	-
Aug 2015 - Sep 2015			
Process Assessment	Renal Module	P	
Summative Examination	Renal Module	80	
Sep 2015 - Oct 2015			
Process Assessment	Multisystem-I	P	-
Oct 2015			
OSCE Year 1	Objective Structured Clinical Examination - 1	AT	
Nov 2015			
MBBS Part I-A Examination	Anatomy	P	Honours
MBBS Part I-A Examination	Biochemistry	P	Honours

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APR 25 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

14

OFFICIAL TRANSCRIPT

AGA KHAN UNIVERSITY

OFFICE OF THE REGISTRAR



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THE AGA KHAN UNIVERSITY

44774

Name: Laraib Javed Student Number: 506701 Date of Issue: April 21, 2022

Date of Admission: December 2014

	Course Title	Grade	Remarks
MBBS Part I-A Examination	Community Health Sciences	Р	*
MBBS Part I-A Examination	Microbiology	P	Honours
MBBS Part I-A Examination	Pathology	P	Honours
MBBS Part I-A Examination	Pharmacology	P	Honours
MBBS Part I-A Examination	Physiology	Р	
Term: Nov 2015 - Oct 2016			
Nov 2015 - Jan 2016			
Process Assessment	Musculoskeletal System	P	
Summative Examination	Musculoskeletal System	84	+
Jan 2016 - Mar 2016			
Process Assessment	Neurosciences	P	+
Summative Examination	Neurosciences	79	
Mar 2016 - Apr 2016			
Process Assessment	Head & Neck and special senses	P	*
Summative Examination	Head & Neck and special senses	88	-
Apr 2016 - May 2016			
Process Assessment	Endocrine & Reproduction	P	4
Summative Examination	Endocrine & Reproduction	88	
lun 2016 - Jul 2016			
Process Assessment	Immunity & Infectious Diseases	P	
Summative Examination	Immunity & Infectious Diseases	88	
Aug 2016			
Social Sciences	Introduction to Research	P	+
Aug 2016 - Sep 2016			
Process Assessment	Multisystem-II	P	
Oct 2016			
OSCE Year 2	Objective Structured Clinical Examination - 2	P	-
MBBS Part I-B Examination	Anatomy	P	Honours
MBBS Part I-B Examination	Biochemistry	P	Honours
MBBS Part I-B Examination	Community Health Sciences	P	
MBBS Part I-B Examination	Microbiology	P	Honours
MBBS Part I-B Examination	Pathology	P	Honours
MBBS Part I-B Examination	Pharmacology	P	Honours
MBBS Part I-B Examination	Physiology	P	

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APR 25 2022

OKLAHOMA STATE BOARD OF

OFFICIAL TRANSCRIPT

AGA KHAN UNIVERSITY OFFICE OF THE REGISTRAR



OFFICE OF THE REGISTRAGE 272 of 500 Official Transcript

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THE AGA KHAN UNIVERSITY

44775

Name: Laraib Javed Student Number: 506701 Date of Issue: April 21, 2022 Date of Admission; December 2014

	Course Title	Grade	Remarks
Term: Oct 2016 - Oct 2017			
Oct 2016 - Sep 2017			
Clerkship - Year 3	Family Medicine	66	
Clerkship - Year 3	General Medicine	69	
Clerkship - Year 3	General Surgery	84	4
Clerkship - Year 3	Infectious Diseases & Microbiology	82	5
Clerkship - Year 3	Maternal and Neonatal Child Health	72	
Clerkship - Year 3	Ophthalmology	75	
Clerkship - Year 3	Orthopaedics	73	2
Clerkship - Year 3	Otolaryngology	71	-
Clerkship - Year 3	Radiology	77	-
Oct 2017			
OSCE Year 3	Objective Structured Clinical Examination - 3	P	4.
MBBS Part II Examination	Forensic Medicine	P	- (<u>4</u>)
MBBS Part II Examination	Ophthalmology	P	1.5
MBBS Part II Examination	Otolaryngology	P	-
Term: Oct 2017 - Sep 2018			
Oct 2017 - Aug 2018			
Clerkship - Year 4	Anaesthesia	61	-
Clerkship - Year 4	Community Health Sciences	74	1.5
Clerkship - Year 4	Dermatology	79	
Clerkship - Year 4	Hospital Based Paediatrics	74	
Clerkship - Year 4	Medicine	75	49
Clerkship - Year 4	Obstetrics & Gynaecology	73	
Clerkship - Year 4	Psychiatry	65	*
Sep 2018			
MBBS Part III Examination	Obstetrics & Gynaecology	Р	
MBBS Part III Examination	Paediatrics	P	-
MBBS Part III Examination	Psychiatry	P	4
Term: Oct 2018 - Oct 2019			
Oct 2018 - Sep 2019			
Clerkship - Year 5	Family Medicine / Emergency Medicine	73	-
Clerkship - Year 5	Interventional Radiology	S	•
Clerkship - Year 5	Medicine	77	

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APR 2 5 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION PRIMARY

AGA KHAN UNIVERSITY
OFFICE OF THE REGISTRAR

Page 3 of 4



OFFICE OF THE REGISTRAR ²⁷³ of 500 Official Transcript

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11770

THE AGA KHAN UNIVERSITY

Name: Laraib Javed Student Number: 506701 Date of Issue: April 21, 2022

Date of Admission: December 2014

	Course Title	Grade	Remarks
Clerkship - Year 5	Nephrology	S	
Clerkship - Year 5	Pain	S	2
Clerkship - Year 5	Surgery	72	*
Sep 2019			
Examination	ECOE'S Exam: Ensuring Competency of Essential Skills	S	
Oct 2019			
MBBS Part IV Examination	Family Medicine	Р	-
MBBS Part IV Examination	Medicine	P	
MBBS Part IV Examination	Surgery	P	3

Awarded: Bachelor of Medicine; Bachelor of Surgery, November 30, 2019

***** End of Official Transcript *****

OFFICIAL TRANSCRIPT

AGA KHAN UNIVERSITY OFFICE OF THE REGISTRAR

APR 2 5 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



AGA KHAN UNIVERSITY

OFFICE OF THE REGISTRAR [registrar@aku.edu]



MBBS Programme

Transcript Guide

AGA KHAN UNIVERSITY: Chartered in 1983, Aga Khan University is a private, autonomous international university with campuses and programmes in Kenya, Pakistan, Tanzania, Uganda and the United Kingdom. The University offers undergraduate, graduate and postgraduate degrees; the language of instruction is English.

Letter Grade	Description
F	< 50%
P	Pass
1	Incomplete
IP .	In Progress
F	Fail
ING	Ineligible
S	Satisfactory
U	Unsatisfactory
AL	Approved Leave
AB	Absent
AT	Attended
W	Withdrawn

COURSE NUMBERING

100 - 999	Certificate Courses
1000 - 1999	Diploma and First Year Undergraduate Courses
2000 - 2999	Second Year Undergraduate
3000 - 3999	Third Year Undergraduate
4000 - 4999	Fourth Year Undergraduate
5000 - 5999	Fifth Year Undergraduate
6000 - 6999	Sixth Year Undergraduate
7000 - 7999	Advanced Diploma, First and Second
	Year Master's Level Courses
8000 - 8999	Third and Fourth Year Master's Level Courses
9000 - 9999	Doctoral Level Courses

REGISTRATION STATUS

ACTIVE: Student currently enrolled in programme.

INACTIVE: Student currently not enrolled in programme.

WITHDRAWN: Student has officially left the programme.

GRADUATED: Student has completed the programme.

NOTES

PROCESS ASSESSMENT

The Process Assessment covers assessment in terms of regularity, punctuality, group participation and communication skills in problem-based learning and Problem Solving Integrated Learning (PSIL) sessions. Students are declared Pass or Fall; no numerical grades are awarded.

APR 2 5 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

SUMMATIVE EXAMINATION

Summative examinations are held after all the modules except for Multisystem Modules. In order to be eligible to write the MBBS 1A and 1B examinations, by the end of Year 1 and 2, respectively, students must achieve an aggregate score of:

- 55% in summative examinations;
- 50% in practical examinations/ATP examinations;
- · Satisfactory Process assessment and attendance; and
- Satisfactory assessment in all longitudinal themes, HASS courses and the Introduction to Research course.

Please see Examination and Promotion polices available on website www.aku.edu for details.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION 1

A mandatory formative examination.

OBJECTIVE STRUCTURED CLINICAL EXAMINATION 2
OBJECTIVE STRUCTURED CLINICAL EXAMINATION 3

To be promoted, students are required to pass these examinations conducted at the end of Years 2 and 3 respectively.

CERTIFYING EXAMINATIONS

The five-year MBBS programme is assessed by four Certifying Examinations. MBBS Part I examination is written in two parts, MBBS 1A and MBBS 1B, at the end of Years 1 and 2 respectively. MBBS Part II, III and IV examination are written at the end of Years 3, 4 and 5.

The Aga Khan University does not disclose scores of the Professional Examination to students. The Certifying examinations are graded as pass/fall, as per AKU policies.

RE-SIT AND REPEAT POLICY

Please see Examination and Promotion polices available on website www.aku.edu for Re-sit and Repeat policy.

HONOURS

Honours in Basic and Community Health Sciences are awarded at the end of Year 5. A score of at least 80% may qualify for Pass with Honours, subject to satisfactory performance in the Basic and Community Health Sciences components in Years 3, 4 and 5. Students securing 80% or more are invited for the 'honours viva' in the clinical disciplines. If more than 5 students score 80% or more in a discipline, top 5 will be called for the 'honours viva'.

Our academic programmes scheduled to end in 2020 continued into 2021 due to disrupted Covid-19 terms,

The Aga Khan University transcript is printed on security paper with a green background and does not require a raised seal. The transcript is considered official only if bearing the University Registrar's signature stamp.

December 2020



Form 2 (MD - TRAINING)

ATTACHMENT 3

Oklahoma State Board of Medical Licensure and Supervision

OKTRAINING@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

BECENARD

JUL 2 6 2023

Verification of Graduate Medical Education

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

Applicant's Nar	me L	araib Jave	los					AND SUPERVISI
Institution:	Iniversi	ty of Oklahoma	H.S.C.	City/State	Oklah	ioma (Lity.	Oklahama
Training Level: (e.g. 1, 2, 3, etc.)	1_ spe	cialty/subspecialty <u>Interior</u>	nal Medic	ine	From: O	7/01/20	22 To: 1	06 80 20 2
Accredited By:	Internship ACGME	□ Residency	Successfully Completed?	DE YES □ NO	[] IN PROG	RESS		
Training Level: (e.g. 1, 2, 3, etc.)	Spe	ecialty/Subspecialty			From:	11	To:	
Accredited By:	☐ Internship	☐ Residency	Successfully Completed?	☐ YES	☐ IN PROC	GRESS		
Training Level: (e.g. 1, 2, 3, etc.)	Sp	ecialty/Subspecialty			From:	11	To:	11
Accredited By:	☐ Internship	☐ Residency	Successfully Completed?	☐ YES	☐ IN PROG	RESS		
		ver take a leave of absence or b	reak from his/her	training?			□ YES	ENO
2. Was th	nis individual	ever placed on probation?					T YES	Ø NO
3. Was th	nis individual	ever disciplined or placed under	investigation?				☐ YES	Ø NO
		ative reports for behavioral rea					☐ YES	□ NO
		s or special requirements place ence, disciplinary problems or		ual becau	se of question	ons of	□ YES	D NO
Completion	of the followin	g is attesting that the informat e line must contain the original					records an	d is true
Name: A	Jay P.	Nadig, M.D.	Signatur	e /	mif.	Vale	g. r	D
Title of Signat	ory: Proc	ram Director		Signature		121/2	3_	
Tel: 405	271-50	163 Fax: 405-271-1	476 E-Mail:	Ajar	y-Nad	igo c	uhs	c.edu
	School Seal	If no seal is availab	le, this form must b	e notarize	f	PI	RIM/ OUR	ARY CE
		Commission #						
		My commission ex	oires:					
alan est	-1-4 1/2022	- v.v. justinge do					NOTARY SEAL	

739427



3624 Market Street Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 21 Apr 2022

STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 1-063-674-4

Applicant's Name: Laraib Javed

Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 09 Sep 2021

English Test Valid Through: Valid Indefinitely

Clinical Skills Assessment Valid Through: Valid Indefinitely

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	28 Aug 2020	*	*
USMLE Step 2 CK	20 Aug 2021		*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date	
USMLE Step 2 CS	07 Jun 2019	

Name of Medical School and Country: Aga Khan University Medical College, Karachi, PAKISTAN

Degree Year: 2019

Medical Education Credentials Statust: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit https://cvsonline2.ecfmg.org/verify/verify.asp and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: 2SJ24NS5FE

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

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

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

Form 282 B - 6/21



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address

LARAIB JAVED UNIV OF OKLAHOMA STE 6300 800 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104-5018 Primary Office Address

WP 2400 800 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104-5018

Phone UNKNOWN

Birth date



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER

JUN 03 2024

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1104546746	09/01/2022	NOT RPTD	NOT RPTD	NOT RPTD	05/17/2024

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: AGA KHAN UNIVERSITY MEDICAL COLLEGE

AMA files checked 06/3/2024 15:36:11

AMA Physician Profile for Laraib Javed, MD ©2024 by the American Medical Association. All rights reserved. Page 1 of 3



Degree Awarded: Enrollment Date: YES

NOT REPORTED

Degree Type: Degree Date: MD 2019

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State:

OKLAHOMA

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty:

INTERNAL MEDICINE

Training Type:

SPECIALTY

Dates: Status: 07/01/2022 - 06/30/2025 TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
39627	MD	ОК	07/01/2022	09/30/2024		ACT	RES	05/06/2024	LARAIB JAVED



Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME
US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

Applicant Number: 10636744

The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service online at https://cvsonline2.ecfmg.org/

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51" STREET OKLAHOMA CITY OK 73105 EVIDENCE OF STATUS — PART B

	JAVED	Maiden (if applicable)
Full Legal Name:	Laux	P
Name and Additional		
	ocial Security #	

			ocial Security #
	On sure	The state of the s	
			Marie Caledon Company
	por	UMENTATION TO DETERMINE QUALIF	TED ALIEN STATUS
			about mark below to indicate the
	and a qualified alien, please submit a notarize	d copy of the original, unexpired docu	uments. Place a checkmark below to indicate the
dacum	ent that will be submitted.		
Immler	ant or Non-Immigrant Visa Status:		
	INS Form I-94		
and the latest designation of the latest des	INS Form I-6888		
Asylee:			
0	INS Form I-94 annotated with stamp showing gr	rant of asylum under \$208 of the INA	
0	INS Form I-6888 (Employment Authorization Ca	and) annotated "27a .12 (a) (5)	
	INS Form 1-766 (Employment Authorization Dec	rument) annotated "AS"	
	Grant letter from the Asylum Office of INS		
	Order of an immigration judge granting asylum		
Refuge	e: INS Form I-94 annotated with stamp showing a	dmission under \$207 of the INA	
	INS Form I-94 annotated with stamp showing a INS Form I-688B (Employment Authorization Ca		The state of the s
	INS Form I-766 (Employment Authorization Doc		Commence of the Commence of th
	INS Form I-571 (RefugeeTravel Document)	Summing anniotates Par	
	aroled into the U.S. for a least One Year:		
-		or at least one year under \$212 (d) (5) of	the INA. (Applicant cannot aggregate periods of admission
	for less than one year to meet the one-year req	suirement.)	THE PERSON NAMED OF THE PE
llen W	hose Deportation or Removal Was Withheld:		
	INS Form I-688B (Employment Authorization Ca		
	INS Form I-766 (Employment Authorization Doc	cument) annotated "A10"	
1	Order from an immigration judge showing depo	ortation withheld under §243 (h) of the II	NA as in effect prior to April 1, 1997, or removal withheld
- 1	under 9241 (b) (5) of the INA		
lien Gr	anted Conditional Entry:		
	INS Form I-94 with stamp showing admission un	nder §203 (a) (7) of the INA	
	INS Form I-6888 (Employment Authorization Ca	ard) annotated "274 a.12 (a) (3)"	The state of the s
uhan/i	INS Form I-766 (Employment Authorization Doc Haltian Entrant:	cument) annotated "A3"	
Towns of the	INS Form LSS1 (ASing Projetoping Dayles Co.		
1	INS Form I-551 (Alien Registration Receipt Card	, commonly known as a "green card") wi	th the code CU6, CU7, or CH6
-	Succebases rembarat A 1-337 stamb to total by	issport or on INS Form I-94 with the rade	of 15 oct 17
len Wi	INS Form I-94 with stamp showing parole as "Co ho Has Been Battered or Subjected to Extreme	uba/Haitian Entrant" under § 212 (d) (5)	of the INA
	INS petition and appropriate supporting docum	Cruelty:	
ther Do	ocument (please list)	ientation	
declare	under penalty of perlury, under the laws of	the state of other	nation contained in this applicate and all accompanying
ocume	nts provided to substantiate my Evidence of	Status and leave of Oxianoma, that all inform	nation contained in this applicatin and all accompanying
	1 AVEC	status application are true and correct	1.
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lgnature			Date April 25 2022.
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1300r

TIME DEFICIENCY

	The state of the s		
Name:	Laraib Javed	Application #	

We have to account for any/all time from age 18 to present. Please complete this form to the best of your recollection for the times indicated.

EDUCA								
Start Month	Start Year	End Month	End Year	Name of Institution City		State Degree		ee
Dec	2014	Nov	2019	Aga Khan University Karachi		M	BBS	
Dec	2012	Aug	2014	Lahore Grammar School	Lahore		High	School
EMPLO	OVMEN	ит						
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
OTHE	3							
Start Month	Start Year	End Month	End Year	Other (Unemployed, Stay at home parent, etc.)		City		State
√Dec	2019	Dec	2021	Unemployed/at home/studying	Lahore			
Jan	2021	Jul	2021	Internship at Services Hospital		Lahore		
Dec	2021	May	2022	Visiting family in the US		Oklahoma City		Oklahoma
Sep	2014	Nov	2014			Lah	ore	

12/2012+12/2013 11/2019-Presenst



MAY 0 2 2022

OKLAHOMA STATE SCAPD OF MILEICAL LIDER PRIFE AND SULLIVISION



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION REDUCED OF MEDICAL PROPERTY AND SUPERVISION RESULTS AND SUPERVISION REDUCED OF MEDICAL PROPERTY AND SUPERVISION RESULTS AND SUPERVISION REDUCED OF MEDICAL PROPERTY AND SUPERVISION RESULTS AN 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Ex	camination Scores
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners	Federation of State Medical Boards
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Euless, TX 76039-3855
(215) 590-9500	(817) 868-4000
www.NBME.org	www.FSMB.org

- 6. Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

04.11.2022

Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

Page 4 of 4

139627

04/27/2022

LARAIB JAVED

RE: MD Application #39627

Check Your Application Status Online at:

http://www.okmedicalboard.org Username:AP29718216 Password:4 Digit Birth Year

Dear LARAIB JAVED,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please <u>allow 5 business days</u> for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for special licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Social Security Number

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

INSTRUCTION SHEET

OATH

Extended Background Check

Time DEFICIENCIES: 12/2012-12/2013, 11/2019-PRESENT (PLEASE USE TIME DEFICIENCY

FORM FOR EXPLANATIONS)

OTHER DEFICIENCIES: ***DO NOT NEED FORM2, STEP3, FED, AMA OR NPDB***

Exam verification date

US Customs and Immigration Service (USCIS)

Translations

MedSchool-Transcript Aga Khan Med Coll, Aga Khan Univ, Karachi, Pakistan

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website: http://www.okmedicalboard.org/resources In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP29718216 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type

Number

Name

	rotile Not Received (to be completed by OSRMI S Stoff)	
adars	Profile Not Received (to be completed by OSBMLS Staff) ation Clearance Not Received (to be completed by OSBMLS Staff)	
	Security Number	
	led Background Check	
	R DEFICIENCIES: ***DO NOT NEED FORM2, STEP3, FED, AMA OR NPDB***	
	Profile Not Received (to be completed by OSBMLS Staff) verification date	
	rad - Form 2 COLLEGE OF MEDICINE OKC	
Last N	ledical School Attended:	
704-25	5 Aga Khan Med Coll, Aga Khan Univ, Karachi, Pakistan	
	Number of Licenses Draviously Created to Creductes of this Medical Cabes	1.50
1.77	Number of Licenses Previously Granted to Graduates of this Medical School	1.50
pplica	ation for: Resident Full License Reinstatement	
he Se	cretary of the Board has reviewed this application and:	
Les.		
1)	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS	
2)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]	
	Passed USMLE	
	No DUIs or Legal Issues No Significant Malpractice Issues	
	US Graduate	
	Graduated Medical School on time	
3)	HAS ISSUED A TEMPORARY LICENSE THROUGH / /	
4)	HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE	
5)	REQUESTS SPECIFIC CONSIDERATION OF:	
_		
-		_

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org

QUESTIONNAIRE

Please read and follow ALL instructions

<u>FORM INSTRUCTIONS:</u> Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you <u>ARE FULLY LICENSED</u>, you <u>MUST</u> go online and renew your license – <u>DO NOT pay</u> your renewal fee via these instructions (doing so will delay your renewal) for those needing to pay online please see the instructions of ATTACHMENT 2.

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO
FULL

If you are *RENEWING* your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL PLEASE PRINT ALL INFORMATION

FIRST NAME	LARAIB	NAME JAVED
EMAIL ADDRESS LICENSE		
NUMBER HOME ADDRESS	39627	PHONE CITY/STATE ZIP CODE
PROGRAM ATTENDING	UNIVERSITY OF DELAHOMA HEALTH SCIENCES PROGRAM	SPECIALTY INTERNAL MEDICINE

DOCUMENTATION TO ATTACH

	PAYI	VIENT	COMPLETED
	\$150 payment made on Billpay for RENEWAL of training license		\$250 payment made on Billpay for UPGRADE of training license
	DOCUM	ENTA	TION REQUIRED
	Form 2 (must be received directly from program) **ONLY FOR UPGRADE - ATTACHMEN	Т3	Evaluation (must be received directly from program) - ATTACHMENT 4
	USMLE Step 3 (must be received directly from USMLE) SENT INTIRLLY		Answer confidential questions (on back of this form)
	FOREIG	U.TD.	ALER OF INFALTO
		VIKA	AINED STUDENTS
4	Current visa		Social Security Number **if not provided at initial application
	Background Check **if not done at initial appli	icatio	n

IF YOU ARE FULLY LICENSED – DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN – COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

NIABAE	LARAIB	TAVED	
NAIVIE	THE THE	71 224	

PLEASE COMPLETE THE RENEWAL QUESTIONS BELOW, IF YOU HAVE ANY "YES" ANSWERS YOU MUST PROVIDE A NOTARIZED STATEMENT EXPLAINING YOUR ANSWER.

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is	yes	ecent) NO
Have you failed any part of the USMLE exam (not previously disclosed)?		P
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	0	6
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		•
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	
Have you ever been denied, had removed, or suspended hospital privileges?		
Have you surrendered hospital privileges while under investigation or to avoid investigation?		9/
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		
Has your application for licensure ever been denied?	п	0
Have you surrendered a license or had any disciplinary action taken on any license?		
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?		
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		4
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		9/
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	0	9
Have you been addicted to or abused any drug or chemical substance including alcohol?		
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	0	4

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature Javicib

Date 07/15/23

RCVD 7/26/2023 T39627

LKC

ATTACHMENT 4

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org

FORM MUST BE RETURNED BY THE PROGRAM, NOT THE APPLICANT

RECEIVED

JUL 0 3 2023

ANNUAL EVALUATION - TRAINING LICENSES ONLY **DO NOT COMPLETE FOR FULLY LICENSED PHYSICIANS**

					HOMA STATE BOARD O MEDICAL LICENSURE AND SUPERVISION
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Speci	alty	intern	al Me	dicine	,
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Type

Number

Name

MD 41556 NATHAN ROBERT JENSEN MEDICAL DOCTOR	
Incomplete Information (due to space limitations on this page, this may not be a complete list)	
PostGrad - Form 2 COLLEGE OF MEDICINE OKC OTHER DEFICIENCIES: NEED QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION	
Last Medical School Attended: 049-01 Univ Of Ut Sch Of Med, Salt Lake Cty Ut 84132 Number of Licenses Previously Granted to Graduates of this Medical School:106	
Application for: Resident Full License Reinstatement	
The Secretary of the Board has reviewed this application and: 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS	
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less	
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /	

Type MD

Number

Name

41556

NATHAN ROBERT JENSEN

MEDICAL DOCTOR

Practice Address:

April 18, 2023

UNIVERSITY OF OKLAHOMA MEDICAL CENTER

700 NE 13TH ST,

OKLAHOMA CITY, OK 73104

OKLAHOMA

Status:

Res: MD

Received: 04/18/2023

Entered: 04/18/2023

Temp Issued:

Temp Expires:

Train Issued: 07/01/2023 Train Expires: 09/30/2024 Fed Rec: 05/03/2024 AMA Rec: 05/03/2024

Board Action:

License #: 41556

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE EXAMINATION

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	12/09/23	5/2/24	1
Test 2: USMLE 1	PASS	7/2/20	5/8/23	1
Test 3: USMLE 2	PASS	7/23/21	5/8/23	1

Note: PASS means higher than 75

Test AV: **Total Possible:**

Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: UNIVERSITY OF UTAH

City: SALT LAKE CITY

Degree: SPANISH

State: UT Country: UNITED STATES

From: 8/2012 To: 5/ 2017 Verified:

School Name: HIGHLAND HIGH SCHOOL

City: SALT LAKE CITY

Degree:

State: UT Country: UNITED STATES

From: 7/2006 To: 7/ 2010 Verified:

MEDICAL SCHOOL EDUCATION

Name: Univ Of Ut Sch Of Med, Salt Lake Cty Ut 84132

Foreign Name:

City: Salt Lake Cty

State/Country: United States of America

Degree:

From: 8 / 2018 To: 5 / 2023

Diploma Ver'd:

Y

Type MD

Number

Name

41556

NATHAN ROBERT JENSEN

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: OPHTHALMOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AN

Verified:

From: 7 / 2023

To:

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: UNIVERSITY OF UTAH SCHOOL OF

Supervisor:

Supervisor:

MEDICINE

City: SALT LAKE CITY

State: UT Country: UNITED STATES

Specialty: OFFICE OF HEALTH EQUITY,

From: 6/2022 To: / Verified:

DIVERSITY, AND INCLUSION

Comments:

Employed: INDIANA UNIVERSITY HEALTH

City: INDIANAPOLIS

State: IN Country: UNITED STATES

Specialty: OPHTHALMIC TECHNICIAN

From: 3/2022 To: 6/2022 Verified:

Comments:

Employed: WEST SIDE NURSERY

Supervisor:

City: MURRAY Specialty: LANDSCAPING

State: UT Country: UNITED STATES From: 4/2015 To: 4/2016 Verified:

Comments:

Employed: UNIVERISTY OF UTAH HEALTH

Supervisor:

City: SALT LAKE CITY

State: UT Country: UNITED STATES From: 4/2014 To: 7/2018 Verified:

Specialty: BLOOD GAS TECHNICIAN Comments:

Employed: LINGUISTIA INTERNATIONAL

Supervisor:

City: MURRAY

Country: UNITED STATES State: UT From: 7/2012 To: 8/2014 Verified:

Specialty: INTERPRETING

Comments:

Employed: CHURCH OF JESUS CHRIST OF LATTER

Supervisor:

DAY SAINTS City: CUSCO

State:

Country: PERU

Specialty: MISSIONARY

From: 7/2010 To: 7/2012 Verified:

Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

Type MD

Number

Name

41556

NATHAN ROBERT JENSEN

MEDICAL DOCTOR

DEFICIENCIES

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

OTHER DEFICIENCIES: NEED QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION

Oklahoma State Board of Medical Licensure and Supervision of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/18/2023

Applicant Name: JENSEN, NATHAN ROBERT

: JENSEN. NATHAN ROBERT

MD 41556

Date Of Birth:

Place Of Birth (City, State): SALT LAKE CITY, UT

Sex: M Race: Caucasian

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF UTAH	SALT LAKE C	UT	8/2012	5/2017	SPANISH		
HS	HIGHLAND HIGH SCHOOL	SALT LAKE C	UT	7/2006	7/2010			

Medical School Name	City	State Country	Comments	From	То
Univ Of Ut Sch Of Med, Salt Lake	Salt Lake Cty	UT United States		8/2018	5/2023
Cty Ut 84132					

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
COLLEGE OF MEDICINE OKC	OKLAHOMA CITY	ОК	UNITED S	OPHTHALMOLOGY		7/2023	1
			UNITED S'			1	1
			UNITED S'			1	1

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
UNIVERSITY OF UTAH SCHOOL OF MEDICINE	OFFICE OF HEALTH EQUITY, DIVERSITY, AND INCLUSION		SALT LAKE CITY	UT	6/2022	0/0	
INDIANA UNIVERSITY HEALTH	OPHTHALMIC TECHNICIAN		INDIANAPOLIS	IN	3/2022	6/2022	
WEST SIDE NURSERY	LANDSCAPING		MURRAY	UT	4/2015	4/2016	
UNIVERISTY OF UTAH HEALTH	BLOOD GAS TECHNICIAN		SALT LAKE CITY	UT	4/2014	7/2018	
LINGUISTIA INTERNATIONAL	INTERPRETING		MURRAY	UT	7/2012	8/2014	

Other/ Out-Of-State L	icenses					
State License #	Profession		Status	Issue Date	Exp Date	
MD Exam						
Exam	State	Score	Date Taken	#_		
USMLE						



Oklahoma State Board of Medical Licensure and Supervision APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/18/2023

Que	estions Answered 04/17/2023	Response
Α.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
В.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Ο.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
Ξ.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
3.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Ⅎ.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
<.	Has your application for examination or a professional license ever been denied?	N
	Have you ever failed any part of a licensure/certification/registration examination?	N
Л.	Have you ever surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
Э.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
٦.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
ე .	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
₹.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Γ.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
1.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE PAGE 295 of 500

Received:04/18/2023

If licensed, where do you intend to locate?
OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma?
If 'Yes', Name of practice:
If so, Please identify with which category:
Name of Previous Carrier and Policy Holder N/A
Name of Current Carrier and policy Holder N/A
Will your professional liability insurance policy cover your practice in Oklahoma No
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma 07/01/2023

I attest that all the above information is accurate as of April 17, 2023: (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to: Oklahoma State Board of Medical Licensure and Supervision

oktraining@okmedicalboard.org

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

APR 1 4 7023



Applicant's signature (must be signed in the presence of a notary)

JENSEN, NATHAN, R.
Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

64 16 (2023

Date of signature (must correspond to the date of notarization)

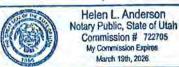
County of Salt lake

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworp to before me by the applicant on this 10 day of Apri

My Notary Commission Expires 3/19/2026

NOTARY SEAL





United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/01/2024

Examinee:

Jensen, Nathan

Alt Name(s):

Examinee ID: 5-453-605-7
Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1				
Test Date 07/02/2020	Pass/Fail Pass	Score 235	Minimum Pass (194)	Comments	
USMLE ST	EP 2				
Clinical Know	eledge (CK)				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
07/23/2021	Pass	230	(209)		
USMLE ST	TEP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
12/09/2023	Pass	212	(198)		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

BECEVAED

MAY 0 2 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

(H155)



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Jensen, Nathan

Examinee ID: 5-453-605-7
Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 OKTRAINING@OKMEDICALBOARD.ORG

This form must be completed by the institution and mailed or emailed directly from the institution.

Applicant's Name Nathan R. Jensen		
Institution: Spencer Fox Eccles School of Medicine City/State Salt Lake City, Uta	h	
Our records indicate that the above named applicant attended our medical school on the following dates:		
From 08 / 06 / 2018 To 05 / 19 / 2023 and was awarded the degree Doctor of Medic	cine	
Month Day Year Month Day Year		
Please complete the following questions: Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please		
explain.	YES	□ NO
Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	☐ YES	MNO
Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.	☐ YES	⊠(NO
Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below	□ YES	⋈ NO
Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	□ YES	⊠ (NO
06/01/2021 to 05/31/2022.		
attest that the completion of the following has been completed by the program director and that the information above is an	n accurate a	account of
attest that the completion of the following has been completed by the program director and that the information above is arthis individual's records and is true and correct.	n accurate a	account of
I attest that the completion of the following has been completed by the program director and that the information above is ar this individual's records and is true and correct. Name: Helen Anderson Signature	n accurate a	account of
I attest that the completion of the following has been completed by the program director and that the information above is ar this individual's records and is true and correct. Name: Helen Anderson Signature		account of
Tattest that the completion of the following has been completed by the program director and that the information above is an this individual's records and is true and correct. Name: Helen Anderson Signature Alderson Title of Signatory: School of Medicine Registrar Date of Signature 05/22/2023 Tel: 801-581-7202 Fax: N/A E-Mail: somregistrar@hsc.utah.edu		account of
attest that the completion of the following has been completed by the program director and that the information above is archis individual's records and is true and correct. Name: Helen Anderson Signature All All All Control of Medicine Registrar Date of Signature 05/22/2023 Title of Signatory: School of Medicine Registrar Date of Signature 05/22/2023 Tel: 801-581-7202 Fax: N/A E-Mail: somregistrar@hsc.utah.edu If no seal is available, this form must be notarized		account of
attest that the completion of the following has been completed by the program director and that the information above is an this individual's records and is true and correct. Name: Helen Anderson Signature All All All Control of Signature O5/22/2023 Title of Signatory: School of Medicine Registrar Date of Signature O5/22/2023 Tel: 801-581-7202 Fax: N/A E-Mail: somregistrar@hsc.utah.edu If no seal is available, this form must be notarized School School Seal Notary Public		account of
attest that the completion of the following has been completed by the program director and that the information above is are this individual's records and is true and correct. Name: Helen Anderson Signature All All All All All All All All All Al		account of
attest that the completion of the following has been completed by the program director and that the information above is an this individual's records and is true and correct. Name: Helen Anderson Signature All All All Control of Signature O5/22/2023 Title of Signatory: School of Medicine Registrar Date of Signature O5/22/2023 Tel: 801-581-7202 Fax: N/A E-Mail: somregistrar@hsc.utah.edu If no seal is available, this form must be notarized School School Seal Notary Public		account of





THE UNIVERSITY OF UTAH® SALT LAKE CITY, UTAH 84112

JRAGE 300 of 5008 Page 1 of 4

Name: JENSEN, NATHAN ROBERT Student ID: 00600937 SSN:				Course Description			
Birthdate: UNIVERSITY OF UTAH DEGREES Bachelor of Arts				LANG 2010 Intro Stdy Lit & Cultr MATH 1210 Calculus I	3.00	3.00	A- A
Major in Spanish Confer Date: December 15, 2017 Degree GPA: 3.836 Doctor of Medicine			TT	UC 1030 Introduction to Premed UC 1030 Intro to Predental WRTG 2010 Intermediate Writing	1.00	1.00	A CR CR A
Major in Medicine Confer Date: May 19, 2023	1		1	Writing Requirement 2 Term GPA: 3.931 Dean's List	15.000	15.000	
BEGINNING OF UNDERGRADUATE SE	MESTER CAN Units Enrolled	REER Units Earned	Grade				
Course Description TRANSFER UNITS SALT LAKE COMMUNITY COLLEGE SALT LAKE CITY, UT Accepted units				Applied Science ESS 2600 Sport-Amer Society	3.00	3.00	A
SALT LAKE COMMONITY COLLEGE SALT LAKE CITY, UT Accepted units		4.00	delilien	SPAN 4560 Cultr/Cust Span America	3.00	3.00	A
TEST CREDIT AP May 15, 2009 Language/Comp		Earned 6.000	Score	Term GPA: 3.880	10.000	10.000	
AP May 15, 2010 Math Calculus AB AP May 15, 2010 Math Calculus BC	4.00	6.000	3	Fall 2013 CHEM 1210 General Chemistry I Physical/Life Sci Explor CHEM 1215 General Chemistry Lab I H EDU 5300 Diversity & Health Comm/Writing and Diversity	1.00	1.00	B+ A
BIOL 1210 Principles of Biology Physical/Life Sci Fyplor	4.00	4.00	A	H EDU 5300 Diversity & Health Comm/Writing and Diversity LANG 2020 Language in Society	3.00	3.00	A A
Physical/Life Sci Explor ESSF 1302 Swimming Adv ESSF 1302 Swimming Adv LEAP 1100 LEAP Sem in Humanities Diversity & Humanities Explor	1.50	1.50 1.50 3.00	CR CR	Comm/Writing and Diversity LANG 2020 Language in Society PRTS 1412 NR-Snowshoe/Ski Bakpak SPAN 5242 Span Pronun/Phonetics	2.00	2.00	CR A
MUSC 1010 Introduction to Music	3.00	3.00	A	Term GPA: 3.800	16.000	16.000	
Fine Arts Exploration PHYS 3110 Physics of Human Body Applied Science	3.00	3.00	A	Spring 2014 CHEM 1220 General Chemistry II	4.00	4.00	В
Term GPA: 4.000 Dean's List	16.000	16.000		Physical/Life Sci Explor CHEM 1225 General Chem Lab II Continued Page	1.00		A

Continued Next Column

AN OFFICIAL SIGNATURE IS WHITE WITH A RED & GRAY BACKGROUND

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Oklahoma medical board



Beceived

JUN 1 6 2023



THE UNIVERSITY OF UTAH®

JRAGE 301 025008 Page 2 of 4

Name: JENSEN, NATHAN ROBERT Student ID: 00600937 SSN:				Course Description	Units Enrolled	Earned	Grade
Birthdate: Course Description	Units Enrolled	Earned	Grade	Spring 2015 (Cont Term GPA: 4.000 Dean's List	inued)	12.000	
Spring 2014 (Conti	nued)	4 00	R+	CHEM 3510 Biological Chemistry I LANG 4990 Lang and Lit Capstone QUECH 2010 Interm. QUECH I SPAN 4510 Business Spanish SPAN 4620 Intro Span Literature	3.00 1.00 4.00 3.00 3.00	3.00 1.00 4.00 3.00 3.00	B A A A
Spanish in the U.S. Term GPA: 3.500	16 000	16 000	A-0-1-	Term GPA: 3.786 Dean's List	14.000	14.000	
Dean's List Summer 2014 SPAN 4900 Special Topics Spanishes of the Wolrd			A	Spring 2016 BIOL 2020 Princ of Cell Biology PHYS 3111 Phys of Body II QUECH 2020 Intrm. QUECH II SPAN 4520 Spanish Business II	3.00 4.00 4.00 3.00	3.00 4.00 4.00 3.00	B+ A A A
Term GPA: 4.000	3.000	3.000		Term GPA: 3.850 Dean's List	14.000	14.000	
Fall 2014 CHEM 2310 Organic Chemistry I CHEM 2315 Organic Chemistry Lab I MUSC 3600 World Music Int'l Req & Fine Arts Explor QUECH 1010 Beg. QUECH I SPAN 4630 Intro Span Amer Lit	4.00 2.00 3.00 4.00	4.00 2.00 3.00 4.00	A B+ A	PHYS 2015 General Physics Lab I PHYS 2025 General Physics Lab II	4.00 1.00 1.00	4.00 1.00 1.00	A A A
SPAN 4630 Intro Span Amer Lit	3.00	3.00	B+	Term GPA: 4.000	6.000	6.000	
Dean's List	10.000	16.000	10	Cumulative GPA: 3.836 Cumulative GPA Units: 131.000 Units Enrolled: 138.000			
CHEM 2320 Organic Chemistry II CHEM 2325 Organic Chem Lab II ECON 1740 US Economic History American Institutions		4.00 2.00 3.00	A A A	Units Enrolled: 138.000 U of U Units Earned: Total Transfer Units: Total Test Credit: Total Other Credit:		138.000 4.000 18.000 0.000	
SPAN 3940 Community Volunteering Community Engaged Learning Continued Next Co.		3.00	A	Cumulative Units END OF UNDERGRADUATE SE Continued Pa	MESTER CAREE	160.000	

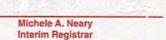
AN OFFICIAL SIGNATURE IS WHITE WITH A RED & GRAY BACKGROUND

REJECT DOCUMENT IF SIGNATURE OR SEAL IS DISTORTED



KECELVED

JUN 1 6 2023





THE UNIVERSITY OF UTAH®

JRAGE 362 of 5008 Page 3 of 4

Name: Student ID: SSN:	JENSEN, NATHAN ROBERT 00600937					Description	Units Enrolled		
Birthdate:	Description	Units Enrolled	Earned	Grade	INTMD 7200	Fall 2020 IM Clerkship Ophthalmology Research	6.00	6.00 2.00 2.00 4.00 6.00	P P P P
MD TD 7001	BEGINNING OF MEDICINE SEM Fall 2018 CMC 1		3.00	P	SURG 7495 SURG 7535	Intro Urology Into to Cardiothoracic	2.00	2.00	P P
MD ID 7001 MD ID 7101 MD ID 7300	Layers of Medicine 1 Foundations of Med	1.00 17.00	1.00	P	Term GPA: 0	.000	24.000	24.000	
MD ID 7002 MD ID 7102 MD ID 7310 MD ID 7320 MD ID 7500		21.000	5.00	P. P. P. P. P.	ANES 7040 FP MD 7180 NEURO 7900 OBST 7010 PSYCT 7200 UUHSC 6601 Term GPA: 0	Spring 2021 Anesthesiology Clrkshp FM Clerkship NEURO Clerkship OBGYN Clerkship Psychiatry Clerkship IPE SIM Hosp Patient	2.00 4.00 4.00 4.00 4.00 0.50	2.00 4.00 4.00 4.00 4.00 0.50	P P P P P P
Term GPA: 0	Fall 2019	24.500	24.500	Р	OPHTH 7000 OPHTH 7590 OPHTH 7600 UUHSC 6801	Fall 2022 Ophthalmology Away Ophthalmology Research Ophthalmology Precept Preparedness & Response	8.00 2.00 4.00 0.50	8.00 2.00 4.00 0.50	P P P
MD ID 7103 MD ID 7350 MD ID 7360 UUHSC 6301	Layers of Medicine 3 Metabolism & Reprodctn Circ, Resp, Regulation Interprofessional Telem	9.00 12.00 0.50	9.00 12.00 0.50	P P P	Term GPA: 0	Spring 2023		14.500	
Term GPA: 0 MD ID 7004 MD ID 7104	.000 Spring 2020	27.500	5.00 1.00	P P	MD ID 7240 MD ID 7410 MD ID 7600		4.00	4.00 2.00 2.00 4.00 4.00 0.50	PPPPP
MD ID 7340 MD ID 7370	Layers of Medicine 4 Brain & Behavior Skin, Muscle, Bone, Joint	7.00	9.00	P P	Term GPA: 0		16.500	16.500	
Term GPA: 0	.000	22.000	22.000			Continued Page	4		

Continued Next Column

AN OFFICIAL SIGNATURE IS WHITE WITH A RED & GRAY BACKGROUND

REJECT DOCUMENT IF SIGNATURE OR SEAL IS DISTORTED









JPAGE1303 of 500 Page 4 of 4

Name:

YESPR

JENSEN, NATHAN ROBERT

Student ID: 00600937

SSN: Birthdate:

Units Units

Enrolled Earned Grade

168.500

168.500

0.00

0.000 0.000

_____ -----CAREER SUMMARY----

Cumulative GPA: 0.000 Cumulative GPA Units: 0.000

Units Enrolled: 168.500 U of U Units Earned: Total Transfer Units:

Total Test Credit: Total Other Credit:

Course Description

Cumulative Units END OF MEDICINE SEMESTER CAREER

BEGINNING OF NON-CREDIT SEMESTER CAREER

Fall 2007 42 High School Diving (Grade 9-12 0.00

Spring 2013
Review 0.00 0.00 MATH 15 Precalculus Review

END OF NON-CREDIT SEMESTER CAREER End of Transcript

AN OFFICIAL SIGNATURE IS WHITE WITH A RED & GRAY BACKGROUND

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Interim Registrar

RECEIVED

JUN 1 6 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Michele A. Neary



THE UNIVERSITY OF UTAH

OFFICE OF THE REGISTRAR TRANSCRIPT INFORMATION

FICE CODE: 003675 www.registrar.utah.edu

ACCREDITATION - Northwest Commission on Colleges and Universities. See the general catalog for other accreditations.

CREDIT HOURS - Unless otherwise noted, all credit hours on the U of U transcript through summer quarter 1998 are quarter hours except that Law courses with a # sign in the Units column indicates semester hours. All credit hours beginning with fall semester 1998 are semester hours. The University converted to a semester calendar fall 1998.

GRADING SYSTEM

NONDEGREE CREDIT

CONTINUING EDUCATION UNIT

each 10 contact hours. Not computed in GPA or hours passed.

NG SYSTEM	
	GRADE POINTS
	PER UNIT
Excellent	4.0
Excellent	3.7
Good	3.3
Good	3.0
Good	2.7
Standard	2.3
Standard	2.0
Standard	1.7
Substandard	1.3
Substandard	1.0
Substandard	0.7
Failure	0.0
Condition	0.0
Withdrawn Failing	0.0
Withdrawn for Nonperfo	
Unofficial Withdrawal	0.0
Fail	0.0
Pass	
Incomplete	
Work in Progress	
Credit (Work at a C-leve	el or above)
No Credit	
Satisfactory	
Unsatisfactory	
Withdrawn	
Withdrawn Passing	
Visitor (Audit)	
Grade has not been subm	nitted by the instructor.
MIC RENEWAL	Grade not computed in GPA
E REPEATED	Grade not computed in GPA
	Excellent Excellent Good Good Good Standard Standard Standard Substandard Substandard Substandard Substandard Failure Condition Withdrawn Failing Withdrawn for Nonperfo Unofficial Withdrawal Fail Pass Incomplete Work in Progress Credit (Work at a C-leve No Credit Satisfactory Unsatisfactory Unsatisfactory Withdrawn Withdrawn Withdrawn Withdrawn Withdrawn Withdrawn Withdrawn Visitor (Audit) Grade has not been subm

Not computed in GPA

One CEU is awarded for

COURSE NUMBERING

Through:	summer quarter 1969
1-99	Lower Division
100-199	Upper Division. (Recognized as graduate credit if baccalaureate degree has been awarded.)

200+ Graduate Courses

Beginning	fall	quarter	1969
1 00	XT.	A 120	

1-22	Noncredit			
100-199	Lower Division (Freshman &	Sophomore	Courses)

201-299	Honors - Lower Division	
201-233	TIONOIS - LOWER DIVISION	

301-399	Upper Divisio	n (Junior & Senior Courses)

	- PE		
401-499	Honors -	Upper	Division

501-599 Upper Division & Graduate Courses

601 -799 Graduate Courses

Beginning fall quarter 1971

001-099	Noncredit & CEU
100-299	Lower Division (Freshman & Sophomore Courses)
300-499	Upper Division (Junior & Senior Courses)
500-599	Upper Division & Graduate Courses
	(Graduate credit permitted for departmental majors
600-799	Graduate Courses

Beginning fall semester 1998

Dogitaining	mir semeste
0001-0999	Noncredit

1000-2999	Lower Division (Freshman & Sophomore Courses)
3000-4999	Unner Division (Junior & Senior Courses)

5000-5999 Upper Division & Graduate Courses

(Graduate credit permitted for departmental majors)

6000-6999 Masters Level 7000-7999 Doctoral Level

GENERAL EDUCATION CODES

Courses which fulfill General Education requirements prior to fall quarter 1977 are identified as follows:

ΑI	American Institution
EN	English
FA	Fine Arts

LS Life Science PS Physical Science

SS Social and Behavioral Science

WC Western Civilization

EB/MARY

LIBERAL EDUCATION CODES

Courses which fulfill the Liberal Education requirements beginning fall quarter 1977 through summer quarter 1998 are identified as follows:

BC Social and Behavioral Science Core

BD Social and Behavioral Science Distribution

FC Fine Arts Core

FD Fine Arts Distribution HC Humanities Core

HD Humanities Distribution

SC Science Core

SD Science Distribution AI American Institutions

EN English WR Writing

GENERAL EDUCATION DESCRIPTIONS

Courses which fulfill General Education requirements have a message printed below each applicable course.

MESSAGE BELOW A COURSE

Additional information pertaining to a course (i.e. Honors, Correspondence, etc.).

COURSE DESCRIPTOR CODES

CEL Community Engaged Learning

SL Service Learning WE Writing Emphasis WI Writing Intensive





AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

MAY 17 200; PI

Primary Office Address

Sold of

Name and Mailing Address

NATHAN JENSEN

Birth date

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: SPENCER FOX ECCLES SCHOOL OF MEDICINE AT THE UNIVERSITY OF UTAH

Degree Awarded: Enrollment Date: YES

08/2018

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/17/2024 13:13:54 AMA Physician Profile for Nathan Jensen, MD ©2024 by the American Medical Association. All rights reserved. Page 1 of 3



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State:

OKLAHOMA

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty:

OPHTHALMOLOGY

Training Type: Dates:

SPECIALTY 07/01/2023 - 06/30/2027

Status:

TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
41556	MD	ок	07/01/2023	09/30/2024		ACT	RES	05/06/2024	NATHAN ROBERT JENSEN



 $Abbreviation \ key: \ ACT = Active, \ INA = Inactive, \ LIM = Limited, \ NRT = Not \ reported, \ RES = Resident, \ TEM = Temporary, \ UNK = Unknown, \ UNL = Unlimited$

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

PAGE 308 of 500

APR 1 4 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION EVIDENCE OF STATUS — PART A

OKLAHOMA STATE BOARD OF MIDICAL LICENSURE AND SUPERVISION

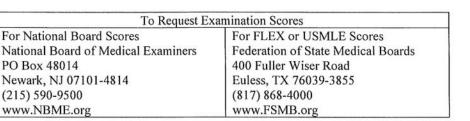
NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Mai	ling Address: Maiden (if applicable)
	Street Address or Post Office Box
	Social Security #:
	City State Zip Code Telephone Number
	PRIMARY EVIDENCE OF CITIZENSHIP
	(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)
	ou are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following uments to this form. Place a checkmark below to indicate the document that is attached.
	A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to foreign diplomats residing in the U.S.
Q.	United States passport (except limited passports, which are issued for periods of less than five years)
	Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens)
	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State) copies available from the Department of State
	Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or State court, or through administrative naturalization after December 1990 to individuals who are individually naturalized; the N570 is a replacement certificate issued when the N-550 has been lost or mutilated or the individual's name has been changed)
	Certificate of Citizenship (N-560 or N-561) (Issued by the INS to individuals who derive U.S. citizenship through a parent; the N-561 is a replacement certificate issued when the N-560 has been lost or mutilated or the individual's name has been changed)
	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
	Northern Mariana Identification Card (issued by the INS to a collectively naturalized citizen of the U.S. who was born in the Northern Mariana Islands before November 3, 1986)
	Statement provided by a U.S. consular officer certifying that the individual is a U.S. citizen (This is given to an individual born outside the U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-1350);
	American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border.)
	Allen Lawfully Admitted for Permanent Residence:
_	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card") Alien Lawfully Admitted for Permanent Residence:
	Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94
Sign Sub Not	clare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and all ompanying documents provided to substantiate my Evidence of Status application are true and correct. Date 04/0/23 scribed and sworn before me this // day of // 20/23 ary Public // April , 20/23 Helen L. Anderson Novicely Mobile, State of Utah SE April SE

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org





- 6. Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the
- Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Signature of Applicant 05/05/2023 Date Nathan Jensen Name of Applicant (type or print)

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

Page 4 of 4

Name:	Nathan Jensen	Application #	41556	

We must account *for any/all time from your 18th birthday to present*. Please complete this form to the best of your recollection for the times indicated.

EDUC A	MOITA						
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
07	2010	07	2012	Church of Jesus Christ of Latter-Day	Cusco	Peru	Missionary
WORK	HISTO	ORY					
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
OTHE	R ACTI	VITY					
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at ho	me parent, etc.)	City	State
				J		1	

7/10-7/12

RECEIVED

MAY 0 5 2023



05/02/2023

NATHAN ROBERT JENSEN

RE: MD Application #41556

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP40273524
Password:Last 4 SSN

Dear NATHAN JENSEN,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

Evidence of Status

Application Instructions

MedSchool-Transcript Univ Of Ut Sch Of Med, Salt Lake Cty Ut 84132

MedSchool-Form 1 Univ Of Ut Sch Of Med, Salt Lake Cty Ut 84132

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

OATH

Extended Background Check

Time Deficiency Form for: 07/2010-07/2012

Exam verification date

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is AP40273524 (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email. oktraining@okmedicalboard.org

Sincerely,

Lisa Cullen

Lisa Cullen
Director of Licensing
Dept. of Licensing

Encl

	ete Information (due to space limitations on this page, this may not be a complete list) rad - Form 2 COLLEGE OF MEDICINE OKC
	verification date
SML	E Exams Incomplete
st I	Medical School Attended:
	1 Univ Of Ut Sch Of Med, Salt Lake Cty Ut 84132
_	Number of Licenses Previously Granted to Graduates of this Medical School:103
plic	ation for: Resident Full License Reinstatement
e S	ecretary of the Board has reviewed this application and:
1)	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
٠,	
	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
	- Passed USMLE
	- No DUIs or Legal Issues - No Significant Malpractice Issues
	- No Significant marpractice issues - US Graduate
	- Graduated Medical School on time Research
21	HAS ISSUED A TEMPODARY LICENSE TURQUOI
3)	HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4)	HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE 6 -2 2 . 23
5)	REQUESTS SPECIFIC CONSIDERATION OF:
٠,	The delete of Louis Control Elitation of .
-	

Number Name MD 41325 RYAN GARRETT JONES
MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
PostGrad - Form 2 GREAT PLAINS FAMILY PRACTICE RESIDENCY OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM
Last Medical School Attended: 039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190
Number of Licenses Previously Granted to Graduates of this Medical School:7,356
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

Type MD

Number

Name

41325

RYAN GARRETT JONES

MEDICAL DOCTOR

Practice Address:

April 21, 2023

Status:

Res: TR

Received: 03/28/2023

Entered: 03/28/2023

Temp Issued: Temp Expires:

Train Issued: 07/01/2023 Train Expires: 09/30/2024 Fed Rec: 05/17/2024 AMA Rec: 05/17/2024

Board Action:

License #: 41325

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE EXAMINATION

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	03/08/24	5/3/24	1
Test 2:	USMLE 1	PASS	5/21/21	4/27/23	1
Test 3:	USMLE 2	PASS	8/22/22	4/27/23	1

Note: PASS means higher than 75

Test AV: **Total Possible:** Okla Passing: **Total Score:**

PRE-MED EDUCATION

School Name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Degree: M.P.H. IN EPIDEMIOLOGY

From: 8/2018 To: 7/2019 Verified:

School Name: OKLAHOMA CHRISTIAN UNIVERSITY

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Degree: B.S. CELLULAR AND MOLECULAR From: 8/2013 To: 4/2017 Verified:

BIOLOGY

MEDICAL SCHOOL EDUCATION

Name: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Foreign Name:

City: Oklahoma City

State/Country: United States of America

Degree: M.D.

From:

8 / 2019

To: 5/2023

Diploma Ver'd:

Y

Type

Number

Name

MD

41325

RYAN GARRETT JONES

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: GREAT PLAINS FAMILY PRACTICE RESIDENCY Specialty: FAMILY MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AM

Verified:

ACGME Ver'd:

Comments:

7 / 2023 From: To: 1

PRACTICE HISTORY

Employed: OKLAHOMA CHRISTIAN UNIVERSITY

Supervisor:

City: OKLAHOMA CITY

Country: UNITED STATES State: OK

Specialty: ASSOCIATE DIRECTOR

From: 5/ 2018 To: 71 2018 Verified:

HONORS SUMMER

ACADEMY

Comments: COORDINATED A WEEKLONG ACADEMIC SUMMER CAMP FOR HIGH SCHOOL

STUDENTS AT OKLAHOMA CHRISTIAN

Employed: VIPKID

Supervisor:

City: SAN FRANCISCO

State: CA

Country: UNITED STATES

Specialty: ONLINE ENGLISH TUTOR

From: 3/ 2018 To: 4/ 2018

CONTRACTOR

Comments: CONTRACTED FOR VIPKID, PROVIDING ONLINE ENGLISH TUTORING TO STUDENTS

LARGELY IN CHINA

Employed: INSTITUTO DE EDUCACION SECUNDARIA

Supervisor:

SON FERRER

City: SON FERRER

State:

Country: SPAIN

Specialty: LANGUAGE AND CULTURE From: 9/ 2017 To: 2/ 2018

Verified:

AMBASSADOR

Comments: TAUGHT CONVERSATIONAL ENGLISH AND AMERICAN CULTURE TO MIDDLE/HIGH

SCHOOL STUDENTS IN SPAIN

Employed: EDMOND MEMORIAL HIGH SCHOOL BAND

Supervisor:

State: OK **Country: UNITED STATES**

Specialty: PERCUSSION TECHNICIAN From: 7/2017 To: 9/2017

Comments: CONTRACTOR FOR EMHS BANDS, TEACHING PERCUSSION TO HIGH SCHOOL

STUDENTS.

City: EDMOND

Employed: OKLAHOMA CHRISTIAN UNIVERSITY

Supervisor:

City: OKLAHOMA CITY

State: OK

Country: UNITED STATES

Specialty: HONORS SUMMER

From: 5/ 2017 To: 7/ 2017

Verified:

ACADEMY OFFICE

ASSISTANT

Comments: ASSISTED IN COORDINATING AN ACADEMIC SUMMER CAMP FOR HIGH SCHOOL

STUDENTS

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

Type Number Name

MD 41325 RYAN GARRETT JONES

MEDICAL DOCTOR

DEFICIENCIES

PostGrad - Form 2 GREAT PLAINS FAMILY PRACTICE RESIDENCY OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@okmedicalboard.org

Kecenaed

MAY 0 2 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

QUESTIONNAIRE Please read and follow ALL instructions

<u>FORM INSTRUCTIONS:</u> Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you ARE FULLY LICENSED, you MUST go online and renew your license – DO NOT pay your renewal fee via these instructions (doing so will delay your renewal).

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO
FULL

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

PLEASE PRINT ALL INFORMATION

LAST

CELL

NAME

Jones

HO ADI PRO	IMBER ME DRESS OGRAM FENDING	1		ONE Y/STA CODE	E
		DOCUMENT	ATION	TO AT	TTACH
		PAYME	NT COM	PLETE	: D
	\$150 pay of trainin	ment made on Billpay for RENEWAL	\$25 lice		ment made on Billpay for UPGRADE of training
		DOCUMEN	TATION	REQU	JIRED
		(must be received directly from program Y FOR UPGRADE	-	-	luation (must be received directly from program)
R				Ans	wer confidential questions (on back of this form)
		FOREIGN T	RAINED	STUD	ENTS
0					Social Security Number ** if not provided at initial application
	Backgro	ound Check **if not done at initial applica	ation		

IF YOU ARE FULLY LICENSED - DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT

https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN - COMPLETE YOUR RENEWAL

RENEWAL QUESTIONNAIRE UPDATED 03-2024

AND PAY THE RENEWAL FEE.

FIRST

NAME

EMAIL ADDRESS

LICENSE

Ryan

(K1325

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

NAME_	Ryan J	lones,	MD
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IF YOU HAVE ANY "YES" ANSWERS YOU MUST PROVIDE A NOTARIZED STATEMENT EXPLAINING YOUR ANSWER. SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is most recent) NO QUESTIONS YES Have you failed any part of the USMLE exam (not previously disclosed)? W Have you been the subject of investigation or disciplinary action (including probation) by a hospital or 図 training program? Have you had any adverse judgment or settlement against you rising from a professional liability claim? X X Have you been reported to the National Practitioner Data Bank (NPDB)? Have you ever been denied, had removed, or suspended hospital privileges? \mathbf{x} \square Have you surrendered hospital privileges while under investigation or to avoid investigation? Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal X action? Has your application for licensure ever been denied? \square Have you surrendered a license or had any disciplinary action taken on any license? X Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)? ¥ Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol? M Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation? X Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance? X Have you been addicted to or abused any drug or chemical substance including alcohol? M Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID? X Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature 4 2 2 2 MD Date 5/2/29

RENEWAL QUESTIONNAIRE UPDATED 03/2024

Oklahoma State Board of Medical Licensure and Supervision 1500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/28/2023

Applicant Name: JONES, RYAN GARRETT

MD 41325



Date Of Birth:

Place Of Birth (City, State): OKLAHOMA CITY, OK

Sex: M

Race: Caucasian

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
GD	UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER	OKLAHOMA (OK	8/2018	7/2019	M.P.H. IN EPIDEMIOLOGY		
UG	OKLAHOMA CHRISTIAN UNIVERSITY	OKLAHOMA (OK	8/2013	4/2017	B.S. CELLULAR AND MOLECULAR BIOLOGY		

Medical School Name	City	State Country	Comments	From	То
Univ Of Ok Coll Of Med, Oklahoma	Oklahoma City	OK United States		8/2019	5/2023
City Ok 73190	178				

Post-Graduate				21 EN T			
Facility	City	St	Country	Specialty	Comments	From	То
INTEGRIS HEALTH	OKLAHOMA	CITY OK	UNITED S'	FAMILY MEDICINE		1	6/2026

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
OKLAHOMA CHRISTIAN UNIVERSITY	ASSOCIATE DIRECTOR HONORS SUMMER ACADEMY		OKLAHOMA CITY	ОК	5/2018	7/2018	
VIPKID	ONLINE ENGLISH TUTOR CONTRACTOR		SAN FRANCISCO	CA	3/2018	4/2018	
INSTITUTO DE EDUCACION SECUNDARIA SON FERRER			SON FERRER	SPAIN	9/2017	2/2018	
EDMOND MEMORIAL HIGH SCHOOL BAND	PERCUSSION TECHNICIAN		EDMOND	ОК	7/2017	9/2017	
OKLAHOMA CHRISTIAN UNIVERSITY	HONORS SUMMER ACADEMY OFFICE ASSISTANT		OKLAHOMA CITY	ОК	5/2017	7/2017	

State	License #	Profession	Status	Issue Date	Exp Date
-------	-----------	------------	--------	------------	----------

MD Exam				1
Exam	State	Score	Date Taken	#_
USMLE				





Oklahoma State Board of Medical Licensure and Supervision APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/28/2023

Que	estions Answered 03/27/2023	Response
Ā.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Н.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ō.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemica substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Т.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision 322 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received: 03/28/2023

If licensed, where do you intend to locate?
OK
Why do you seek Licensure in the state of Oklahoma? Post-Graduate Training
In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: Integris Health (Great Plains Family Medicine)
If so, Please identify with which category: Teaching Facility
Name of Previous Carrier and Policy Holder University of Oklahoma College of Medicine
Name of Current Carrier and policy Holder University of Oklahoma College of Medicine
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
l attest that all the above information is accurate as of March 27, 2023: (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

Applicant's signature (must be signed in the presence of a notary)

Applicant's signature (must be signed in the presence of a notary)

Applicant's signature (must be signed in the presence of a notary)

Applicant's signature (must correspond to the date of notarization)

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

Applicant's signature (must correspond to the date of notarization)

[Please note: The Notary Raille seal should overlap the bottom of the photo to the left]

State of Oklahama, County of Oklah Constitution

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 21 day of April , 2023

Notary Public Signature Court Down My Notary Commission Expires 4/9/2025

T41325



Examinee:

United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Examinee ID: 5-476-249-7

Date: 05/02/2024

Jones, Ryan Garrett Date of Birth:

Alt Name(s):

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step I examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1			
Test Date 05/21/2021	Pass/Fail Pass	Score 242	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)		The Samuel And Samuel	
Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/22/2022	Pass	249	(214)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/08/2024	Pass	251	(200)	

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.





United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Jones, Ryan Garrett

Examinee ID: 5-476-249-7
Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances <u>not</u> in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

astitution:	oma College of Med	icine _{City/State}	Oklahoma City, C	K	
ur records indicate that the above named	applicant attended our medica	al school on the follow	ving dates:		
8 /19 /201 <u>9</u> _{To_}	5 ,20 ,2023		Doctor of Medicine	3	
Month Day Year	Month Day Year	i was awarded the de	Doctor of Medicine		
Does this individual's official record re explain.	flect (an) interruption(s) or ext	ension(s) in his/her n	nedical education? If yes, please	YES	√ No
Does this individual's official record re his/her medical education? If yes, ple	The state of the s	ed on academic or di	sciplinary probation during	YES	√ NC
Does this individual's official record re an investigation by the medical schoo	flect that he/she was ever the		eports for behavioral reasons or	YES	✓ NC
Does this individual's official record re reasons by the medical school or pare	flect that he/she was ever disc	iplined for unprofess	ional conduct/behavioral	YES	V NO
Does this individual's official record re individual because of questions of aca explain below	eflect that there were any limit	ations or special requ		YES	✓ NO
			3.0	d is true and	correct.
Name: Teresa Scordino, M.D.			t of this individual's records and	d is true and	correct.
vaine.			nen Mora	d is true and	correct.
Teresa Scordino, M.D. itle of Signatory: Associate Dear		Signature To	nen Mora		correct.
Teresa Scordino, M.D. Title of Signatory: Associate Dear	for Student Affairs 405-271-2287	Signature To Date of Signature E-Mail: Teres	nem Morw S131/23 a-Scordino@ouhsc.ed		correct.
Teresa Scordino, M.D. Sitle of Signatory: Associate Dear Fel: 405-271-2316 Fax:	n for Student Affairs	Signature To Date of Signature E-Mail: Teres	nem Morw S131/23 a-Scordino@ouhsc.ed		correct.
Teresa Scordino, M.D. Sitle of Signatory: Associate Dear Sel: 405-271-2316 Fax:	for Student Affairs 405-271-2287 If no seal is available, this fo	Signature To Date of Signature E-Mail: Teres	nem Morio 5/31/23 a-Scordino@ouhsc.ed		correct.

PAGE 327-01500 07-JUN-2023 Page No. 1

0.000

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

Official Transcript

University of Oklahoma Health Sciences Center P. O. Box 26901

Oklahoma City, OK 731260901

United States

: Ryan Jones Student ID: 1770778

Birthdate :

OUHSC GPA :

Degrees Awarded

Undergraduate Career Totals

0.000 GPH:

0.00 TOTALS :

- - - - End Of Career (1 of 3)

3.00

: Certificate Degree : 2019-05-10 Confer Date

: Certificate in Public Health

: Master of Public Health Degree

Degree : Master of F Confer Date : 2019-07-29 Plan : Epidemiolog : Epidemiology

: Doctor of Medicine Confer Date : 2023-05-20 Degree Honors : With Distinction

: Medicine

- - - - - External Degrees

Doklahoma Christian University

2017-04-28 Bachelor of Science

Field of Study : Cell & Molec Bio/Spanish

---- Academic Program History ----

AMOHAHOMA Program : Undergraduate Graduate 2015-05-15 : Active in Program

2015-05-15 : SURE Program Major

2015-08-04 : Discontinued

Beginning of Undergraduate Record

Summer I 2015

Description Attempted Adv Stud Biomed Res 3.00 3.00 S TERM GPA : 0.000 GPH: 0.00 TOTALS : 3.00 3.00 0.000 GPH: 0.00 TOTALS : 3.00 3.00 0.000 OUHSC GPA : 0.000

This official transcript is printed on burgundy security paper. A laser-produced signature of the Registrar, OUHSC is imprinted on each page in black ink. A raised seal is not required. When photocopied, the word COPY should appear. A BLACK AND WHITE OR COLOR COPY OF THIS TRANSCRIPT SHOULD NOT BE ACCEPTED.

This information is released in accordance with the Family Education Privacy Act of 1974 and is also released under the condition that other parties will not have access to this information without the student's written consent.

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Lou Klen

REGISTRAR, OUHSC

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OURSC FICE CODE 5889

PHONE (405) 271-2359 PAGE 328 of 500405) 271-2480 www.ouhsc.edu

UNIT OF CREDIT: The unit of credit for undergraduate and graduate courses is the semester hour. Prior to Summer 2002, the unit of credit for professional courses is the clock hour. The unit of credit for the College of Medicine (MD) is the clock hour. Each course taken at OUHSC is recorded on the student's transcript including courses passed, failed, repeated, exempted, audited, etc. All course work is residence credit unless otherwise indicated.

GRADES USED AT OUHSC:

Grades Used in the Calculation of Grade Point Average (GPA)

A = Excellent (4 grade points)

B = Good (3 grade points)

C = Average (2 grade points)

D = Poor (1 grade point) not considered passing in some programs

F = Failing (0 grade points)

Other Symbols

= Incomplete (student lacks a test, project, paper, etc.)

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

S = Satisfactory (GPA neutral, counted in the total number of attempted hours)

U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)

P = Passing (GPA neutral, counted in the total number of attempted hours)
NP = No Pass (GPA neutral, counted in the total number of attempted hours)

X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

CE = Continuing Education

EX = Exempt from a required course, student has earned equivalent credit

R = Requirements successfully completed

Y = Year-Long Course

H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

Summer (Undergraduate) = 6 semester hours
Summer (Graduate) = 4 semester hours
Fall (Undergraduate) = 12 semester hours
Fall (Graduate) = 9 semester hours
Spring (Undergraduate) = 12 semester hours
Spring (Graduate) = 9 semester hours

TERM DEFINITIONS:

Summer = 8 weeks in length
Summer I = 8 weeks in length
Summer II = 7-8 weeks in length
Fall = 16 weeks in length
Spring = 16 weeks in length

TRANSCRIPT SUMMARY:

Career totals
Transfer statistics (if posted)
OUHSC statistics
Combined statistics

COURSE NUMBER:

1000 - 1999 = Freshman level courses
2000 - 2999 = Sophomore level courses
3000 - 3999 = Junior level courses
4000 - 4999 = Senior level courses
5000 - 6999 = Graduate level courses
5000 - 5999 = Bachelor degree program in College of Pharmacy
Undergraduate level courses
7000 - 9999 = Professional degree courses

DEGREE HONORS:

Distinction Special Distinction Outstanding Distinction

OUHSC recognizes honors for degrees conferred by the Colleges of Allied Health, Dentistry, Medicine, Nursing, and Pharmacy.

Professional students are considered full-time unless otherwise indicated

NORMAN/OKLAHOMA CITY/TULSA SCHUSTERMAN CAMPUSES: Transcripts for all undergraduate and graduate students who were enrolled at OUHSC prior to Fall 1979 are located in the Office of Admissions and Records on the Norman campus. Work completed on the Norman campus prior to enrollment at OUHSC is maintained on the Norman campus.

Regardless of campus, copies of OUHSC records may be obtained through the transcript request process at the OUHSC Office of Admissions and Records, 1105 N. Stonewall, LIB 121, Oklahoma City, OK 73117-1221. Questions regarding the transcript request process may be directed to (405) 271-2359 or FAX (405) 271-2480.

TO TEST FOR AUTHENTICITY: The face of this transcript is printed on burgundy security paper.

ADDITIONAL TESTS: When photocopied, a patent security statement containing the institutional name and the words COPY COPY appear over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic document will stain. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have any questions about this document, please contact our office at (405) 271-2359. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

University of Oklahoma Health Sciences Center P. O. Box 26901

Oklahoma City, OK 731260901

United States

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

JUN 08 2023

: Rvan Jones Student ID: 1770778 Birthdate :

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

),										S	pring 202	20			
	Degrees Aw	arded	PR	11/1/	ARY	Course		Des	cription			Attempted	Earned	Grade	Points
Degree	: Certificate		cr	STAF	305										
Confer Date	: 2019-05-10		20	10.	. 5	INDT	8132	IMI				68.00	68.01		
Plan	: Certificate in Public Health					INDT	8140				Hepatobi		85.0	7,179	
						INDT	8148				i Biochem	77 - 55	85.00		
Degree	: Master of Public Health					INDT	8156	Blo	od, Hema	topoies	is & Lymp	oh 77.00	77.00	0 S	
Confer Date	: 2019-07-29						THE .	1 111	200		100000		414 6		
Plan	: Epidemiology					TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 315.00	315.00	0	0.000
	: Doctor of Medicine					OHUCO	GPA :	0.000	GPH:	0.00	TOTALS	: 834.50	834.50		0.000
Degree Confer Date	: 2023-05-20					OURSC	GEA :	0.000	GPH:	0.00	TOTALS	: 834.50	834.5	0	0.000
Degree Honors											Fall 2020	1			
Plan	: Medicine										1011 2020				
7.77						Course		Des	cription			Attempted	Earned	Grade	Points
	Academic Progra	m History -				200								-	
	1					INDT	8264	Car	diovasc,	Resp,	Renal	164.00	164.00	s	
Program :	Medicine MD					INDT	8266	PPS	II: Cli	nical E	thics	35.00	35.00	s	
2019-07-01 :	Active in Program					INDT	8272	Neu	roscience	es		166.00	166.00	S	
	2019-07-01 : Medicine - MD Maj	or				INDT	8275	Cli	nical Me	dicine :	II	99.00	99.00	s	
2023-05-20 :	Completed Program					INDT	8301	Enr	ichment !	Program	: Humanit	ies 16.00	16.00	S	
	and the second s					c	ourse Top	pic(s): E	conomics	in Med	icine				
								E	conomics	in Med	icine				
	Beginning of Med	icine Record													
						TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 480.00	480.00)	0.000
	Fall 20	19													
						OUHSC	GPA :	0.000	GPH:	0.00	TOTALS	: 1314.50	1314.50		0.000
Course	Description	Attempted	Earned G	rade	Points										
										S	pring 202	1			
INDT 8110	·	16.00	16.00 S			20.00									
INDT 8122		111.50	111.50 S			Course		Des	cription			Attempted	Earned	Grade	Points
ENDT 8124		130.00	130.00 S				0000	- 0							
NDT 8125		151.00	151.00 S			INDT	8280		roduction			98.00	98.00	100	
INDT 8244		87.00	87.00 S			INDT	9200 9201		Capstone			70.00	70.00		
INDT 8555		24.00	24.00 S			INDT	9201	001	nt, Skin	, and Bo	one	40.00	40.00	3	
INDT 9100	Prologue	24.00	24.00 5			TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 208.00	208.00	v.	0.000
						* 777.77		0.000	GEII.	0.00					0.000
TERM GPA .	0.000 GPH: 0.00 TOTAL	5: 519 50	519.50		0.000							0. 0.000			
TERM GPA :	0.000 GPH: 0.00 TOTALS	5 : 519.50	519.50		0.000	OURSC	GPA :	0.000	GPH:	0.00	TOTALS	: 1522.50	1522.50		0.000

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Registrar's Office 1105 N. Stonewall Avenue Oklahoma City, OK 73117-1221

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OUHSC statistics

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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5000 - 5999 = Bachelor degree program in College of Pharmacy Undergraduate level courses

7000 - 9999 = Professional degree courses

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Distinction Special Distinction Outstanding Distinction

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University of Oklahoma Health Sciences Center P. O. Box 26901

Oklahoma City, OK 731260901

United States

Name : Ryan Jones Student ID: 1770778

Birthdate :

	-	000
Summer	1.1	202

Summer	II	2022	

Course		Description	Attempted	Earned Grade	Points	Course	Description	Attempted	Earned Grade	Points
INDT	9301	Clinical Transitions	40.00	40.00 S		INDT 9300	Capstone	160.00	160.00 s	
PEDI	9650	Pediatric Clerkship	240.00	240.00 A	960.000	OPHT 9101	Ophthalmology Selective	80.00	80.00 S	
200						INDT 9407	Fourth Year Selective	80.00	80.00 S	
TERM	GPA :	4.000 GPH: 240.00 TOTALS	: 280.00	280.00	960.000					
	****					TERM GPA :	0.000 GPH: 0.00 TOTALS	: 320.00	320.00	0.00
OUHSC	GPA .	4.000 GPH: 240.00 TOTALS	: 1802.50	1802.50	960.000				2410.50	
					2.446.460	OUHSC GPA :	4.000 GPH: 1680.00 TOTALS	: 3802.50	3802.50	6720.00
		Fall 202	1			24,000 0000 1				0,20.00
			2				Fall 2022	,		
TERM OUHSC		Description	Attempted	Earned Grade	Points					
Dourse		200027			1000	Course	Description	Attempted	Earned Grade	Point
MELLE	9370	Neurology Clerkship	160.00	160.00 A	640.000	433		11000000	DELICE DELICE	101110
DCBC	9520	Psychiatry Clerkshp	240.00	240.00 A	960.000	INDT 9404	Research/Scholarship Electi	ve 160.00	160.00 S	
NEUR PSBS OBGY	9210	Obstet & Gyn Clerkship	240.00	240.00 A	960.000	- FREE TO 10 10 17 7 7 7 10 10 10 10 10 10 10 10 10 10 10 10 10	pic(s): CELL Res/Scholarship Elec			
DADI	9101	RADI Selective	80.00	80.00 S		INDT 9407	Fourth Year Selective	160.00	160.00 S	
RADI	9101	ANDI SELECCIVE	00.00	00.00 0		77707	pic(s): Pharmacology Readings	200.00	100.00 3	
mmna	ana .	4.000 GPH: 640.00 TOTALS	: 720.00	720.00	2560.000	course 10	Pharmacology Readings			
TERM	GPA :	4.000 GPH: 640.00 TOTALS	. 720.00	720.00	2300.000	Course	Description	**********	Daniel Couls	
		4 000 CDU 000 CO MCM3TC	2522 50	2522.50	3520.000	Course	<u>Description</u>	Attempted	Earned Grade	Points
OURSC	GPA :	4.000 GPH: 880.00 TOTALS	: 2522.50	2522.50	3520.000	INDT 9403	California Minakina	100.00	160.00.	
			20			A STATE OF THE PARTY OF THE PAR	Subinternship Elective	160.00	160.00 A	640.000
TERM		Spring 20	22			Course To	pic(s): FM Subinternship Elective			
Course		Description	Attempted	Earned Grade	Points	TERM GPA :	4.000 GPH: 160.00 TOTALS	: 480.00	480.00	640.000
MED SURG	9250	Medicine Clerkship	320.00	320.00 A	1280.000	OUHSC GPA :	4.000 GPH: 1840.00 TOTALS	: 4282.50	4282.50	7360.00
	9760	Surgery Clerkship	200 00	320.00 A	1280.000					
SURG	9/60	Surgery Clerkship	320.00	320.00 A	1100.000					
SURG FM	9540	Fam Med Clerkship	160.00	160.00 A	640.000		Spring 202	23		
SURG FM ANES							Spring 202	13		
SURG FM ANES EM	9540	Fam Med Clerkship	160.00	160.00 A		<u>Course</u>	Spring 202	Attempted	Earned Grade	Points
FM ANES EM	9540 9110	Fam Med Clerkship Anesthesiology Selective	160.00 80.00 80.00	160.00 A 80.00 S		Course			Earned Grade	Points
FM ANES EM	9540 9110 9101	Fam Med Clerkship Anesthesiology Selective EM Selective	160.00 80.00 80.00	160.00 A 80.00 S 80.00 S	640.000	INDT 9401	Description	Attempted		Points
FM ANES EM	9540 9110 9101 GPA :	Fam Med Clerkship Anesthesiology Selective EM Selective	160.00 80.00 80.00 : 960.00	160.00 A 80.00 S 80.00 S	640.000	INDT 9401 Course Top INDT 9403	Description Outpatient Elective pic(s): DERM Outpatient Elective Subinternship Elective	Attempted 160.00 160.00		Points
FM ANES EM TERM	9540 9110 9101 GPA :	Fam Med Clerkship Anesthesiology Selective EM Selective 4.000 GPH: 800.00 TOTALS	160.00 80.00 80.00 : 960.00	160.00 A 80.00 S 80.00 S 960.00	640.000 3200.000	INDT 9401 Course Top INDT 9403	Description Outpatient Elective pic(s): DERM Outpatient Elective	Attempted 160.00 160.00	160.00 s	
ANES EM TERM OUHSC	9540 9110 9101 GPA :	Fam Med Clerkship Anesthesiology Selective EM Selective 4.000 GPH: 800.00 TOTALS 4.000 GPH: 1680.00 TOTALS	160.00 80.00 80.00 : 960.00	160.00 A 80.00 S 80.00 S 960.00	640.000 3200.000	INDT 9401 Course Top INDT 9403	Description Outpatient Elective pic(s): DERM Outpatient Elective Subinternship Elective	Attempted 160.00 160.00	160.00 s	
ANES EM TERM OUHSC	9540 9110 9101 GPA :	Fam Med Clerkship Anesthesiology Selective EM Selective 4.000 GPH: 800.00 TOTALS 4.000 GPH: 1680.00 TOTALS	160.00 80.00 80.00 : 960.00 : 3482.50	160.00 A 80.00 S 80.00 S 960.00 3482.50	640.000 3200.000	INDT 9401 Course Top INDT 9403 Course Top INDT 9406	Description Outpatient Elective pic(s): DERM Outpatient Elective Subinternship Elective pic(s): FM Subinternship Elective	Attempted 160.00 160.00	160.00 S	
FM ANES EM TERM	9540 9110 9101 GPA :	Fam Med Clerkship Anesthesiology Selective EM Selective 4.000 GPH: 800.00 TOTALS 4.000 GPH: 1680.00 TOTALS	160.00 80.00 80.00 : 960.00	160.00 A 80.00 S 80.00 S 960.00 3482.50	640.000 3200.000	INDT 9401 Course Top INDT 9403 Course Top INDT 9406	Description Outpatient Elective pic(s): DERM Outpatient Elective Subinternship Elective pic(s): FM Subinternship Elective Special Studies Elective	Attempted 160.00 160.00	160.00 S	

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OUHSC statistics
Combined statistics

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University of Oklahoma Health Sciences Center P. O. Box 26901

Oklahoma City, OK 731260901

United States

OUHSC GPA :

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

Name : Ryan Jones Student ID: 1770778

Birthdate :

Spring 2023 (cont.)

TERM GPA: 4.000 GPH: 160.00 TOTALS: 560.00 560.00 640.000

4.000 GPH: 2000.00 TOTALS: 4842.50 4842.50 8000.000

Medicine Career Totals

OUHSC GPA: 4.000 GPH: 2000.00 TOTALS: 4842.50 4842.50 8000.000

Post-Baccalaureate Career Totals

OUHSC GPA: 4.000 GPH: 168.00 TOTALS: 347.65 347.65

--- End Of Career (2 of 3) ----

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University of Oklahoma Health Sciences Center

Certificate

Certificate in Public Health

: Master of Public Health

: Public Health Professional Active in Program

: Public Hlth Profession Non-Deg

Completed Program

Active in Program

Description

2019-05-10

: 2019-07-29

Degree Honors : With Distinction : Medicine

2018-12-17 : Active in Program

2019-05-10 : Completed Program

5013

5113

5163

5363

5453

5213

5013

Epidemiology

: Doctor of Medicine 2023-05-20

P. O. Box 26901

United States

Degree

Plan

Degree

Plan

M Degree

Program

Confer Date

Confer Date

Confer Date

2018-07-27

2019-07-29 : Program

n 2018-07-17

E UNIVERS

Course

BSE BSE

BSE

BSE

HAP

HPS

OEH

Oklahoma City, OK 731260901

JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

Name

: Ryan Jones

Student ID: 1770778 Birthdate :

Fall	2018	(cont.)	

TERM GPH: 21.00 GPA 4.000 21.00 TOTALS 21.00 84.000

OUHSC GPA : 4.000 GPH: 21.00 TOTALS : 21.00 21.00 84.000

Spring 2019

Course		Des	Description			Att	empted	Earned	Grade	Points
BSE	5001	Bio	statisti	cs and E	pidemiol	ogy	1.00	1.00	A	4.000
BSE	5153	Cli	nical Tr	rials			3.00	3.00	A	12.000
BSE	5173	Bio	statisti	cs Metho	ds II		3.00	3.00	A	12.000
BSE	5193	Int	ermediat	e Epidem	niol Meth	ods	3.00	3.00	A	12.000
BSE	5303	Epi	of Infe	ctious I	isease		3.00	3.00	A	12.000
BSE	5763	App	lied Bay	resian St	ats		3.00	3.00	A	12.000
BSE	6151	App	1. Stat.	Methods			1.00	1.00	A	4.000
BSE	6192	Gran	nt Writi	ng in Ep	idemiolo	gy	2.00	2.00	A	8.000
CPH	7003	Inte	egrated	Public H	lealth	120	3.00	3.00	A	12.000
CPH	7941	Pra	cticum E	Prep			1.00	1.00	S	
TERM	GPA :	4.000	GPH:	22.00	TOTALS	:	23.00	23.00		88.000
OUHSC	GPA :	4.000	GPH:	43.00	TOTALS		44.00	44.00		172.000

Summer I 2019

Course	1 3	<u>De</u> :	scription			A	ttempted	Earned	Grade	Points
СРН	7950	PH	Practicum				1.00	1.00	s	
TERM	GPA :	0.000	GPH:	0.00	TOTALS		1.00	1.00		0.000
OURSC	GPA :	4.000	GPH:	43.00	TOTALS		45.00	45.00		172.000

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Degrees Awarded

Academic Program History

2018-07-27 : Intdisp Public Health - MPH Major

2018-07-17 : Certificate in Public Health Major

Beginning of Public Health Professional Record Fall 2018

Attempted

3.00

3.00

3.00

3.00

3.00

3.00

3.00

2018-12-17 : Epidemiology - MPH Major

Microcomputer Data Analysis

Principles of Epidemiology

Biostatistics Methods I

U.S. Health Care Systems

Soc & Beh Sci in Public Health

Epi Prev Chron Disease

Environmental Health

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Low Klini

REGISTRAR, OUHSC

Points

12,000

12.000

12.000

12,000

12.000

12.000 12.000

Earned Grade

3.00 A

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

AND SUPERVISION

UNIT OF CREDIT: The unit of credit for undergraduate and graduate courses is the semester hour. Prior to Summer 2002, the unit of credit for professional courses is the clock hour. The unit of credit for the College of Medicine (MD) is the clock hour. Each course taken at OUHSC is recorded on the student's transcript including courses passed, failed, repeated, exempted, audited, etc. All course work is residence credit unless otherwise indicated.

GRADES USED AT OUHSC:

Grades Used in the Calculation of Grade Point Average (GPA)

A = Excellent (4 grade points)
B = Good (3 grade points)

C = Average (2 grade points)

D = Poor (1 grade point) not considered passing in some programs

F = Failing (0 grade points)

Other Symbols

= Incomplete (student lacks a test, project, paper, etc.)

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

S = Satisfactory (GPA neutral, counted in the total number of attempted hours)

U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)

P = Passing (GPA neutral, counted in the total number of attempted hours)
NP = No Pass (GPA neutral, counted in the total number of attempted hours)

X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

CE = Continuing Education

EX = Exempt from a required course, student has earned equivalent credit

R = Requirements successfully completed

Y = Year-Long Course

H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

Summer (Undergraduate) = 6 semester hours
Summer (Graduate) = 4 semester hours
Fall (Undergraduate) = 12 semester hours
Spring (Undergraduate) = 9 semester hours
Spring (Graduate) = 9 semester hours

TERM DEFINITIONS:

Summer = 8 weeks in length
Summer I = 8 weeks in length
Summer II = 7-8 weeks in length
Fall = 16 weeks in length
Spring = 16 weeks in length

TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics Combined statistics

COURSE NUMBER:

1000 - 1999 = Freshman level courses 2000 - 2999 = Sophomore level courses 3000 - 3999 = Junior level courses 4000 - 4999 = Senior level courses 5000 - 6999 = Graduate level courses

5000 - 5999 = Bachelor degree program in College of Pharmacy

Undergraduate level courses

7000 - 9999 = Professional degree courses

DEGREE HONORS:

Distinction Special Distinction Outstanding Distinction

OUHSC recognizes honors for degrees conferred by the Colleges of Allied Health, Dentistry, Medicine, Nursing, and Pharmacy.

Professional students are considered full-time unless otherwise indicated.

NORMAN/OKLAHOMA CITY/TULSA SCHUSTERMAN CAMPUSES: Transcripts for all undergraduate and graduate students who were enrolled at OUHSC prior to Fall 1979 are located in the Office of Admissions and Records on the Norman campus. Work completed on the Norman campus prior to enrollment at OUHSC is maintained on the Norman campus.

Regardless of campus, copies of OUHSC records may be obtained through the transcript request process at the OUHSC Office of Admissions and Records, 1105 N. Stonewall, LIB 121, Oklahoma City, OK 73117-1221. Questions regarding the transcript request process may be directed to (405) 271-2359 or FAX (405) 271-2480.

TO TEST FOR AUTHENTICITY: The face of this transcript is printed on burgundy security paper.

ADDITIONAL TESTS: When photocopied, a patent security statement containing the institutional name and the words COPY COPY appear over the face of the entire document. When this paper is touched by fresh liquid bleach, an authentic document will stain. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational Rights and Privacy Act of 1974. If you have any questions about this document, please contact our office at (405) 271-2359. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

University of Oklahoma Health Sciences Center

P. O. Box 26901

Oklahoma City, OK 731260901

United States

: Ryan Jones Student ID: 1770778

Birthdate :

Public Health Professional Career Totals

OUHSC GPA :

4.000 GPH:

43.00 TOTALS :

45.00

45.00

172.000

Post-Baccalaureate Career Totals

OUHSC GPA :

4.000

GPH: 168.00 TOTALS: 347.65 347.65

- End Of Career (3 of 3) - - - -

- - End Of Transcript - - - -

672.000

RECEIVED

JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



This official transcript is printed on burgundy security paper. A laser-produced signature of the Registrar, OUHSC is imprinted on each page in black ink. A raised seal is not required. When photocopied, the word COPY should appear. A BLACK AND WHITE OR COLOR COPY OF THIS TRANSCRIPT SHOULD NOT BE ACCEPTED.

This information is released in accordance with the Family Education Privacy Act of 1974 and is also released under the condition that other parties will not have access to this informaiton without the student's written consent.



Lou Klen

REGISTRAR, OUHSC

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

EXPLANATION OF RECORD THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OUHSC FICE CODE 5889

PHONE (405) 271-2359 PAGE 338 of 500(405) 271-2480 www.ouhsc.edu

RECEIVED

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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7000 - 9999 = Professional degree courses

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Distinction Special Distinction Outstanding Distinction

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AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address RYAN GARRETT JONES

Birth date



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration	Deactivation	Reactivation	Replacement	Last Reported	
	Date	Date	Date	Number	Date	
1881215689	05/03/2020	NOT RPTD	NOT RPTD	NOT RPTD	04/19/2024	

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

AMA files checked 05/17/2024 13:13:56 AMA Physician Profile for Ryan Garrett Jones, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3



Enrollment Date: 08/2019 Degree Date: 05/2023

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: INTEGRIS HEALTH

Sponsoring State: OKLAHOMA

Program name: INTEGRIS HEALTH/GREAT PLAINS PROGRAM

Specialty: FAMILY MEDICINE

Training Type: SPECIALTY

Dates: 07/01/2023 - 06/30/2026 **Status:** TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License	
41325	MD	ок	07/01/2023	09/30/2024		ACT	RES	05/06/2024	RYAN GARRETT JONES	



Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME
US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET

OKLAHOMA CITY OK 73105

EVIDENCE OF STATUS - PART A

APR 28 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

/lailin		First		Middle	Last	Malden (If applicable)
	g Address:					
			Street Address o	r Post Office Box		
					Social Security #:	2
	City	State	Zip Code	Telephone Nun	ber	
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		/con us a		RY EVIDENCE OF		ALIENEL
		(FOR US C	IIIZENS, US NATIO	DIVALS, OR PERIV	ANENT LEGAL RESIDENT	ALIENS
fyou	are a U.S. ci	itizen, U.S. national	, or permanent le	gal resident alie	, please attach a photoc	opy of one of the following
					ment that is attached.	
			- 1010 1521.575	VEC 380, 9-2-12-51		er to realization and a second
7	A birth certific	cate showing birth in	one of the 50 States	the District of Co	umbia, Puerto Rico (on or af	ter January 13, 1941), Guam, the U.S.
		(on or after January 1 mats residing in the U		Samoa, Swain's Isla	ind or the Northern Mariana	Islands, unless the person was born to
				h are issued for pe	riods of less than five years)	
					nt of State to U.S. citizens)	
				post) or Certificat	on of Report of Birth (DS135	50) (issued by the Department of State
(the second second	ole from the Departm				
						hrough administrative naturalization
					15/0 is a replacement certifi	cate issued when the N-550 has been
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						ving near the Canadian or Mexican
-					last issued in February 1974	
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-		ds before November		an elemente al control de	ral le a II C altinon /This is at	uen to an individual born outside the
					D, FS-545 or DS-1350);	ven to an individual born outside the
						citizen members of the Texas Band of
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		1 (Alien Registration		only known as a "g	reen card")	
Ō □ []	Alien Lawfull	y Admitted for Perm	anent Residence:			
П		emporary I-551 stamp	A - Device Telephone Control Control	THE STANDARD COLUMN		

Commission Number 2100 4896

My commission expires

K41375

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email; oktraining@okmedicalboard.org

To Request Ex	amination Scores
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners	Federation of State Medical Boards
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Euless, TX 76039-3855
(215) 590-9500	(817) 868-4000
www.NBME.org	www.FSMB.org

- Extended Background Check Applicants for licensure are required to request an Extended Background
 Check.
- Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by
 endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and
 the required supporting documentation with their application. This form must be notarized and mailed to the
 office.
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Name of Applicant (type or print)

Signature of Applicant

D.1

Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

Bacanasa

APR 28 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Thursday, May 2, 2024 4:36 PM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

RYAN JONES has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 05/02/2024 04:05:35pm for \$250.00.

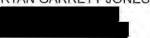
OKLAHOMA MD LICENSE NUMBER 41325

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



05/02/2023

RYAN GARRETT JONES



RE: MD Application #41325

Check Your Application Status Online at:

http://www.okmedicalboard.org Username:AP79013870 Password:Last 4 SSN

Dear RYAN JONES.

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

Evidence of Status

Application Instructions

OATH

Exam verification date

MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

PostGrad - Form 2 GREAT PLAINS FAMILY PRACTICE RESIDENCY

USMLE Exams Incomplete

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP79013870</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision PAGE 347 of 500 **Application Summary**

xam verification date ostGrad - Form 2 GREAT I SMLE Exams Incomplete	to space limitations on this pay	ge, this may not be a complete list)
	Med, Oklahoma City Ok 73190	Graduates of this Medical School:7,275
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		and the company of th
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1) AUTHORIZED CIRC		
	HAVE BEEN MET [Fast Track]	
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Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name MD 41618 SAURAV PRASHANT KADATANE
MEDICAL DOCTOR
OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM PostGrad - Form 2 COLLEGE OF MEDICINE OKC
Last Medical School Attended: 038-44 Northeastern OH Univ Coll of Med & Pharm, Rootstown, OH
Number of Licenses Previously Granted to Graduates of this Medical School:48
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name

MD 41618 SAURAV PRASHANT KADATANE

MEDICAL DOCTOR

Practice Address:

May 02, 2023

Status:

Res: TR

Received: 04/26/2023 Entered: 04/26/2023

Temp Issued: Temp Expires:

Train Issued: 07/01/2023
Train Expires: 09/30/2024
Fed Rec: 05/22/2024
AMA Rec: 05/22/2024

Board Action:

License #: 41618

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE EXAMINATION

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	03/22/24	5/9/24	1
Test 2:	USMLE 1	PASS	7/18/20	4/26/23	1
Test 3:	USMLE 2	PASS	7/6/22	4/26/23	1
		te: PASS r	neans high	er than 75	

Test AV: Total Possible: Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: KENT STATE UNIVERSITY

City: KENT State: OH Country: UNITED STATES

Degree: BACHELOR OF SCIENCE From: 7/2016 To: 7/2018 Verified:

MEDICAL SCHOOL EDUCATION

Name: Northeastern OH Univ Coll of Med & Pharm, Rootstown, OH

Foreign Name:

City: Rootstown State/Country: United States of America

Degree: DOCTOR OF MEDIC From: 8 / 2018 To: 4 / 2023 Diploma Ver'd:

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC Specialty: INTERNAL

MEDICINE/PEDIATRICS

Res. Fellowship: Residency

City: OKLAHOMA CITY State: OK Country: UNITED STATES OF AM

Verified: From: 7 / 2023 To: /

ACGME Ver'd: Comments:

Y

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name

MD 41618 SAURAV PRASHANT KADATANE

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: NORTHEAST OHIO MEDICAL UNIVERSITY Supervisor:

City: ROOTSTOWN State: OH Country: UNITED STATES

Specialty: RESEARCH From: 6/ 2019 To: 8/ 2019 Verified:

Comments: STUDENT RESEARCHER IN A LAB

Other Licenses

State Lic Type and Number Status Issued Exp Verif

DEFICIENCIES

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME

DIRECTLY FROM YOUR PROGRAM

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org



MAY 08 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

QUESTIONNAIRE Please read and follow ALL instructions

<u>FORM INSTRUCTIONS</u>: Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you <u>ARE FULLY LICENSED</u>, you <u>MUST</u> go online and renew your license – <u>DO NOT pay your renewal fee via these instructions (doing so will delay your renewal)</u>.

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-FULL

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

PLEASE PRINT ALL INFORMATION

FIRST NAME	SAURAV		LAST NAME	KADATANE
EMAIL ADDRESS LICENSE NUMBER HOME ADDRESS	11/10	1 3	CELL PHONE CITY/STATE ZIP CODE	_
PROGRAM ATTENDING	Dr. Catherine	Mims	SPECIALTY	Medicine - Pediatrics

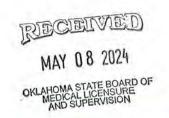
DOCUMENTATION TO ATTACH

PAY	MENT	COME	LET	ED	
		7.00	250 payment made on Billpay for <mark>UPGRADE</mark> of trainin cense		
DOCUM	IENTA	TION	REQ	UIRED	
Form 2 (must be received directly from progr **ONLY FOR UPGRADE			_	aluation (must be received directly from program)	
USMLE Step 3 (must be received directly from USMLE)			Ar	nswer confidential questions (on back of this form)	
FOREIG	N TRA	INED S	STU	DENTS	
□ Current visa				Social Security Number **if not provided at initial application	
Background Check **if not done at initial app	olicatio	on		1	

IF YOU ARE FULLY LICENSED – DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN – COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

RENEWAL QUESTIONNAIRE UPDATED 03-2024





NAME Saurav Kadatane

ave you failed any part of the USMLE exam (not previously disclosed)? ave you been the subject of investigation or disciplinary action (including probation) by a hospital or aining program? ave you had any adverse judgment or settlement against you rising from a professional liability claim? ave you been reported to the National Practitioner Data Bank (NPDB)? ave you ever been denied, had removed, or suspended hospital privileges? ave you surrendered hospital privileges while under investigation or to avoid investigation? ave you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal cition? as your application for licensure ever been denied? ave you surrendered a license or had any disciplinary action taken on any license? ave you been investigated by or requested to appear before a licensing or disciplinary agency (other nan the Oklahoma State Board of Medical Licensure and Supervision)? ave you obtained an assessment or been treated for use of any drug or chemical substance including			
	ver is m	ost	
QUESTIONS	YES	NO	
Have you failed any part of the USMLE exam (not previously disclosed)?			
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		d	
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		w w	
Have you been reported to the National Practitioner Data Bank (NPDB)?		Ø	
Have you ever been denied, had removed, or suspended hospital privileges?		12	
Have you surrendered hospital privileges while under investigation or to avoid investigation?			
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		6	
Has your application for licensure ever been denied?		M	
Have you surrendered a license or had any disciplinary action taken on any license?		0	
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?		10/	
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?			
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		10/	
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?			
Have you been addicted to or abused any drug or chemical substance including alcohol?		10/	
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		10/	
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	П	IN	

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature	Statine	Date 05/08/24
Signature	1 Section of	Date 0 3 1 0 0 1

Oklahoma State Board of Medical Licensure and Supervision 1500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/26/2023

Applicant Name: KADATANE, SAURAV PRASHANT

MD 41618



Date Of Birth: Sex: M

Place Of Birth (City, State): WALCHANDNAGAR, MAHARASHTRA, INDIA

Race: Asian/Pacific Islander

Edu	cation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	KENT STATE UNIVERSITY	KENT	ОН	7/2016	7/2018	BACHELOR OF SCIENCE		

Medical School Name	City	State Country	Comments	From	То
Northeastern OH Univ Coll of Med	Rootstown	OH United States		8/2016	5/2023
& Pharm, Rootstown, OH					

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
COLLEGE OF MEDICINE OKC	OKLAHOMA CITY	OK	UNITED S'	INTERNAL MEDICINE/PEDIAT RICS		7/2023	1

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
NORTHEAST OHIO MEDICAL UNIVERSITY	RESEARCH		ROOTSTOWN	ОН	6/2019	8/2019	

Other/ Out-Of-State	Licenses					
State License #	Profession		Status	Issue Date	Exp Date	
MD Exam						
Exam	State So	core	Date Taken	#_		
USMLE						

Oklahoma State Board of Medical Licensure and Supervision 54 of 500 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/26/2023

Que	stions Answered 04/19/2023	Response
۹.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
В.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Э.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
Ο.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
Н.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
V.	Has any disciplinary action been taken on any license?	N
0.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
Ρ.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemica substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE
Received: 04/26/2023

If licensed, where do you intend to locate? OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma?
If 'Yes', Name of practice:
If so, Please identify with which category:
Name of Previous Carrier and Policy Holder Illinois Union Insurance Company (Chubb; Surplus Lines)
Name of Current Carrier and policy Holder Hudson Excess Insurance Company (surplus lines/non-admitted)
Will your professional liability insurance policy cover your practice in Oklahoma No
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma Before starting residency in July,2023
I attest that all the above information is accurate as of April 25, 2023:(Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to: Oklahoma State Board of Medical Licensure and Supervision

oktraining@okmedicalboard.org

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

Applicant's signature (must be signed in the presence of a notary)

KADATANE, SAURAV, P

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

04/26/2023

Date of signature (must correspond to the date of notarization)

State of Ohio , county of Summit

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the application of April , 2023

Notary Public Signature Sand Full & Whompy Company on Expires 01/25/2026



United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/08/2024

Examinee:

Kadatane, Saurav Prashant

Examinee ID: 5-455-281-5 Date of Birth

Alt Name(s):

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level.

Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score;

Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USML	E	STEI	1
Test Dat	e		Pas

ss/Fail 07/18/2020 Pass

Score 232

Minimum Pass (194)

Comments

USMLE STEP 2

Clinical Knowledge (CK)

Test Date

Pass/Fail

Score

Minimum Pass

Comments

Comments

07/06/2022

Pass

244

(214)

USMLE STEP 3

Test Date 03/22/2024 Pass/Fail Pass

Score 230

Minimum Pass (200)

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Kadatane, Saurav Prashant

Examinee ID: 5-455-281-5

Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 OKTRAINING@OKMEDICALBOARD.ORG

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OKTRAINING@OKNEDICALBOARD.ORG

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE
AND SUPERVISION

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE
AND SUPERVISION

The second secon	Saurav Kadatar						
Institution: North	east Ohio Medi	cal University		City/State	Rootstown, Ohio		
Our records indicate t	nat the above named	l applicant attend	ed our medical scho	ool on the following	g dates:		
From 8 / 27 / Month D	2018 To_	4 /14 Month Day	/ 2023 and was	awarded the degre	Doctor of Medicine		
Please complete the	following questions:						
explain.			100,000,000,000		ical education? If yes, please	₩ YES	□ NO
1	ual's official record re education? If yes, ple		was ever placed on	academic or discip	olinary probation during	☐ YES	NO 🖾
	ual's official record re by the medical schoo				rts for behavioral reasons or	☐ YES	NO NO
Does this individ		eflect that he/she	was ever disciplined	d for unprofession	al conduct/behavioral	☐ YES	M NO
Does this individ	ual's official record re	eflect that there w	ere any limitations	or special requirer	ments imposed on the er reason? If yes, please	☐ YES	⊠ NO
Please explain any "Y	ES" response from a	bove: Tool	c an approved 1	nedical leave o	of absence from 7/13/20	020 to 7/	11/2021
I attest that the comp	oletion of the followi	ng has been com			of absence from 7/13/20		
I attest that the comp this individual's recor	pletion of the followings and is true and co	ng has been com	oleted by the progra	am director and th			
I attest that the comp this individual's recon Name: <u>Katherin</u>	pletion of the followings and is true and co	ng has been com	oleted by the progra	am director and th	nat the information above is a uine Mirandor		
	oletion of the following and is true and continue and con	ng has been com prrect.	oleted by the progra Sign	am director and the sature <u>Yeath</u>	nat the information above is a uine Mirandor		



Notary Seal





Northeast Ohio Medical University 4209 State Route 44 Rootstown, OH 44272

PAGE 360 of 500 Office of the Registrar **Transcript of Academic Record**

Page: 1

Record of Saurav P. Kadatane

Issued to: OKLAHOMA STATE BOARD OF MEDICA Parchment DocumentID: TWBQA02G

************ CONTINUED ON NEXT COLUMN ***********

Date issued: 23-MAY-2023

Date of birth:

Student ID: @00054149

Level: Professional

Course Leve	1: Professional			SUBJ NO.	COURSE TITLE	CRED GRD	PTS	
Program				Institution Information continued:				
Doctor of Me	dicine							
	rogram : Doctor of Medicine			Spring 2020				
	college : College of Medicine			FMCM 72202	Principles of Clinical Med II	2.50 P	0.00	
	orrege : correge or mearering \(\)			FMCM 72304	Human Values in Medicine IV	1.00 P	0.00	
Degrees Awar	ded Doctor of Medicine 06-MAY-202	3	GMED 72310	Principles of Med Science II A	16.00 P	0.00		
oogacco iiiiaa	aca poeter or nearther of this ros.			MST3 30112	Deliberate Practice & Dev II	1.00 P	0.00	
SUBJ NO.	COURSE TITLE	CRED GRD	PTS R		Total Earned Credits 20.50			
				Maymester 20	020			
INSTITUTION	CDEDIM.			GMED 72310	Principles of Med Science II B	0.50 P	0.00	
INSTITUTION	CREDIT,				Total Earned Credits 0.50			
Fall 2018	Dwallamia	2.00 P	0.00	Clinical Te	rm AY 21-22			
IST1 10100 IST1 10106	Prologue Evidence Based Medicine I	1.50 P	0.00	EMED 83007	Emergency Medicine Clerkship	3.00 P	0.00	
IST1 10106 IST1 10201	Professional Foundations I	2.00 P	0.00	FMCM 83006	Family Medicine Clerkship	5.00 HP	0.00	
MST1 10201	Human Development/Structure	10.50 P	0.00	FMCM 83010	Applications of Clinical Med	3.00 P	0.00	
MST1 10101		1.00 P	0.00	FMCM 83011	Human Values in Medicine V	0.50 P	0.00	
MST1 10110 MST1 10111	Community Experience I Foundations Clinical Med I	2.00 P	0.00	GMED 83000	Prereg to Clinical Curriculum	5.00 P	0.00	
MST1 10111 MST1 10112	Human Values in Medicine I	1.50 P	0.00	GMED 83003	USMLE Step Prep	0.50 P	0.00	
MSTI 10112	Total Earned Credits 20.50	1.50 P	0.00	IMED 83001	Internal Medicine Clerkship	10.00 P	0.00	
	Total Earned Credits 20.50			MELE 83020	Pulmonary	4.00 P	0.00	
0				OBGY 83003	Obstetric/Gynecology Clerkship		0.00	
Spring 2019 IST2 20206	Evidence Based Medicine II	1.00 P	0.00	PEDS 83004	Pediatrics Clerkship	5.00 P	0.00	
	Professional Foundations II	0.50 P	0.00	PSYC 83005	Psychiatry Clerkship	5.00 HP	0.00	
IST2 20213 MST2 20101	Medical Neuroscience	5.50 P	0.00	SURG 83002	Surgery Clerkship	5.00 P	0.00	
MST2 20101 MST2 20210	Contract the American American	1.50 P	0.00	21112 12112	Total Earned Credits 51.00	210.6	12:11	
MST2 20210 MST2 20211	Community Experience II Foundations Clinical Med II	3.00 P	0.00					
MST2 20211 MST2 20212	Human Values in Medicine II	1.00 P	0.00	Clinical Te	rm AY 22-23			
				FMCM 84001	Quality Improvement	0.50 P	0.00	
MST2 20214	Molecules to Cells for MD	8.00 P	0.00	FMCM 84002	Social Determinants of Health	0.50 P	0.00	
MST2 20215	Physiological Basis Med for MD Total Earned Credits 26.00	5.50 P	0.00	GMED 84000	Clinical Epilogue and Capstone		0.00	
	Total marked Credits 26.00			IMED 84000	Internal Medicine	4.00 P	0.00	
E-11 2010				IMED 84007	Coronary Intensive Care	4.00 H	0.00	
Fall 2019	Polasislas at 611-1-1 to 1 a	2 00 5	0.00	IMED 84011	Hematology/Oncology	4.00 P	0.00	
FMCM 72102	Principles of Clinical Med I	3.00 P	0.00	NEUR 84000	Neurology	4.00 H	0.00	
FMCM 72204	Human Values in Medicine III	0.50 P	0.00	PEDS 84009	Pediatric Intensive Care Unit	4.00 P	0.00	
GMED 72210	Principles of Med Science I	10.00 P	0.00	PEDS 84011	Pediatric Infectious Disease	4.00 P	0.00	
MST2 20102	Infection and Immunity	7.00 P	0.00	2200 04011	Total Earned Credits 27.00		0.00	
MST2 20106	General Pathology	1.00 P	0.00	******		*****	*****	
MST3 30111	Deliberate Practice & Devel I Total Earned Credits 22.00	0.50 P	0.00	22200000000000	CONTINUED ON FAGE Z	2 T 2 K 4 A 4 A 4 A 5 A		

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MAY 2 4 2023

Katheine Miranda



PAGE 361 of 500 Office of the Registrar Transcript of Academic Record

Page: 2

Record of: Saurav P. Kadatane

Issued to:

Date issued: 23-MAY-2023

Date of birth:

Student ID: @00054149

Level: Professional

*****	**** TRANSC	RIPT TOTALS	*****	******
	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	167.50	0.00	0.00	0.00
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	167.50	0.00	0.00	0.00
********	**** END OF	TRANSCRIPT	*****	******



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MAY 2 4 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION PRIMARY SOURCE

Hatherine Miranda

University Registrar

Northeast Ohio Medical University

Transcript Key

Office of the Registrar 4209 State Route 44 P.O. Box 95 Rootstown, Ohio 44272-0095 (330) 325-6270 registrar@neomed.edu

Office of Postsecondary Education Identification Number (OPE ID) 024544

RAP CIEST ATEST

MAY 2 4 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name Change History

On April 29, 2011, House Bill 139 was signed and approved by the Ohio General Assembly to officially change the name of the Northeastern Ohio Universities College of Medicine (NEOUCOM) to Northeast Ohio Medical University (NEOMED). NEOMED consists of three Colleges — Graduate Studies, Medicine and Pharmacy. Doctoral degrees are offered through all three Colleges. The College of Graduate Studies also offers master's degrees and Graduate certificates.

Accreditation

NEOMED is accredited by Higher Learning Commission, one of six regional institutional accreditors in the United States. This accreditation covers each degree and certificate program that is offered at NEOMED.

The College of Medicine (COM)

The Ohio Legislature established the College of Medicine in 1973 in consortium with three major public universities of Ohio: The University of Akron, Kent State University and Youngstown State University. All medical students are required to pass Step 1 and Step 2 CK of the United States Medical Licensure Exams for promotion and graduation eligibility. The College of Medicine M.D. degree program is accredited by the Liaison Committee on Medical Education (LCME) which is sponsored by the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC).

The College of Pharmacy (COP)

The Ohio Board of Regents established the College of Pharmacy in 2005. The College of Pharmacy Doctor of Pharmacy program is also accredited by the Accreditation Council for Pharmacy Education (ACPE).

The College of Graduate Studies (COGS)

The Ohio Board of Regents established the College of Graduate Studies in July 2009. In addition, the Master of Public Health is fully accredited by the Council on Education for Public Health (CEPH).

Calendar System

The COM used a semester calendar of non-traditional length Fall 2006 – Spring 2019. First and second medical school years consisted of 35 weeks; the third year was a 12-month calendar; and the fourth medical year included nine elective sections with durations of four weeks each. The COP was on a semester calendar. The first year of coursework was 38 weeks of instruction; second year was 37 weeks; and third year was 36 weeks. The fourth year consisted of ten month long elective sections that were four weeks in duration each. The COGS was on a semester calendar with fall and spring semesters lasting approximately 16 weeks and one condensed summer semester.

Beginning June 1, 2019, all NEOMED colleges moved to a traditional semester calendar system consisting of Summer, Fall, Spring and a Maymester. Clinicals and concurrent courses for the M3, M4 and P4 student cohorts are in a year-long clinical term.

Prior to June 1, 2019, Contact Hours, Weeks, Months, Points & Credits The COM first and second-year courses were recorded in contact hours. Third year and fourth year electives were recorded in weeks and referred to the actual number of weeks spent on a rotation. In the COP, all first, second and third-year courses were recorded in contact hours, fourth-year electives were recorded in months. HVM courses were computed with points. COGS courses remain recorded in semester credit hours. Starting June 1, 2019, all COM and COP courses are recorded in semester credit hours.

Transcript Authenticity

Transcripts are printed from our student records system in portrait format. A transcript is official when it bears the facsimile or original signature of the University Registrar displays the University seal and the date of issuance.

Student Privacy/Release of Information

"In accordance with the U.S.C. 438 (6)(4)(8) (The Family Educational Rights and Privacy Act of 1974) you are hereby notified that this information is provided upon the condition that you, your agents, or employees will not permit any other party access to this record without the consent of the student. Alterations of this transcript may be a criminal offense" (Rooker et al. 2012, 133).

Course Numbering System

Effective June 1, 2019

60000 - 69999 Master Level courses

70000 - 89999 Doctoral and Professional Level Courses

Previous Course Numbering System, June 1, 2005– May 31, 2019 10000 – 29999 First-year courses College of Medicine 30000 – 39999 Second-year courses College of Medicine

40000 – 39999 Second-year courses College of Medicine College of Medicine College of Medicine

COP also shared integrated courses with COM that begin with numbers 1-5

61000 – 61999 First year courses
62000 – 62999 Second year courses
63000 – 63999 Third year courses
64000 – 64999 Fourth year courses
70000 – 79999 All Courses

College of Pharmacy
College of Pharmacy
College of Graduate Studies

Grading System

IP

The Colleges of Medicine and Pharmacy use an Honors/Pass/Fail grading System for their courses. The College of Graduate Studies uses letter grades and a Grade Point average (GPA).

Starting June 1, 2019, new COM students will have a Pass/Fail grading system in the M1 and M2 years, the clinical years have an Honors/Pass/Fail grading system. Starting July 13, 2020, the M3 clinical year will have an Honors/High Pass/Pass/Fail grading system.

These are the grade notations currently in use at the University:

Audit AU Pass Superior Competency (4 points) Transfer Credit B Satisfactory Competency (3 points) W Withdrawn C Fair Competency (2 points) No Grade Reported NG F Fail (0 points) No-Credit NC Honors F/P Successfully Remediated HP High Pass F/F Failed Remediation AI Academic Incomplete F/Z Successful Re-remediation Incomplete Failed Re-remediation F/X

Other notations prior to COM Class of 2020:

F/F/P Successful Re-remediation F/F/F Failed Re-remediation

Other notations prior to COM Class of 2009:

CM Commendation CU Conditional Unsatisfactory
S Satisfactory U Unsatisfactory

CM (Commendation) was only awarded for third year clerkships; became effective 1996/97 and ended in 2009. Also ending in 2009, CU was a temporary grade; it no longer appears on the official transcript. It served as a temporary designation, assigned in the case of marginal performance, to be adjusted following remediation to either S or U. The CU will only appear on this transcript if the grade was remediated through repetition of the course or if the student withdrew prior to remediation.

Repeated Courses

In Progress

All grades appear on the transcript. If a course was initially failed and then repeated, both the original and the repeated grades will appear. A repeated course was noted as "Repeat" prior to June 1, 2019. In the new academic calendar model, repeated courses will show an "I" after the grade, meaning they are included as a repeated course.

Withdrawal or Dismissal

A student's date of withdrawal or dismissal from the University will be noted on the transcript.

Academic Requirements

For more information about degree and certificate requirements, please consult The NEOMED Compass, the academic catalog and student handbook resource at www.neomed.edu/registrar/catalog.





AMA Physician Profiile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address

SAURAV PRASHANT KADATANE



Physician's major professional activity

Primary Office Address

OU HEALTH SCIENCES CENTER **DEPT OF UROLOGY** 1200 CHILDRENS AVE OKLAHOMA CITY, OK 73104-4637

Phone UNKNOWN

Birth date

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER



All information from this point forward is provided by the primary so

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1609550839	06/08/2023	NOT RPTD	NOT RPTD	NOT RPTD	05/17/2024

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent, Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: NORTHEAST OHIO MEDICAL UNIVERSITY

AMA Physician Profile for Saurav Prashant Kadatane, MD ©2024 by the American Medical Association. All rights reserved. Page 1 of 3



Degree Awarded: Enrollment Date: YES 08/2018

Degree Type: Degree Date: MD 05/2023

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State:

OKLAHOMA

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty:

INTERNAL MEDICINE/PEDIATRICS

Training Type:

SPECIALTY

Dates:

07/01/2023 - 06/30/2027

Status:

TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
41618	MD	OK	07/01/2023	09/30/2024		ACT	RES	05/06/2024	SAURAV PRASHANT
									KADATANE



 $Abbreviation \ key: \ ACT = Active, \ INA = Inactive, \ LIM = Limited, \ NRT = Not \ reported, \ RES = Resident, \ TEM = Temporary, \ UNK = Unknown, \ UNL = Unlimited$

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME

US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

RECEIVED

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION EVIDENCE OF STATUS – PART A

JUN 1 9 2023

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.OR DICAL LICENSURE

		2 2 22 22 24 25 2			
Full L	egal Name: _	SAURAV	PRASHANT Middle	KADATANE	Maiden (if applicable)
Maili	ng Address:				
			Street Address or Post Office Box	20	
	city	State	ZIP Code Telephione W	_Social Security #:	
		(FOR US CIT	PRIMARY EVIDENCE O TIZENS, US NATIONALS, OR PERI		ENS)
If you	are a U.S. ci	tizen, U.S. national.	or permanent legal resident alie	en, please attach a photocopy	of one of the following
			mark below to indicate the doc		., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
docu	nents to this	ioiii. Flace a tiletk	mark below to mulcate the doc	ument that is attached.	
	Virgin Islands	cate showing birth in or (on or after January 17, nats residing in the U.S.	ne of the 50 States, the District of C , 1917), American Samoa, Swain's Is	olumbia, Puerto Rico (on or after J Iland or the Northern Mariana Isla	anuary 13, 1941), Guam, the U.S. nds, unless the person was born to
N	United States	passport (except limite	ed passports, which are issued for p	eriods of less than five years)	
	Report of birt	h abroad of a U.S. citiz	en (FS-240) (issued by the Departm	ent of State to U.S. citizens)	
	copies availab	le from the Departmer	nt of State	79. 220 200-225	ssued by the Department of State),
	after Decemb	er 1990 to individuals v	or N-570) (issued by the INS throug who are individually naturalized; the name has been changed)		
	replacement of	certificate issued when	N- 561) (Issued by the INS to individu the N-560 has been lost or mutilate	ed or the individual's name has bee	en changed)
			Card (I-197) (issued by the INS until order crossing) (formerly Form I-17		near the Canadian or Mexican
		riana Identification Car ds before November 3,	rd (issued by the INS to a collectivel 1986)	y naturalized citizen of the U.S. wh	o was born in the Northern
			lar officer certifying that the indivi- a parent but does not have an FS-2		to an individual born outside the
	American Ind		cation code "KIC" and a statement		n members of the Texas Band of
	Allen Lawfull	y Admitted for Perman		"green card")	
0		y Admitted for Perman mporary I-551 stamp i	ent Residence: n foreign passport or on INS Form I-	94	
acco	mpanying do	cuments provided to	er the laws of the State of Oklah substantlate my Evidence of Sta	생생님이 생생님 하다는 이 없는 점점 있는 것이 되었다면 하는 것이 없었다면 하는 것이 없다면 하다고 있다.	[2] 개발생활동 [2] 전 2 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :
Signa	ture	bellerie			e 04/26/2023
Subs	cribed and sw	vorn before me this_	26 day of April		123
Nota	ry Public	Jack Fu	201	ANTHORITIES OF THE PARTY OF THE	INOTARY SAME
Com	mission Numi	ber 2021 - RE .	825702	13 K	11/2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

My commission expires 01 / 25 / 2026

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org

To Request Ex	amination Scores
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners	Federation of State Medical Boards
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Euless, TX 76039-3855
(215) 590-9500	(817) 868-4000
www.NBME.org	www.FSMB.org

- Extended Background Check Applicants for licensure are required to request an Extended Background
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- 9. Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

SAURAUP. KADATANE Skelburg
Name of Applicant (type or print)
Signature of Applicant

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant, 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Wednesday, May 8, 2024 1:50 PM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

SAURAV P KADATANE has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 05/08/2024 01:05:50pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41618

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



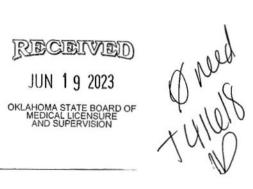
ATTACHMENT 5

TIME DEFICIENCY FORM

Name:	SAURAY	P.	KADATANE	Application #	
			707 017 1710 -		

This document is used a tool to help you complete your application. Please note: we have to account for any/all time from your 18th birthday to present.

Start Month	Start Year	End Month	End Year	Name of Institution	City	State Degree		
Ava	2012	May	2016	Dublin Scioto High School	Publin	IDHI	Greneral Diploma	
Jun	2016			3	9		Brunelorof	
Aug		May	2023	Went State University University Northeast Ohio Medical	ОН	Doctor of Medicine		
	DYME		_	TO FILL TIME GAP			4/1/4/4	
Start Month	Start Year	End Month	End Year	Name of Employer			lob Title	
Jun	2019	Aug	2019	Worthpast Ohio Medical	Root Stown		Student Researchey	
OTHER Start	R - UNE	MPLOY	YED, S	TAY AT HOME PARENT, SUMMER	BREAK, TRA			
Month	Year	Month	Year			City	State	
Jun	2018	Jul	2018	Summer Break		Stow	OH	
Jul	2018	Aug	2018	Volunteer Research		Routston	n OH	
May	2020	Jul	2020	Summer Break		Show	OH	
209	2020	Jun	2021	Grap Year		Stow	04	



05/02/2023

SAURAV PRASHANT KADATANE

RE: MD Application #41618

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP23313337 Password:Last 4 SSN

Dear SAURAV KADATANE,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

USMLE Exams Incomplete

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Application Instructions

OATH

Extended Background Check

Exam verification date

MedSchool-Transcript Northeastern OH Univ Coll of Med & Pharm, Rootstown, OH

MedSchool-Form 1 Northeastern OH Univ Coll of Med & Pharm, Rootstown, OH

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP23313337</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

xam verification date ostGrad - Form 2 COLLEGE OF ISMLE Exams Incomplete		this may not be a complete list)
_ast Medical School Attended:		
038-44 Northeastern OH Univ Co		OH Graduates of this Medical School:46
2) ALL FIVE CRITERIA HAVE - Passed USMLE	RIZATION TO OTHER BOARD I	
 No DUIs or Legal Issues No Significant Malpraction US Graduate Graduated Medical School 	ool on time	
No Significant Malpractic US Graduate Graduated Medical Scho 3) HAS ISSUED A TEMPORA	ARY LICENSE THROUGH	1_1_1_
 No Significant Malpraction US Graduate Graduated Medical School 	ARY LICENSE THROUGH	1_1_ NUT 6-28-27
- No Significant Malpractic - US Graduate - Graduated Medical Scho 3) HAS ISSUED A TEMPORA 4) HAS ISSUED A SPECIAL I	ARY LICENSE THROUGH	· · ·

Type Number Name MD 43983 ASHLYN HOPE KAMRATH MEDICAL DOCTOR	
Incomplete Information (due to space limitations on this page, this may not be a compl	ete list)
Exam verification date MedSchool-Transcript Univ Of ND Sch Of Med and Hlth Sci, Grand Forks Nd 58201 USMLE Exams Incomplete	
	# 0
Last Medical School Attended: 037-01 Univ Of ND Sch Of Med and Hlth Sci, Grand Forks Nd 58201	b)
Number of Licenses Previously Granted to Graduates of this Medic	al School:66
	8
Application for: Resident Full License Reinstatemen	nt
The Secretary of the Board has reviewed this application and:	
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS	
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less	
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /	
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE	

Type

Number

Name

MD

43983 ASHLYN HOPE KAMRATH

MEDICAL DOCTOR

Practice Address:

June 10, 2024

Status:

Res: MD

Received: 06/09/2024

Entered: 06/09/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 06/10/2024 AMA Rec: 06/10/2024

Board Action:

License #: 43983

Sex: F

Ethnic Origin: 1

Endorsed By: USMLE

Test

Date

Date

Taken

Verified Attempts

Test 1: USMLE

Test 2:

Note: PASS means higher than 75

Score

Test 3:

Test AV:

Total Possible:

Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: NORTH DAKOTA STATE UNIVERSITY

City: FARGO

Degree: BACHELORS OF SCIENCE IN

EXERCISE SCIENCE, MINOR IN

State: ND Country: UNITED STATES

From: 8/2012 To: 5/2016 Verified:

CHEMISTRY

School Name: LAKOTA HIGH SCHOOL

City: LAKOTA

Degree: HIGH SCHOOL DIPLOMA

State: ND Country: UNITED STATES

From: 8/2008 To: 5/2012 Verified:

MEDICAL SCHOOL EDUCATION

Name: Univ Of ND Sch Of Med and Hlth Sci, Grand Forks Nd 58201

Foreign Name:

City: Grand Forks

State/Country: United States of America

Degree: DOCTOR OF MEDIC 8 / 2016 **To:** 5 / 2020 From: Diploma Ver'd:

Υ

Type

Number

Name

MD

43983 ASHLYN HOPE KAMRATH

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty: OBSTETRICS/GYNECOLOGY

Res. Fellowship: Residency

City: TULSA

State: OK Country: UNITED STATES

Verified:

Waived

From: 712024 To:

ACGME Ver'd:

Waived

Comments: ELIGIBLE FOR FULL LICENSURE (LKC)

Facility: ALTRU FAMILY MEDICINE RESIDENCY

Specialty: FAMILY MEDICINE SURGICAL

OBSTETRICS

Res. Fellowship: Fellowship

City: GRAND FORKS

State:ND Country:UNITED STATES OF AM

Verified: 06/10/2024

71 2023 From:

From: 6 / 2020

To: 7/2024

To: 6/2023

ACGME Ver'd:

Comments: NON ACGME ACCREDITED FELLOWSHIP. CURRENTLY IN PROGRAM. WILL COMPLETE

ON 7/7/2024.

Facility: ALTRU FAMILY MEDICINE RESIDENCY

Specialty: FAMILY MEDICINE

Res. Fellowship: Residency

City: GRAND FORKS

State:ND Country:UNITED STATES OF AM

Verified: 06/10/2024

ACGME Ver'd: 06/10/2024

Comments:

PRACTICE HISTORY

From:

1

Employed:

Supervisor:

To:

City: Specialty: State:

Country:

Verified:

Comments:

Other Licenses

State Lic Type and Number

Status Issued Exp Verif

ND MD 19653

4/28/23 11/29/25 6/10/24

ND MD RL16602 1 7/1/20 7/1/20 6/10/24

DEFICIENCIES

Exam verification date

MedSchool-Transcript Univ Of ND Sch Of Med and Hlth Sci, Grand Forks Nd 58201

USMLE Exams Incomplete

Oklahoma State Board of Medical Licensure and Supervision PAGE 376 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:06/09/2024

- Nelson Applicant Name: KAMRATH, ASHLYN HOPE

MD 43983

Date Of Birth:

Place Of Birth (City, State): GRAND FORKS, ND

Sex: F

Race: Caucasian

Educ	ation							
Type	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	NORTH DAKOTA STATE UNIVERSITY	FARGO	ND	8/2012	5/2016	BACHELORS OF SCIENCE IN EXERCISE SCIENCE, MINOR IN CHEMISTRY		

Medical School Name	City	State Country	Comments	From	То
Univ Of ND Sch Of Med and Hlth	Grand Forks	ND United States		8/2016	5/2020
Sci, Grand Forks Nd 58201					5.00000.0000.000

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
ALTRU FAMILY MEDICINE RESIDENCY	GRAND FORKS	ND UNITED S'	FAMILY MEDICINE SURGICAL OBSTETRICS		7/2023	7/2024
ALTRU FAMILY MEDICINE RESIDENCY	GRAND FORKS	ND UNITED S'	FAMILY MEDICINE		6/2020	6/2023

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
					1		

Other/	Out-Of-State L	icenses					
State	License #	Profession		Status	Issue Date	Exp Date	
ND	19653			U	11/30/23	11/29/25	
MD Ex	am						
Exam		State	Score	Date Taken	#_		
USMLE	Ξ						

Oklahoma State Board of Medical Licensure and Supervision PAGE 377 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:06/09/2024

	stions Answered 06/08/2024	Response
•	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
	Have you ever surrendered a license or had any adverse action taken against any narcotic permit (state or federal)?	N
	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
3 .	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, or training program?	N
I.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
	Have you been reported to the National Practitioner Data Bank (NPDB)?	N
ζ.	Has your application for a professional license been denied?	N
И.	Have you surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
Э.	Have you been the subject of a review by a professional licensing/regulatory agency, other than the Oklahoma State Board, based on a complaint filed against you?	N
Э.	Have you ever been arrested or convicted of a felony or misdemeanor, or are charges currently pending against you?	N
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision PAGE 378 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:06/09/2024

If licensed, where do you intend to locate?
OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: University of Oklahoma School of Community Medicine Department of Obstetrics and Gynecology
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder Vaaler Insurance, COPIC Insurance Company; Altru Health System; Ashlyn Kamrath MD
Name of Current Carrier and policy Holder University of Oklahoma School of Community Medicine Department of Obstetrics and Gynecology
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma

I attest that all the above information is accurate as of June 08, 2024: (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to: Oklahoma State Board of Medical Licensure and Supervision

OKTRAINING@okmedicalboard.org

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

all a	
Applicant's algnature (must be signed in the presence of a notary)	
Kanrath Ashyn Hope	
Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)	
6/9/2024	
Date of signature (must correspond to the date of notarization)	
	Kanrath Ashyn Hope Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

	NOTARY	
state of North Dakota, county of	Grand Forks	
certify that on the date set forth below, the is applicant by (a) comparing his/her physical applicant and with the photograph affixed her with the signature on his/her identifying docu	pearance with the photograph on the ident reto, and (b) comparing the applicant's signa ment.	ifying document presented by the ture made by my presence on this form
The statements on this document are subscribed	d and sworn to before me by the applicant on	this 9th June , 20 24
Notary Public Signature Marlinate	MARLENA R MONSEBROT NOTARK PUBLIC STATE OF NORTH DAKOTA My Commission Expires JULY 13, 202	RECEIVED 6/10/2

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

PRIMARY SOURCE

Email form to: OKTRAINING@okmedicalboard.org

This form must be completed by the institution and sent directly from the institution.

Our Fro	itution: Howersity of North Davie School of Medicine City/State Grand Fortes, ND records indicate that the above named applicant attended your medical school on the following of North Day Year Month Day Year Month Day Year arded degree of DOCtor of Medicine on 5, 10, 2020		
AWa	Month Day Year		
1,	Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.	□ YES	DA NO
2.	Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	☐ YES	DA NO
3.	Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.	☐ YES	d NO
1.	Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below	☐ YES	NO NO
5.	Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	☐ YES	on th
'lea	ase explain any "YES" response from above:		
	npletion of the following is certification that the information above is an accurate account of the ords and are true and correct. The second	is individu	ual's

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

PRIMARY SOURCE

Email form to: OKTRAINING@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

Verification of Graduate Medical Education

Applicant's Name	e	Ashlyn Kam	rath								
Institution:	Altru Fam	ily Medicine	Resid	dency		City/S	tate	Grand	Forks, N	ID	
Training Level: (e.g. 1, 2, 3, etc.)	Specials	cy/Subspecialty		Family M	edicine		From: Out	1291	2010 TO	06	15,202
☐ Internship ☐ Accredited By:	Residency ACGME	☐ Chief Reside	ncy RSC	□ Fellowship	□ Res		Completed?	YES YES	□ NO	□ IN	PROGRESS
Training Level: (e.g. 1, 2, 3, etc.)	Special	ty/Subspecialty	Fami	ly Medicine	Surgica	Obstet	rics From: D	1101	7023 To	. 67	107/202
		☐ Chief Reside	-	☑ Fellowship	p 🗆 Res	earch	Successfully Completed?	☑ YES	□ NO		PROGRESS
Training Level: (e.g. 1, 2, 3, etc.)	Special	ty/Subspecialty		☐ Fellowshi			From: Successfully Completed?	/ /	To	536.53	/ / PROGRESS
Training Level: (e.g. 1, 2, 3, etc.)	Special Residency	ty/Subspecialty		☐ CFPC	p Res		From: Successfully Completed?	/ / YES	To		/ / PROGRESS
Accredited By:	☐ ACGME	□ LCGME [□ RSC	☐ CFPC	☐ RCPSC	□ Non	e of these				
1. Did this in	dividual eve	er take a leave	e of ab	sence or br	eak from	his/he	r training?		□ Y	ES	☑ NO
		er placed on								-	☑ NO
		er disciplined									☑ NO
		ive reports fo								ES	☑ NO
M							dual because other reason?	of		ES	☑ NO
Please attach se	7. · · · · · · · · · · · · · · · · · · ·				Y		n accurate acc	count of	this indiv	idual's	records
and is true and o											
Name:	kidi Ph	ilpot in	nD		Sig	nature	Hon	2		\	
Signatory:	Progran					nature	Date 0	01.8%	1		
Phone: 101-	-780-48	10 Fax:	701-	780-457	9 E-N	/lail:	hahilpot	(a	itm.	rg	
	4										

Revised 03/2024



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address
ASHLYN HOPE KAMRATH

Birth date

.

Primary Office Address

725 HAMLINE ST GRAND FORKS, ND 58203-2819

Phone UNKNOWN



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1922628551	04/23/2020	NOT RPTD	NOT RPTD	NOT RPTD	05/17/2024

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF NORTH DAKOTA SCHOOL OF MEDICINE & HEALTH SCIENCES

Degree Awarded:

YES

Degree Type:

MD

AMA files checked 06/10/2024 16:08:00

AMA Physician Profile for Ashlyn Hope Kamrath, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 4

143983



Enrollment Date: 08/2016 Degree Date: 05/2020

Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: ALTRU HEALTH SYSTEM HOSPITAL

Sponsoring State: NORTH DAKOTA

Program name: ALTRU HEALTH SYSTEM (GRAND FORKS) PROGRAM

Specialty: FAMILY MEDICINE

Training Type: SPECIALTY

Dates: 06/29/2020 - 06/30/2023

Status: COMPLETED

Specialty board certification

This section provides specialty board certification data specific to one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the AMA (through the Liaison Committee on Specialty Boards) as reported by the ABMS.

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by Joint Commission. The AMA is also an NCQA-approved source for verification of medical school, postgraduate medical training, ABMS Board certification, and Federal DEA registration.

Certifying board: AMERICAN BOARD OF FAMILY MEDICINE



Certificate: Certificate type: FAMILY MEDICINE

GENERAL

Duration	Status	Effective Date	Expiration Date	Reverify Date	Occurrence	Last Reported	Participating in MOC
MOC ⁺	Active	06/29/2023	n/a	02/15/2025	INITIAL	06/04/2024	Y

For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information.

This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties (ABMS). Copyright 2024 American Board of Medical Specialties. All rights reserved.

Current and/or historical medical licensure

License Number	MD/ DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
19653	MD	ND	04/28/2023	11/29/2025	11/29/2025	ACT	UNL	06/04/2024	Ashlyn Hope Kamrath

Abbreviation key: ACT = Active, INA = Inactive, LIM = Limited, NRT = Not reported, RES = Resident, TEM = Temporary, UNK = Unknown, UNL = Unlimited

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME
US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

DEA Number*	Business Activity†		Activity	Expiration Date	Payment Indicator		Address	
771	C-0	22N 33N 4 5	Active	12/31/2025	Paid	05/30/2024	725 Hamline St	

⁺The above certifying board has implemented standards which specify that the board certification is contingent upon meeting ongoing requirements of Maintenance of Certification (MOC). Only certificates issued by a MOC participating board will reflect a reverification date.



DEA Business Drug Activity Expiration Payment Last
Number* Activity† Schedule Date Indicator Reported

Grand Forks, ND 58203-2819

Address

 \dagger Business Activity key: C-0 = Practitioner, C-2 = Practitioner-Military, C-7 = Practitioner-Department of Defense Contractor, C-Q = Practitioner-Federal

Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

^{*} Only the last three characters of DEA numbers are displayed

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION **EVIDENCE OF STATUS - PART A**

	Department of the last	DRM CAN BE EM	AILED TO OI	KTRAINING@OKN	MEDICALBOARD.ORG
Full Legal Name:	Ashlyn	Ho		Kamrath	Nelson
	First		Middle	Last	Maiden (if applicable)
Mailing Address:		Stanet Addense as	n-+ 0/F n-		
				Social Secur	ity #:
City	State	Zip Code	Telephone No		
		PRIMAR	Y EVIDENCE O	F CITIZENSHIP	
	(FOR US	CITIZENS, US NATIO	NALS, OR PERI	MANENT LEGAL RESI	DENT ALIENS)
If you are all 5	citizen II C nationa	l or normanont las	ed rocidons alle	an labora attach a ni	setesopy of one of the following
				en, please attach a pl ument that is attach	notocopy of one of the following
	Total I lace a circ	camara perovi to m	dicute the doc	ument that is account	
					n or after January 13, 1941), Guam, the U.S.
	s (on or after January : mats residing in the U		amoa, Swain's Is	land or the Northern M	ariana Islands, unless the person was born t
			are issued for p	eriods of less than five	(ears)
☐ Report of bir	rth abroad of a U.S. ci	tizen (FS-240) (issued	by the Departm	ent of State to U.S. citiz	ens)
			post) or Certifica	ition of Report of Birth	DS1350) (issued by the Department of State
	ble from the Departm		the INS through	h a Federal or State cou	rt, or through administrative naturalization
					certificate issued when the N-550 has been
	ated or the individual'				
	The second of th				enship through a parent; the N-561 is a
Haited Chate				d or the individual's na April 7, 1983 to U.S. citi	zens living near the Canadian or Mexican
		and the second s		9, last issued in Februar	
			S to a collectively	naturalized citizen of t	he U.S. who was born in the Northern
Mariana Isla	nds before November		g that the individ	dual is a U.S. citizan (Th	is is given to an individual born outside the
				40, FS-545 or DS-1350);	
☐ American In	dian Card with a class	ification code "KIC" a			U.S. citizen members of the Texas Band of
Kickapoos IIV	ving near the U.S./Mex				
	Ily Admitted for Perm 51 (Alien Registration		only known as a "	'green card")	
	lly Admitted for Perm				
Unexpired T	emporary I-551 stamp	o in foreign passport o	or on INS Form I-	94	
I declare under n	enalty of periury III	nder the laws of the	State of Oklah	oma, that all informa	tion contained in this application and a
				tus application are tr	
//	1//	1			
Signature_	11/25				Date 6/9/2024
		9 Th di	yof Jur	ne	,20 24
Subscribed and s	worn before me this	S0	ly or		, 20
		-			
Notary Public W	natinessim	onsibile			
	1				NOTARY
Commission Num	nber			-	SEMANAGEMENT
My commission o	expires July	13, 2024		MARLE	NA R MONSEBROTEN
wy commission e	whiles			ST	NOTARY PUBLIC ATE OF NORTH DAKOTA
				My Com	mission Expires JULY 13, 2024

RECEIVED 6/10/2024 T43983 SJ

TIME DEFICIENCY FORM

Name:	Ashlyn Kamrath	Application #	412368

This document is used a tool to help you complete your application.

Please note: we have to account for any/all time from your 18th birthday to present.

Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree	
08	2008	05	2012	Lakota High School	Lakola	ND	High School Diplon	
08	2012	05	2016	North Dakota State University	Fargo	ND	schelors of Science	
08	2016	05	2020	University of North Dakota School of Medicine	Grand Forks	ND	Medical Degree	
06	2020	06	2023	Altru Family Medicine Residency Grand Forks ND		Family Medicine		
07	2023	07	2024	Altru Family Medicine Surgical Obstetrics Grand Forks ND		OB Fellow		
EMPLO	DYME	NT IF NI	EEDED	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
05	2016	08	2016	Achieve Therapy	Grand Forks	ND	Exercise Scientist	
	1	-	_	STAY AT HOME PARENT, SUMMER	BREAK, TRA	VELIN	g ,	
Start Month	Start Year	End Month	End Year	Other		City	State	
05	2012	08	2012	Summer Break		Lak	ota ND	
4,5	- 1							
			ja .					
	No.							

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Email: OKTRAINING@okmedicalboard.org

To Request Examination Scores					
For National Board Scores	For FLEX or USMLE Scores				
National Board of Medical Examiners	Federation of State Medical Boards				
PO Box 48014	400 Fuller Wiser Road				
Newark, NJ 07101-4814	Euless, TX 76039-3855				
(215) 590-9500	(817) 868-4000				
www.NBME.org	www.FSMB.org				

- Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Signature of Applicant Ashlyn Kamrath 06/07/2024 Name of Applicant (type or print) Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by email to the address at the top of the page.

06/11/2024

ASHLYN HOPE KAMRATH

RE: MD Application #43983

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP62860251 Password:Last 4 SSN

Dear ASHLYN KAMRATH,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

OTHER DEFICIENCIES: FCVS

Exam verification date

MedSchool-Transcript Univ Of ND Sch Of Med and Hlth Sci, Grand Forks Nd 58201 MedSchool-Form 1 Univ Of ND Sch Of Med and Hlth Sci, Grand Forks Nd 58201 USMLE Exams Incomplete

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP62860251</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

Type Number Name MD 41486 BRANDON LAKE KANNADY MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM PostGrad - Form 2 COLLEGE OF MEDICINE OKC
Last Medical School Attended: 019-02 Univ Of KS Sch Of Med, Kansas City Ks 66103
Number of Licenses Previously Granted to Graduates of this Medical School:679
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

PAGE 392 of 500

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD 41486

BRANDON LAKE KANNADY

MEDICAL DOCTOR

Practice Address:

May 03, 2023

Status:

Res: TR

Received: 04/11/2023 Entered: 04/11/2023

Temp Issued: Temp Expires:

Train Issued: 07/01/2023 Train Expires: 09/30/2024 Fed Rec: 05/10/2024 AMA Rec: 05/10/2024

Board Action:

License #: 41486 Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	01/19/24	4/15/24	1
Test 2:	USMLE 1	PASS	5/13/21	5/10/23	1
Test 3:	USMLE 2	PASS	6/17/22	5/10/23	1
		e: PASS r	neans high	er than 75	

Test AV: **Total Possible:** Okla Passing: **Total Score:**

PRE-MED EDUCATION

School Name: UNIVERSITY OF KANSAS

City: LAWRENCE

From: 8/2015 To: 12/2018 Verified: Degree: BACHELOR???S OF SCIENCE

School Name: BLUE VALLEY NORTH HIGH SCHOOL

City: LEAWOOD

State: KS Country: UNITED STATES

State: KS Country: UNITED STATES

4/2015 To: 5/ 2015 Verified: Degree: DIPLOMA From:

MEDICAL SCHOOL EDUCATION

Name: Univ Of KS Sch Of Med, Kansas City Ks 66103

Foreign Name:

City: Kansas City

State/Country: United States of America

7 / 2019 **To:** 5 / 2023 Diploma Ver'd: Degree: M.D. From:

Y

Type

Number

Name

MD

41486 BRANDON LAKE KANNADY

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: UROLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:OK Country:UNITED STATES OF AM

From: 712023 To:

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: JOYRUN

City: LAWRENCE

Supervisor:

State: KS Country: UNITED STATES

Specialty: DELIVERY

From: 12/ 2018 To: 5/ 2019

Verified:

Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

DEFICIENCIES

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME

DIRECTLY FROM YOUR PROGRAM

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org

PAGE 394 of 500

APR 1 4 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

QUESTIONNAIRE Please read and follow ALL instructions

<u>FORM INSTRUCTIONS:</u> Complete both pages of this form *only if* you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

<u>PAYMENT INSTRUCTIONS:</u> If you <u>ARE FULLY LICENSED</u>, you <u>MUST</u> go online and renew your license – <u>DO NOT pay your renewal fee via these instructions</u> (doing so will delay your renewal).

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY

If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TOFULL

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

PLEASE PRINT ALL INFORMATION

LAST

NAME

Kannad

HOM HOM	NSE 41486	U	СІТ	L DNE Y/STATE CODE	
	ENDING University of OKL ahoma Heath	Science	<u>(</u> SPE	CIALTY Urology	
	DOCUM	MENTAT	ION.	TO ATTACH	
	PA	YMENT	COMI	PLETED	
	\$150 payment made on Billpay for RENEWAL of training license	\$250 payment made on Billpay for UPGRADE of training license			
	DOCU	IMENTAT	TON	REQUIRED	
1ª	Form 2 (must be received directly from pro	K			
Ø	USMLE Step 3 (must be received directly fro USMLE)	om	Ø	Answer confidential questions (on back of this form)	
	FOREI	GN TRAI	NED S	TUDENTS	
	Current visa			Social Security Number **if not provided at initial application	
	Background Check **if not done at initial a	n			

https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN - COMPLETE YOUR RENEWAL

AND PAY THE RENEWAL FEE.
RENEWAL QUESTIONNAIRE
UPDATED 03-2024

FIRST

NAME

Brandon

141486

APR 1 4 2024

NAME Brandon Kannady

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whiche recent)	ver is n	nost
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		Ø
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	0	Ø
Have you had any adverse judgment or settlement against you rising from a professional liability claim?	0	×
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	ζ¥
Have you ever been denied, had removed, or suspended hospital privileges?	0	M
Have you surrendered hospital privileges while under investigation or to avoid investigation?		M
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	_	図
Has your application for licensure ever been denied?		ÌΧ
Have you surrendered a license or had any disciplinary action taken on any license?		DX
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?		M
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		M
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	0	ď
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	0	Ø
Have you been addicted to or abused any drug or chemical substance including alcohol?		Ø
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	0	M
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	П	M

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical license procured or obtained by fraud or misrepresentation will result in disciplinary action taken against the licensee pursuant to the provisions of 59 O.S. § 508.

Signature_

Date 4-13-2024

RENEWAL QUESTIONNAIRE UPDATED 03/2024

Oklahoma State Board of Medical Licensure and Supervision 396 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023

	Applicant Na	me: KANNADY	'. BRANDON LAK	(E					М	D 41486
	Date Of B	irth:	Place	Of Birth (0	- 15 (1) (1) (1)	: KANSAS CIT` : Caucasian	Y, MO			
Edu	cation									
Туре	Name	City	ST Country	From	То	Degree	Co	mment	s	Veri
UG	UNIVERSITY OF KANSAS	LAWRENCE	KS	8/2015	12/2018	BACHELOR?? OF SCIENCE	?S			
Med	ical School Name	Ci	tv	State C	ountry	Comme	nts		From	То
	Of KS Sch Of Med, Ks 66103		ansas City		nited States	S			7/2019	5/2023
Post	-Graduate				is open and a second					
Faci		City	St	Country	Spe	cialty	Comme	ents	From	То
		and the second s		UNITED	S.				/	1
Prac	tice History									
	loyer	Specialty	Super	visor	City	ST	Countr	From	То	Verif
								1		
Othe	er/ Out-Of-State Lic	enses								
Stat		Profession		Status	Issue Dat	e Exp Date)			

State Score Date Taken #

MD Exam

Exam **USMLE**

Oklahoma State Board of Medical Licensure and Supervision of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023

Que	estions Answered 04/10/2023	Response
Ā.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
E.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
Ī.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ō.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
Ρ.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision 898 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/11/2023

If licensed, where do you intend to locate?
OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: The University of Oklahoma Health Sciences Center
If so, Please identify with which category: Hospital
Name of Previous Carrier and Policy Holder N/A
Name of Current Carrier and policy Holder Liability insurance to be provided by training institution.
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
I attest that all the above information is accurate as of April 10, 2023: (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to: Oklahoma State Board of Medical Licensure and Supervision

oktraining@okmedicalboard.org

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.

APR 18 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSHIPE AND SUPERVISION

Brandon L Langady
Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

4-11-2023

Date of signature (must correspond to the date of notarization)

state of Kansas, country of Wyandotte

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

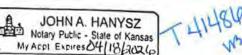
The statements on this document are subscribed and sworn to before me by the applicant on this Little day of 4000 , 2023

Notary Public Signature

_My Notary Commission Expires <u>04</u>

04/18/2026

NOTARY SEAL





United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 04/14/2024

Examinee:

Kannady, Brandon Lake

Examinee ID: 5-465-830-7

Alt Name(s):

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1				
Test Date 05/13/2021	Pass/Fail Pass	Score 235	Minimum Pass (194)	Comments	
USMLE ST	EP 2				
Clinical Know	ledge (CK)		THE RESERVE OF THE PARTY OF THE		
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
06/17/2022	Pass	244	(209)		
USMLE ST	EP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
01/19/2024	Pass	235	(200)		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

Page 1 of 2



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by
Federation of State Medical Boards of the United States, Inc. (FSMB)
400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Kannady, Brandon Lake

Examinee ID: 5-465-830-7

Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances not in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Form 1 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 OKTRAINING@OKMEDICALBOARD.ORG

MAY 2 5 2023

This form must be completed by the Institution and malled or emailed directly from the Institution STATE BOARD OF

Applicant's Name Blandon	Kannaly	AND SUPE	RVISION
Applicant's Name Blandon Institution: The University of	of Kansos City/State Kansos City, K.	5	
Our records indicate that the above named	applicant attended our medical school on the following dates: 05 112 12023 and was awarded the degree Doctor of Melica		114/2023
Month Day Year Please complete the following questions:	Month Day Year		, 000
	eflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please	☐ YES	NO NO
	eflect that he/she was ever placed on academic or disciplinary probation during	☐ YES	INO NO
Does this individual's official record re	eflect that he/she was ever the subject of negative reports for behavioral reasons or of or parent university? If yes, please explain below.	☐ YES	□ NO
Does this individual's official record re	eflect that he/she was ever disciplined for unprofessional conduct/behavioral ent university? If yes, please explain below	☐ YES	■ NO
	eflect that there were any limitations or special requirements imposed on the addenic incompetence, disciplinary problems, or any other reason? If yes, please	☐ YES	E NO
this individual's records and is true and co	ng has been completed by the program director and that the information above is an errect.	accurate a	account of
Name: Caloline Scale	Signature Osto Hos	_	
Title of Signatory: Camps Reg	Date of Signature 05/16/2023		
Tel: 913-588-7055 Fax:	913-588-8841 E-Mail: Kumc/egist/o/ CKumc. edu		
S School	If no seal is available, this form must be notarized Notary Public Commission #	MAR	E
	My commission expires:		
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Notary		101.

Notary Seal

T41486

University of Kansas Lawrence, KS

Official KU Academic Record Name: **Brandon Kannady**

Student ID: 2836176

Institution Info:

University of Kansas

Lawrence, KS 66045 CEEB: 06871

ACT: 1470

SSN: Birthdate: ***-6879

Apr 13

Print Date:

05/24/2023

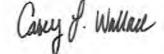
To: OK Board

Beginning of Undergraduate Record

Program:	Libe	2015 Fai ral Arts&Sci Undergraduate	II .			
Course		Description	Attempted	Earned	Grade	Points
BIOL	105	Biology Orientation Seminar	1.000	1.000	S	0.000
BIOL	150	Pm Molecular&Cellular Biology	4.000	4.000	A	16.000
CHEM Repeated:	130	General Chemistry I Original Attempt of Course	5.000	5.000	A	20.000
JOUR Course Topic:	177	First Year Seminar: 45 Words; Five 1st Amend	3.000	3.000	A	12.000
REL	171	Religion in American Society	3.000	3,000	A	12.000

	ed Toward		Arts&Sci Undergradua	te			
Course			escription	Attempted	Earned	Grade	Points
BIOL	100		inciples of Biology (vanced Placement	3.000	3.000	CR	0.000
CHEM	130	G	eneral Chemistry I dvanced Placement	5.000	0.000	CR	0.000
Repeated:		C	ourse Repeated				
ENGL	105	Er	eshman Honors nglish dvanced Placement	3.000	3,000	CR	0.000
Repeated:	100	Or	iginal Attempt of Cours			0.40	2000
ENGL	105	Er	eshman Honors nglish dvanced Placement	3.000	0.000	CR	0.000
Repeated:			ourse Repeated				
HIST	114	Re	enaissno-Rev: irope 1500-1789	3.000	3.000	CR	0.000
HIST	115	Fr	Ivanced Placement Rev-Presnt: Irope 1789-Pres	3.000	3 000	CR	0.000
HIST	128	CI	stry of US Through vil War	3.000	3,000	CR	0.000
HIST	129	H	Ivanced Placement st of US After the vil War	3.000	3.000	CR	0.000
MATH	125		alculus I Ivanced Placement	4.000	4.000	CR	0.000
Test Trans GPA:		0.000	Transfer Totals:	22.000	22.000		0.000
Term Honor; CLAS	HONOR	ROLL					
				Attempted	Earned	GPA Units	Points
Term GPA		4.000	Term Totals	16,000	16,000	15.000	60.000
		Oreto.		150516			413444
Cum GPA		4.000	Cum Totals	16.000	16.000	15.000	60.000
			2016 Sp	ring			
Program:	Libe	ral Arts8	Sci Undergraduate				
Course		De	scription	Attempted	Earned	Grade	Points
BIOL	152		nopls of ganismal Biology	4.000	4.000	A	16.000
CHEM	135		eneral Chemistry II	5.000	5,000	A	20.000
COMS	130	Sp	eaker-Audience	3.000	3.000	A	12.000
SOC	104		ements of aciology	3,000	3.000	A	12.000
Term Honor: CLAS	HONOR	ROLL					
				Attempted	Earned	GPA Units	Points
Term GPA		4.000	Term Totals	15.000	15.000	15.000	60.000





Cum GPA

Casey L. Wallace Interim University Registrar

31,000

31.000

4.000 Cum Totals

RAISED SEAL NOT REQUIRED

30.000

This Official Transcript is printed on tamper-proof security paper and does not require a raised seal. To confirm authenticity, see instructions on reverse side.

120.000

University of Kansas Lawrence, KS

Official KU Academic Record Name: Brandon Kannady

Name: Brandon Student ID: 2836176

Program:	Lit	peral Arts&	2016 I Sci Undergraduate	Fall			
Course		De	escription	Attempted	Earned	Grade	Points
BIOL	350		inciples of enetics	4.000	4.000	A-	14.800
BIOL	413	His	story&Diversity of ganisms	3.000	3,000	A	12.000
CHEM	330		ganic Chemistry I	3.000	3,000	A	12,000
CHEM	331		ganic Chemistry I boratory	2.000	2.000	B+	6.600
PSYC	104		eneral Psychology	3.000	3.000	A	12.000
Term Honor: Cl	AS HONO	RROLL					
				Attempted	Earned	GPA Units	Points
Term GPA		3,830	Term Totals	15.000	15.000	15.000	57.400
TOTAL OF A		0.000	Tom Totals	10.000	10.000	10.000	07.700
Cum GPA		3.940	Cum Totals	46.000	46.000	45.000	177.400
			2017 S	pring			
Program:	Lit	peral Arts8	Sci Undergraduate	n			
Course		De	escription	Attempted	Earned	Grade	Points
BIOL	412	Ev	olutionary Biology	4.000	4.000	A-	14.800
CHEM	335		ganic Chemistry II	3.000	3.000	B-	8.100
GEOG	102	Pe	eople, Place, and	3.000	3.000	A	12.000
HEIM	210	Int	troduction to	1.000	1.000	C	2.000
PHSX	114		ollege Physics I	4.000	4.000	A	16,000
Term Honor: CI	LAS HONO	RROLL					
				Attempted	Earned	GPA Units	Points
Term GPA		3.530	Term Totals	15.000	15.000	15.000	52.900
Cum GPA		3.840	Cum Totals	61.000	61.000	60.000	230.300
			21.6				
Program:	Lit	oeral Arts	2017 Sci Undergraduate	Fall			
Course		De	escription	Attempted	Earned	Grade	Points
BIOL	414	Pr	inciples of Ecology	3.000	3.000	A	12,000
BIOL	416	Ce	ell Structure and	3.000	3.000	A	12.000
BIOL	600	Int	trod Biochemistry,	3.000	3.000	A	12.000
EVRN	336	Et	hics, Ideas and	3.000	3.000	A	12.000
PHSX	115		ollege Physics II	4.000	4,000	A	16.000
Term Honor: C	LAS HONG	R ROLL					
				Attempted	Earned	GPA Units	Points
Term GPA		4.000	Term Totals	16.000	16.000	16.000	64,000
Cum GPA		3.870	Cum Totals	77.000	77.000	76.000	294.300

Program:	Libe	eral Arts8	2018 Sp Sci Undergraduate	ring			
Course	Lio		escription	Attempted	Earned	Grade	Points
	444	_			-	A	12,000
BIOL	417	De	ology of evelopment	3,000	3.000		1000
BIOL	420		eminar:	3.000	3.000	A	12.000
Course Topic:			omparative Animal Beh	3,000	3.000	A	12.000
BIOL BIOL	424 546		dependent Study ammalian	3.000	3.000	B	9.000
BIOL	340		nvsiology	3.000	3.000	ь	5.000
BIOL	647	Ma	ammalian nysiology Laboratry	2.000	2.000	A	8,000
Term Honor: CL	AS HONOF	ROLL					
				Attempted	Earned	GPA Units	Points
Term GPA		3.790	Term Totals	14.000	14.000	14.000	53.000
Cum GPA		3,860	Cum Totals	91.000	91.000	90.000	347.300
			2018 F	all			
Program:	Libe	eral Arts&	Sci Undergraduate				
Course		De	escription	Attempted	Earned	Grade	Points
BIOL	400		indamentals of icrobiology	3.000	3.000	A	12.000
BIOL	544		omparative Animal	3.000	3.000	Α.	12.000
BIOL	570	Int	troduction to ostatistics	4.000	4.000	Α	16.000
BIOL Course Topic:	599		enior Seminar: col Evol & Org Biology	1.000	1.000	Α	4.000
				Attempted	Earned	GPA Units	Point
Term GPA		4.000	Term Totals	11.000	11.000	11.000	44.000
Cum GPA		3.870	Cum Totals	102.000	102.000	101.000	391.300
Undergraduate (Larra Sura						

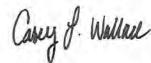
End of Undergraduate Academic Record



Beginning of Medicine Record

MAY 2 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Casey L. Wallace Interim University Registrar This Official Transcript is printed on tamper-proof security paper and does not require a raised seal. To confirm authenticity, see instructions on reverse side.

RAISED SEAL NOT REQUIRED



University of Kansas Lawrence, KS

Official KU Academic Record Name: Brandon Kannady

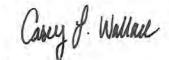
Student ID: 2836176

Program:	Me	dicine Professional	Fall				Cum GPA		0.000 Cum Totals	55.000	55.000	0.000	0.000
Course	91.4	Description	Attempted	Earned	Grade	Points			2004 5	C. M. C.			
ACED	800	Introduction to	3.000	3,000	P	0.000	Program:	Me	2021 S dicine Professional	pring			
ACED	805	Doctoring Molecular & Cellular Medicine	8.000	8.000	P	0.000	Course ACED	835	Description Reprod., Development	Attempted 8,000	Earned 8,000	<u>Grade</u>	Points 0.000
ACED	810	Infection, Blood & Immunity	8.000	8.000	P	0.000	ACED	840	& Sexuality Medicine Capstone	8.000	8.000	P	0.000
			Attempted	Earned	GPA Units	Points	IDSP	806	Prsnl Prfessoni Development	0,000	0.000	NE	0.000
Term GPA		0.000 Term Totals	19.000	19.000	0.000	0.000				Attempted	Earned	GPA Units	Points
Cum GPA		0.000 Cum Totals	19.000	19.000	0.000	0.000	Term GPA		0.000 Term Totals	16.000	16.000	0.000	0.000
	12	2020 S	pring				Cum GPA		0.000 Cum Totals	71.000	71.000	0.000	0.000
Program:	Me	dicine Professional	A 100 11 100 100 100 100 100 100 100 100	42-5	2000	2500			2021	Fall			
ACED ACED	815	Description Respiration and	Attempted 8,000	Earned 8,000	Grade P	Points 0.000	Program:	Me	edicine Professional				
		Circulation				200	Course	***	Description	Attempted	Earned	<u>Grade</u>	Points
ACED	820	Gastrointestinal and Renal	8,000	8,000	P	0.000	FAPR	955	Family Medicine Clerkship	8.000	8.000		24.000
GSMC	501	Interprofessional Collab I	0.000	0.000	NE	0.000	GYNO	900	Obstetric/Gynecolog y Clerkship	8.000	8.000	P	24.000
			Attempted	Earned	GPA Units	Points	ICM NEUR	900	Issues Clin Med Neurology Clerkship	0.000 4.000	0.000 4.000	P	0.000
Term GPA		0.000 Term Totals	16,000	16.000	0,000	0.000	PYCH SURG	955 900	Psychiatry Clerkship Surgery Clerkship	4.000	4,000	P IP	12.000
Cum GPA		0.000 Cum Totals	35,000	35.000	0.000	0.000	.0010	500	ourgery olernamp	Attempted	Earned	GPA Units	Points
		2020 Su	ımmer				Term GPA		3.000 Term Totals	24.000	24.000	24.000	72.000
Program:	Me	dicine Professional	miner				Cum GPA		3.000 Cum Totals	95.000	95,000	24.000	72.000
Course		Description	Attempted	Earned	Grade	Points	Sall Star		5,000 I Guill Totalo	30.000	00.000		24,50
IDSP	800	Special Programs	4.000	4.000	P	0.000			2022 S	pring			
			Attempted	Earned	GPA Units	Points	Program:	Me	edicine Professional				
Term GPA		0.000 Term Totals	4.000	4.000	0.000	0.000	Course GSMC	503	<u>Description</u> Interprofessional	Attempted 0,000	0.000	Grade NE	Points 0.000
Cum GPA		0.000 Cum Totals	39.000	39.000	0,000	0.000	ICM	900	Collab III Issues Clin Med	0.000	0.000	P	0.000
		2020	Fall				MED	900	Internal Medicine Clerkship	8.000	8.000	P	24.000
Program:	Me	dicine Professional					PED	900	Pediatrics Clerkship	8.000	8.000	P	24.000
Course		Description	Attempted	Earned	Grade	Points	SURG	900	Surgery Clerkship	8.000	8.000	P	24.000
ACED	825	Muscles and Movement	8.000	8.000	P	0.000				Attempted	Earned	GPA Units	Points
ACED	830	Brain, Mind and Behavior	8.000	8.000	P	0,000	Term GPA		3.000 Term Totals	24.000	24.000	24.000	72,000
ACED	835	Reprod., Develomnt & Sexuality	0.000	0.000	IP	0.000	Cum GPA		3.000 Cum Totals	119.000	119.000	48.000	144.000
GSMC	502	Interprofessional Collab II	0.000	0.000	NE	0.000							
			Attempted	Earned	GPA Units	Points							
Term GPA		0.000 Term Totals	16.000	16.000	0.000	0.000							



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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



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Official KU Academic Record Name: Brandon Kannady

University of Kansas Lawrence, KS Name: Brandon Student ID: 2836176

Program:	Me	2022 dicine Professional	Fall				
Course		Description	Attempted	Eamed	Grade	Points	End of Medicine Academic Record
DIAG	910	Diagnostic Radiolg	4.000	4.000	P	0.000	Life of Medical Place (1) in Necond
IDSP	806	Prsnl Prfessonl	0.000	0.000	NE	0.000	
IDSP	806	Development Prsnl Prfessoni	0.000	0.000	NE	0.000	Note: The University of Kansas does not include earned transfer hours in the cumulative earned hours, for eligibility for graduation and total hours; the transfer hours earned and KU earned hours could be combined.
IUSP	000	Development.	0,000	0.000	NE	0.000	eligibility for graduation and total hours; the transfer hours earned and KO earned hours could be combined.
IDSP	806	Prsnl Prfessonl	0.000	0.000	NE	0.000	
	200	Development	2000	2 424	14.0	w 242	Degrees Awarded
IDSP IDSP	900	Special Program	4.000	4.000	P	0.000	Degree: Bachelor of Science
SURG	900 910	Special Program Surg Subtri-Urology	4.000	4.000	P	0.000	Confer Date: 12/31/2018 Plan: Bachelor of Science in Biology
30110	310	Surg Subtir-Orology					Fig. Bachelof of Science in Blology
			Attempted	Earned	GPA Units	Points	
Term GPA		0.000 Term Totals	16.000	16.000	0.000	0.000	Degree: Doctor of Medicine
0		5 500 See #3405	107 000	405.000	10.000	144.000	Confer Date: 05/14/2023 Plan: Doctor of Medicine
Cum GPA		3.000 Cum Totals	135,000	135.000	48.000	144.000	STEEL STREET
		2023 S	prina				
Program:	Me	dicine Professional	e: ···a				
Course		Description	Attempted	Earned	Grade	Points	End of Official KU Academic Record
ANES	910	Anesthesiology	4.000	4.000	P	0.000	Elita di Ollida No Acadellio Recota
FAPR	900	Rural Preceptorship	4.000	4.000	P	0.000	
IDSP	806	Prsnl Prfessoni	0.000	0.000	NE	0.000	
IDSP	806	Development Prsnl Prfessoni	0.000	0.000	NE	0.000	
1001	000	Development	0.000	0.000	1,40	0.000	
SURG	929	Crit Care Surg ICU	4.000	4.000	P	0.000	
			Attempted	Earned	GPA Units	Points	
Term GPA		0.000 Term Totals	12.000	12.000	0.000	0.000	
Cum GPA		3.000 Cum Totals	147.000	147.000	48.000	144.000	
2200.000			001000		1949-00	71.5346	
Medicine Caree	r Totals						
Cum GPA:		3.000 Cum Totals	147.000	147.000	48,000	144.000	
		Non-Course	Milestones				
	a State and Lane	nsure Exam, Step 1					

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MAY 2 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

United States Medical Licensure Exam, Step 2 CK

Status: Com Program: Medi

Status:

Program:

Date Completed:

Date Attempted:

Completed Medicine Professional

Completed

07/07/2021

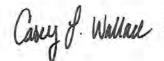
Medicine Professional

07/07/2021 Completed

Date Completed: 06/29/2022

Date Attempted: 06/29/2022 Completed





Casey L. Wallace Interim University Registrar RAISED SEAL NOT REQUIRED

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AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address

Primary Office Address

BRANDON LAKE KANNADY UNIV OF OKLAHOMA HEALTH SCIENCES CTR WP 2140 920 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104-5020

SAME AS MAILING ADDRESS

Birth date

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS

AMA membership status

MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF KANSAS SCHOOL OF MEDICINE

Degree Awarded: **Enrollment Date:**

YES

07/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/10/2024 12:06:30

AMA Physician Profile for Brandon Lake Kannady, MD @2024 by the American Medical Association. All rights reserved. Page 1 of 3



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State:

OKLAHOMA

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty: Training Type: UROLOGY SPECIALTY

Dates:

07/01/2023 - 06/30/2028

Status: TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME



US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION **EVIDENCE OF STATUS - PART A**

APR 18 2023

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full Le	gal Name: Brandon	Lake	Kannady	AND SUPERVISIO
Malli	ng Address:			
		Street Address or Post Office Box		74
	City 1 State 2	p Code Telephone	ocial Security #:	_
		PRIMARY EVIDENCE	OF CITIZENSHIP	
	(FOR US CITIZE	NS, US NATIONALS, OR PE	RMANENT LEGAL RESIDENT ALI	ENS)
	are a U.S. citizen, U.S. national, or p ments to this form. Place a checkmar			of one of the following
0	A birth certificate showing birth in one of Virgin Islands (on or after January 17, 19: foreign diplomats residing in the U.S.			
B	United States passport (except limited p	assports, which are issued for	periods of less than five years)	
	Report of birth abroad of a U.S. citizen (FS-240) (Issued by the Depart	ment of State to U.S. citizens)	
	Certificate of birth (FS-545) (issued by a copies available from the Department of	State		
	Certificate of Naturalization (N-550 or N after December 1990 to Individuals who lost or mutilated or the Individual's name	are Individually naturalized; t		
	Certificate of Citizenship (N-560 or N-56 replacement certificate issued when the	1) (Issued by the INS to Indivi		
	United States Citizen Identification Card border who needed it for frequent border	(I-197) (issued by the INS un	til April 7, 1983 to U.S. citizens living	
	Northern Mariana Identification Card (i Mariana Islands before November 3, 198		ely naturalized citizen of the U.S. wh	o was born in the Northern
	Statement provided by a U.S. consular ou.S. who derives citizenship through a p			to an Individual born outside the
	American Indian Card with a classificati Kickapoos living near the U.S./Mexican b	on code "KIC" and a stateme		n members of the Texas Band of
	Alien Lawfully Admitted for Permanent INS Form I-551 (Alien Registration Recei		a "green card")	
	Alien Lawfully Admitted for Permanent Unexpired Temporary I-551 stamp in fo		1-94	
acc	clare under penalty of perjury, under to sul mature		Status application are true and co	
The		Ith day of AD		23
Sui	scribed and sworn before the this	11	, 20	<u>, 0, 5 </u>
No	tary Public Thu A.	tranusz.		
Cor	nmission Number 1196083	00	NOTAR' SEAL	Y
Му	commission expires 04/10/205	4	A. JOHN	NA. HANYSZ chc - State of Kansas ures OHIE JACOLO

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org

AHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

To Request Examination Scores For National Board Scores For FLEX or USMLE Scores National Board of Medical Examiners Federation of State Medical Boards PO Box 48014 400 Fuller Wiser Road Newark, NJ 07101-4814 Euless, TX 76039-3855 (215) 590-9500 (817) 868-4000 www.NBME.org www.FSMB.org

- 6. Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - 2. Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

hannady Name of Applicant (type or print)

4-11-2023 Date

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant, 59 O.S. § 492.1 (C); Okla, Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

TIME DEFICIENCY FORM

	pplication #
**	phiication

This document is used a tool to help you complete your application.

Please note: we have to account for any/all time from your 18th birthday to present.

Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Deg	ree
April	2015	May	2015	Blue Valley North High School	Leawood	KS	High	School Diploma
Aig	2015	Dec	2018	University of Kansas	Lawrence	KS	B.5	1
July	2019	May	2013	University of Kansas School of Medicine		KS	M	.D.
	DYME	NT IF NI	EEDED	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
Septemb	2017	December	2018	Kansas Biological Survey	Lawrence	KS	Rese	crchAss
December	2016	May	2010		Lawrence	KS	Deli	very
				TAY AT HOME PARENT, SUMMER	BREAK, TRA	VELING		
Start Month	Start Year	End Month	End Year	Other		City		State
Nay	2015	August	2015	Summer Break		Overkin	dBrk	KS
Yay	2016	August	33. JUL 1	Summer Break		Overlan		KS
Vay				Summer Break		Quertano	l Park	·KS
May	2019	July	2019			Overland	d Park	KS
May	2000	July	2020			Konsos	1.1.	KS

4/15-8/15; 12/18-7/19

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APR 18 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

T 41486

Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Sunday, April 14, 2024 2:04 PM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

BRANDON LAKE KANNADY has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/14/2024 02:04:03pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41486

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



05/03/2023

BRANDON LAKE KANNADY

RE: MD Application #41486

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP31383605

Password:Last 4 SSN

Dear BRANDON KANNADY,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

Time Deficiency Form for: 4/15 - 8/15, 12/18 - 7/19

Application Instructions

OATH

Exam verification date

Extended Background Check

Evidence of Status

MedSchool-Transcript Univ Of KS Sch Of Med, Kansas City Ks 66103

MedSchool-Form 1 Univ Of KS Sch Of Med, Kansas City Ks 66103

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP31383605</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email. oktraining@okmedicalboard.org

Sincerely,

Kenna Shaw

Kenna Shaw

Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Number

Name

Type

BRANDON LAKE KANNADY MD 41486 MEDICAL DOCTOR Incomplete Information (due to space limitations on this page, this may not be a complete list) Exam verification date PostGrad - Form 2 COLLEGE OF MEDICINE OKC **USMLE Exams Incomplete** Last Medical School Attended: 019-02 Univ Of KS Sch Of Med, Kansas City Ks 66103 Number of Licenses Previously Granted to Graduates of this Medical School:668 **Full License** Application for: Resident Reinstatement The Secretary of the Board has reviewed this application and: 1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time HAS ISSUED A TEMPORARY LICENSE THROUGH ____ / ___ / ____ / _________/ 4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE ___ 5) REQUESTS SPECIFIC CONSIDERATION OF:

Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type

Number

Name

MD 41333 MAAZ AHSAN KHAN MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
PostGrad - Form 2 COLLEGE OF MEDICINE OKC
OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM
Last Medical School Attended: 039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190
Number of Licenses Previously Granted to Graduates of this Medical School:7,353
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE
- No DUIs or Legal Issues
- No Malpractice Issues - US Graduate
- Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD

MAAZ AHSAN KHAN 41333

MEDICAL DOCTOR

Practice Address:

May 03, 2023

Status:

Res: MD

Received: 03/29/2023

Entered: 03/29/2023

Temp Issued:

Temp Expires:

Train Issued: 07/01/2023 Train Expires: 09/30/2024 Fed Rec: 04/15/2024

AMA Rec: 04/15/2024 **Board Action:**

License #: 41333

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

			Date	Date	
	Test	Score	Taken	Verified	Attempts
Test 1:	USMLE 3	PASS	11/20/23	3/19/24	1
Test 2:	USMLE 1	PASS	5/28/21	3/28/23	1
Test 3:	USMLE 2	PASS	7/25/22	3/28/23	1

Note: PASS means higher than 75

Test AV: **Total Possible:** Okla Passing: **Total Score:**

PRE-MED EDUCATION

School Name: UNIVERSITY OF OKLAHOMA

City: NORMAN

Degree: BS

State: OK Country: UNITED STATES From: 8/2015 To: 5/2018 Verified:

MEDICAL SCHOOL EDUCATION

Name: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Foreign Name:

City: Oklahoma City

State/Country: United States of America

Degree: MD

From:

8 / 2019

To: 5/2023

Diploma Ver'd:

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AM

Verified:

From:

7 / 2023

To:

ACGME Ver'd: Comments:

Page 2 of 3

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type

Number

Name

MD

41333

MAAZ AHSAN KHAN

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: STEPHENSON CANCER CENTER

Supervisor:

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Specialty: RESEARCH ASSISTANT

From: 8/ 2018 To: 7/ 2019

Verified:

Comments:

Employed: NONE

Supervisor:

City: EDMOND

State: OK Country: UNITED STATES

Specialty: SUMMER BREAK

From: 5/ 2018 To: 8/ 2018

Verified:

Comments:

Employed: NONE

Supervisor:

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Specialty: SUMMER BREAK

From: 5/ 2015 To:

8/ 2015 Verified:

Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

DEFICIENCIES

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME

DIRECTLY FROM YOUR PROGRAM

RETURN FORM TO:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION SCIENCED

oktraining@okmedicalboard.org

QUESTIONNAIRE

Please read and follow ALL instructions

MAR 18 2024

OKLAHOMA STATE BOARD OF

FORM INSTRUCTIONS: Complete both pages of this form only if you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

PAYMENT INSTRUCTIONS: If you ARE FULLY LICENSED, you MUST go online and renew your license - DO NOT pay your renewal fee via these instructions (doing so will delay your renewal).

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL

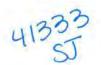
PLEASE PRINT ALL INFORMATION FIRST LAST Maaz Khan NAME NAME **EMAIL ADDRESS** LICENSE CELL 41333 NUMBER PHONE HOME CITY/STATE **ADDRESS** ZIP CODE **PROGRAM** Ajay Nadig Internal Medicine ATTENDING SPECIALTY

DOCUMENTATION TO ATTACH

	PAYN	/ENT	COMP	LET	ED
	\$150 payment made on Billpay for RENEWAL of training license	X	\$250 licen		ment made on Billpay for <mark>UPGRADE</mark> of training
	DOCUM	ENTA	TION F	REQ	UIRED
X	Form 2 (must be received directly from progra **ONLY FOR UPGRADE	am)		Ev	aluation (must be received directly from program)
凶	USMLE Step 3 (must be received directly from USMLE))	X	An	swer confidential questions (on back of this form)
	FOREIGN	LTDA	INED	TIU	DENITO
	Current visa	VIKA	IIVED 3		Social Security Number **if not provided at initial application
	Background Check **if not done at initial app	licatio	on		

IF YOU ARE FULLY LICENSED - DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN - COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

RENEWAL QUESTIONNAIRE **UPDATED 03-2024**



PAGE 421 of 500 MAR 1 8 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

NAME_

Maaz Khan

QUESTIONS recent)	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		×
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		Z
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		N
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	×
Have you ever been denied, had removed, or suspended hospital privileges?		
Have you surrendered hospital privileges while under investigation or to avoid investigation?		
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		⊠
Has your application for licensure ever been denied?		K
Have you surrendered a license or had any disciplinary action taken on any license?		
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?		凶
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		
Have you been addicted to or abused any drug or chemical substance including alcohol?		X
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		
swear under penalty of perjury, that I am the person completing this Questionnaire and understand the cense procured or obtained by fraud or misrepresentation will result in disciplinary action taken again oursuant to the provisions of 59 O.S. § 508.		
ignature	24	

Oklahoma State Board of Medical Licensure and Supervision 122 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/29/2023

Applicant Name: KHAN, MAAZ AHSAN

MD 41333



Date Of Birth: Sex: M Place Of Birth (City, State): WICHITA, KS

Race: Asian/Pacific Islander

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF OKLAHOMA	NORMAN	ОК	8/2015	5/2018	BS		

Medical School Name	City	State Country	Comments	From	To
Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	Oklahoma City	OK United States		8/2019	5/2023

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
OU HEALTH	OKLAHOMA	CITY OK	UNITED S'	INTERNAL MEDICINE		1	7/2026
			UNITED S'			1	1

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
STEPHENSON CANCER CENTER	RESEARCH ASSISTANT		OKLAHOMA CITY	ОК	8/2018	7/2019	

Other/	Out-Of-State Li	icenses			
State	License #	Profession	Status	Issue Date	Exp Date

MD Exam				
Exam	State	Score	Date Taken	#
USMLE				

Oklahoma State Board of Medical Licensure and Supervision 423 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/29/2023

Que	estions Answered 03/22/2023	Response
Ā.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
Ī.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
Ĺ.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ō.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision, 124 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Doo	nivad.O	concincia

If licensed, where do you intend to locate?
OK .
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training
I DE MAN MAN MAN MAN MAN MAN MAN WE WAS A SAME WAS AN ASSESSION OF THE DAY OF THE DAY WE ASSESSION OF THE DAY
In what manner will you be communicating with your Oklahoma patients (telephone, email, internet,
video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a
patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma?
101
Yes
If IVes! Name of avanting
If 'Yes', Name of practice:
OU Health
If so, Please identify with which category:
Residency
Name of Previous Carrier and Policy Holder
APIC
OU Health
Name of Current Carrier and policy Holder
APIC
OU Health
Will your professional liability insurance policy cover your practice in Oklahoma
Yes
KNO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
Lettert that all the above information is account as a fixed to 2000.
I attest that all the above information is accurate as of March 28, 2023: (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to: Oklahoma State Board of Medical Licensure and Supervision

oktraining@okmedicalboard.org

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

l authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other disciplinary sanction of my license or permit to practice.



Maay Muw
Applicant's signature (must be signed in the presence of a notary)

RECEIVED

MAR 2 9 2023

Khan, Maaz, A.

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE (,) AND SUPERVISION

3-28-23

Date of signature (must correspond to the date of notarization)

NOTARY

State of_	Oklahoma	, County of	Oklahoma	

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this 28 day of March 20 33

Notary Public Signature

SEAL SEAL





United States Medical Licensing Examination® (USMLE®) **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 03/19/2024

Examinee: Alt Name(s): Khan, Maaz

Examinee ID: 5-476-287-7

Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1				
Test Date 05/28/2021	Pass/Fail Pass	Score 238	Minimum Pass (194)	Comments	
USMLE ST	EP 2				
Clinical Know	eledge (CK)				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
07/25/2022	Pass	258	(214)		
USMLE ST	TEP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
11/20/2023	Pass	238	(198)		
			3 5		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.

OKLAHOMA STATE BOARD OF AND SUPERVISION



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee ID: 5-476-287-7

Date of Birth:

INTERPRETATION OF RESULTS

Examinee: Khan, Maaz

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances <u>not</u> in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street

Oklahoma City, OK 73105

This form must be completed by the institution and mailed directly from the institution.

Applicant's Name	laaz Khan										
Institution: Univers	ity of Oklaho	ma College	of Medic	cine	City/State	Okl	ahoma	a City,	OK		
Our records indicate tha	t the above named	applicant attended	our medical	school o	n the follow	wing dat	es:				
From 8 / 19 /2	019 To_	5 /20 /2 Month Day	2023 and v	was awar	ded the de	egree D	octor o	Medici	ne		
Does this individua explain.	l's official record re	flect (an) interruptio	on(s) or exter	nsion(s) i	n his/her m	nedical e	education?	If yes, plea	-	YES	√ No
 Does this individua his/her medical ed 		flect that he/she wa ase explain.	as ever placed	d on acad	demic or di	isciplina	ry probatio	n during		YES	√ NO
		flect that he/she wa or parent university				eports fo	or behavio	al reasons	or	YES	√ NO
Δ		flect that he/she wa nt university? If yes				ional co	nduct/beh	avioral		YES	√ NO
		flect that there wer demic incompetenc								YES	√ No
Completion of the follo	wing is certification	that the information							nd is true	e and	correct.
	and the second		V2 - 34 1 1	Signatur	= 12		104				
Title of Signatory: AS	sociate Dean	for Student A	Affairs	Date of S	ignature	_ 5	31 123				
Tel: 405-271-23	16 Fax:	405-271-22	287	E-Mail:	Teresa	a-Sco	rdino@	ouhsc.e	du		
School Seal		If no seal is availal Notary Public Commission #	ble, this form	n must be	e notarized	d					
RECE	WED	My commission ex	xpires:			and Of	H TORRES		/		. 2

JUN 08 2023







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JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Earned Grade

Points

Name : Maaz Khan Student ID: 1790267

Birthdate :

Course

OUHSC GPA :

0.000

GPH:

Spring 2020

Degrees Awarded Degree Doctor of Medicine Confer Date 2023-05-20 Plan Medicine

University of Oklahoma Health Sciences Center

External Degrees

University of Oklahoma

SCIENCES

OKLAHOMA

P. O. Box 26901

United States

Oklahoma City, OK 731260901

2018-05-11 Bachelor of Science

Field of Study : Chemistry and Biochemistry

- - - - Academic Program History

Program : Medicine MD 2019-08-16 : Active in Program

2019-08-16 : Medicine - MD Major

2023-05-20 : Completed Program

Beginning of Medicine Record

Fall 2019

Attempted

Course Description TOTAL Design/Analysis Clin Res 16.00 16.00 S 8110 8122 Clinical Medicine I 111.50 111.50 S 8124 The Human Structure 130.00 130.00 S 151.00 151.00 S 8125 Foundations of Medicine 87.00 87.00 S 8244 8555 Req Orientation Documents I 0.00 CE INDT 24.00 S 9100 24.00 Prologue 0.000 519.50 519.50 TERM GPA : 0.00 TOTALS : 0.000 0.000 0.00 TOTALS : 519.50 519.50 OUHSC GPA : GPH:

Course		Des	cription			At	tempted	Earned	Grade	Points
INDT	8132	IMI					68.00	68.00	S	
INDT	8140	Gas	trointes	tinal &	Hepatobi	1	85.00	85.00	S	
INDT	8148	End	o, Metab	& Nutri	Biochen	a	85.00	85.00	S	
INDT	8156	Blo	od, Hema	topoiesi	s & Lymp	h	77.00	77.00	S	
TERM	GPA :	0.000	GPH:	0.00	TOTALS	:	315.00	315.00		0.000
OUHSC	GPA :	0.000	GPH:	0.00	TOTALS	:	834.50	834.50		0.000

Fall 2020

INDT	8264	Cardiovasc,	Resp, Renal	164.00	164.00	s	
INDT	8266	PPS II: Cli	nical Ethics	35.00	35.00	S	
INDT	8272	Neuroscience	es	166.00	166.00	S	
INDT	8275	Clinical Me	dicine II	99.00	99.00	S	
INDT	8301	Enrichment !	Program: Humanities	16.00	16.00	S	
C	course Top	oic(s): History o	f Medicine				
TERM	GPA :	0.000 GPH:	0.00 TOTALS :	480.00	480.00		0.000

Spring 2021

0.00 TOTALS: 1314.50 1314.50

Course		Description		Attempted	Earned	Grade	Points
INDT	8280	Reproduction		98.00	98.00	S	
INDT	9200	MS2 Capstone		70.00	70.00	S	
INDT	9201	Joint, Skin,	and Bone	40.00	40.00	S	
TERM	GPA :	0.000 GPH:	0.00 TOTALS	: 208.00	208.00		0.000
OUHSC	GPA :	0.000 GPH:	0.00 TOTALS	: 1522.50	1522.50		0.000

This official transcript is printed on burgundy security paper. A laser-produced signature of the Registrar, OUHSC is irraprinted on each page in black ink. A raised seal is not required. When photocopied, the word COPY should appear. A BLACK AND WHITE OR COLOR COPY OF THIS TRANSCRIPT SHOULD NOT BE ACCEPTED.

This information is released in accordance with the Family Education Privacy Act of 1974 and is also released under the condition that other parties will not have access to this information without the student's written consent



REGISTRAR, OUHSC

0.000

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OURSC FICE CODE 5889

PHONE (405) 271-2359 PAGE 430 of 500405) 271-2480 www.ouhsc.edu

JES EX CRETT (NEW D)

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

UNIT OF CREDIT: The unit of credit for undergraduate and graduate courses is the semester hour. Prior to Summer 2002, the unit of credit for professional courses is the clock hour. The unit of credit for the College of Medicine (MD) is the clock hour. Each course taken at OUHSC is recorded on the student's transcript including courses passed, failed, repeated, exempted, audited, etc. All course work is residence credit unless otherwise indicated.

GRADES USED AT OUHSC:

Grades Used in the Calculation of Grade Point Average (GPA)

A = Excellent (4 grade points)
B = Good (3 grade points)

C = Average (2 grade points)

D = Poor (1 grade point) not considered passing in some programs

F = Failing (0 grade points)

Other Symbols

= Incomplete (student lacks a test, project, paper, etc.)

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

S = Satisfactory (GPA neutral, counted in the total number of attempted hours)

U = Unsatisfactory (GPA neutral, counted in the total number of attempted hours)

P = Passing (GPA neutral, counted in the total number of attempted hours)

NP = No Pass (GPA neutral, counted in the total number of attempted hours)

X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

CE = Continuing Education

EX = Exempt from a required course, student has earned equivalent credit

R = Requirements successfully completed

Y = Year-Long Course

H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

Summer (Undergraduate) = 6 semester hours
Summer (Graduate) = 4 semester hours
Fall (Undergraduate) = 12 semester hours
Spring (Undergraduate) = 9 semester hours
Spring (Graduate) = 9 semester hours

Professional students are considered full-time unless otherwise indicated.

TERM DEFINITIONS:

Summer = 8 weeks in length
Summer I = 8 weeks in length
Summer II = 7-8 weeks in length
Fall = 16 weeks in length
Spring = 16 weeks in length

TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics

Combined statistics

COURSE NUMBER:

1000 - 1999 = Freshman level courses 2000 - 2999 = Sophomore level courses 3000 - 3999 = Junior level courses 4000 - 4999 = Senior level courses 5000 - 6999 = Graduate level courses

5000 - 5999 = Bachelor degree program in College of Pharmacy

Undergraduate level courses 7000 - 9999 = Professional degree courses

DEGREE HONORS:

Distinction
Special Distinction
Outstanding Distinction

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Official Transcript

University of Oklahoma Health Sciences Center P. O. Box 26901

Oklahoma City, OK 731260901

United States

JUN 08 2023 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

: Maaz Khan Student ID: 1790267

Birthdate :

Summer II 2021

Summer II 2022

ours	<u>e</u>	Desc	criptio	<u>on</u>		Attempted	Earned	Grade	Points	Course		Des	criptio	on		Attempted	Earned	Grade	Points
NDT	9301	Cli	nical T	ransition	ns	40.00	40.00	s		INDT	9300	Cap	stone			160.00	160.00	S	
EDI	9650	Ped:	iatric	Clerkship		240.00	240.00	B	720.000	INDT	9403	Sub	intern	ship Elect	tive	160.00	160.00	A	640.000
RL	9101	Oto	rhinola	ryngology	Selectiv	e 80.00	80.00	S		C	Course To	pic(s): M	ED Sub	internship	Electiv	e			
PERM	GPA :	3.000	GPH:	240.00	TOTALS :	360.00	360.00	3	720.000	TERM	GPA :	4.000	GPH:	160.00	TOTALS	: 320.00	320.00	i.	640.000
UHS	C GPA :	3.000	GPH:	240.00	TOTALS :	1882.50	1882.50)	720.000	OUHSC	GPA :	3.391	GPH:	1840.00	TOTALS	: 3802.50	3802.50		6240.000
				E	Fall 2021									1	Fall 2022				
ourse	2	Desc	criptio	<u>n</u>		Attempted	Earned	Grade	Points	Course		Des	criptio	on.		Attempted	Earned	Grade	Points
BGY	9210	Obst	tet & G	yn Clerks	ship	240.00	240.00	В	720.000	INDT	9406	Spe	cial St	cudies Ele	ective	160.00	160.00	s	
RG	9760	Surg	gery Cl	erkship		320.00	320.00	B	960.000	C	course To	pic(s): F	M Speci	al Studie	es Electi	ve			
DI	9101	RAD	I Selec	tive		80.00	80.00	s		INDT	9403 course To	Sub pic(s): E		ship Elect		160.00	160.00	A	640.000
ERM	GPA :	3.000	GPH:	560.00	TOTALS :	640.00	640.00		1680.000	INDT	9407	Fou	rth Yea	r Selecti	ive	160.00	160.00	S	
										C	ourse To	pic(s): P	harmaco	logy Read	dings				
OUHS	C GPA :	3.000	GPH:	800.00	TOTALS :	2522.50	2522.50)	2400.000			P	harmaco	ology Read	lings				
				Sp	oring 2022					TERM	GPA :	4.000	GPH:	160.00	TOTALS	480.00	480.00		640.000
ourse	2	Desc	criptio	<u>n</u>		Attempted	Earned	Grade	Points	OUHSC	GPA :	3.440	GPH:	2000.00	TOTALS	: 4282.50	4282.50		6880.000
M	9540			erkship		160.00	160.00		480.000					Sp	oring 202	3			
ED	9101	1000		Selective		80.00	80.00												
SBS	9520			Clerkshp		240.00	240.00		960.000	Course		Des	criptio	on		Attempted	Earned	Grade	Points
EUR	9370			Clerkship	•	160.00	160.00	В	480.000										
ED	9250	Medi	icine C	lerkship		320.00	320.00) A	1280.000	INDT	9403	Sub	interns	hip Elect	ive	160.00	160.00	A	640.000
										C	ourse To	pic(s): M	ED Subi	nternship	Elective	e			
FERM	GPA :	3.636	GPH:	880.00	TOTALS :	960.00	960.00)	3200.000	INDT	9406			udies Ele		160.00	160.00	S	
										C	ourse To	pic(s): I	NDT Spe	cial Stud	lies Elec	tive			
DUHSO	C GPA :	3.333	GPH:	1680.00	TOTALS :	3482.50	3482.50)	5600.000	ANES	9110	Ane	sthesic	logy Sele	ective	80.00	80.00	S	
nter	professiona	1 Educat	tion Ti	er I-Comp	leted					FM	9569	CH :	I			80.00	80.00	S	
										FM	9572	CH :	II			80.00	80.00	S	

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Lou Klen

REGISTRAR, OUHSC

Registrar's Office 1105 N. Stonewall Avenue LIB 121 Oklahoma City, OK 73117-1221

EXPLANATION OF RECORD THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OURSC FICE CODE 5889

PHONE (405) 271-2359
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www.ouhsc.edu

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

UNIT OF CREDIT: The unit of credit for undergraduate and graduate courses is the semester hour. Prior to Summer 2002, the unit of credit for professional courses is the clock hour. The unit of credit for the College of Medicine (MD) is the clock hour. Each course taken at OUHSC is recorded on the student's transcript including courses passed, failed, repeated, exempted, audited, etc. All course work is residence credit unless otherwise indicated.

GRADES USED AT OUHSC:

Grades Used in the Calculation of Grade Point Average (GPA)

A = Excellent (4 grade points)
B = Good (3 grade points)

C = Average (2 grade points)

D = Poor (1 grade point) not considered passing in some programs

F = Failing (0 grade points)

Other Symbols

= Incomplete (student lacks a test, project, paper, etc.)

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

S = Satisfactory (GPA neutral, counted in the total number of attempted hours)

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P = Passing (GPA neutral, counted in the total number of attempted hours)

NP = No Pass (GPA neutral, counted in the total number of attempted hours)

X = Graduate thesis or dissertation in progress (GPA neutral)

Program Specific Symbols

CE = Continuing Education

EX = Exempt from a required course, student has earned equivalent credit

R = Requirements successfully completed

Y = Year-Long Course

H = College of Medicine Honors (GPA neutral, counted in total number of attempted hours)

FULL-TIME COURSE LOAD:

Summer (Undergraduate) = 6 semester hours
Summer (Graduate) = 4 semester hours
Fall (Undergraduate) = 12 semester hours
Fall (Graduate) = 9 semester hours
Spring (Undergraduate) = 12 semester hours
Spring (Graduate) = 9 semester hours

TERM DEFINITIONS:

Summer = 8 weeks in length
Summer I = 8 weeks in length
Summer II = 7-8 weeks in length
Fall = 16 weeks in length
Spring = 16 weeks in length

TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics Combined statistics

COURSE NUMBER:

 1000 - 1999
 = Freshman level courses

 2000 - 2999
 = Sophomore level courses

 3000 - 3999
 = Junior level courses

 4000 - 4999
 = Senior level courses

 5000 - 6999
 = Graduate level courses

5000 – 5999 = Bachelor degree program in College of Pharmacy
Undergraduate level courses

7000 - 9999 = Professional degree courses

DEGREE HONORS:

Distinction Special Distinction Outstanding Distinction

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Professional students are considered full-time unless otherwise indicated.

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Official Transcript

PAGE 433 of 500 07-JUN-2023

OTTICIAL

Name : Maaz Khan Student ID: 1790267

Birthdate :

Sant L

Spring 2023 (cont.)

TERM GPA: 4.000 GPH: 160.00 TOTALS: 560.00 560.00 640.000

OUHSC GPA: 3.481 GPH: 2160.00 TOTALS: 4842.50 4842.50 7520.000

Medicine Career Totals

P. O. Box 26901

United States

Oklahoma City, OK 731260901

OUHSC GPA: 3.481 GPH: 2160.00 TOTALS: 4842.50 4842.50 7520.000

Post-Baccalaureate Career Totals

University of Oklahoma Health Sciences Center

OUHSC GPA : 3.481 GPH: 135.00 TOTALS: 302.65 302.65 470.000

--- End Of Career (1 of 1) ----

- - - - - End Of Transcript - - - -

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5000 - 5999 = Bachelor degree program in College of Pharmacy

Undergraduate level courses

7000 - 9999 = Professional degree courses

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AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address

Primary Office Address

MAAZ KHAN

Birth date

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

AMA membership status

MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Enrollment Date:

08/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 04/15/2024 10:10:53

AMA Physician Profile for Maaz Khan, MD ©2024 by the American Medical Association. All rights reserved. Page 1 of 3



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution:

UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Sponsoring State:

OKLAHOMA

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty:

INTERNAL MEDICINE

Training Type:

SPECIALTY

Dates: Status: 07/01/2023 - 06/30/2026 TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME
Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME



US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION AND SUPERVISION MARZ

ull Legal Name: Maa	az .	Α	Khan	
	first	Middle	tast	Malden (if applicable)
alling Address				
	Street Add	dress or Post Office Box		
			Social Securi	ty#:
Oh	State Zip Code	Telephone N	umber	
	00	MAARY FUIDENCE O	E CITIZENEUID	
	(FOR US CITIZENS, US N	IMARY EVIDENCE O		PENT ALIENS)
	pron os criterios, os n	ATTOWALS, ON PEN	MANERY LEGAL RESID	ENT ACENS
	, U.S. national, or permane n. Place a checkmark below			otocopy of one of the following d.
A birth certificate st Virgin Islands (on or foreign diplomats re	after January 17, 1917), Amer	itates, the District of C ican Samoa, Swain's Is	olumbia, Puerto Rico (on sland or the Northern Ma	or after January 13, 1941), Guam, the U.S. triana Islands, unless the person was born t
	port (except limited passports,	which are issued for p	eriods of less than five ye	ears)
	oad of a U.S. citizen (FS-240) (i			
	(FS-545) (issued by a foreign se m the Department of State	ervice post) or Certifica	tion of Report of Birth (C	OS1350) (issued by the Department of State
		ued by the INS through	n a Federal or State court	t, or through administrative naturalization
after December 199	0 to individuals who are individ	dually naturalized; the		ertificate issued when the N-550 has been
Cartificate of Citizen	the individual's name has been		als who derive IIS citize	nship through a parent; the N-561 is a
replacement certific	ate issued when the N-560 has	s been lost or mutilate	d or the individual's nam	ne has been changed)
	n Identification Card (I-197) (is it for frequent border crossing			ens living near the Canadian or Mexican
Marthan Mariana I				e U.S. who was born in the Northern
Mariana Islands befo	ore November 3, 1986)			
				is given to an individual born outside the
American Indian Ca	izenship through a parent but o			U.S. citizen members of the Texas Band of
	r the U.S./Mexican border.)	Mc and a statement	on the back (identifying	o.s. citizen members of the rexas band of
	itted for Permanent Residence	2:	~	
INS Form I-551 (Alie	n Registration Receipt Card, co	mmonly known as a "	green card")	
	itted for Permanent Residence			
Unexpired Tempora	ary I-551 stamp in foreign passi	port or on INS Form 1-9	94	
	of perjury, under the laws o			ion contained in this application and al e and correct.
gnature Mauz	Ishan	10	-	Date_ 3 -28-23
bscribed and sworn be	efore me this 28th	_day of Marc	.h	
otary Public Dc	OCX			
ommission Number	22003740		1	NOTARY SEAL
y commission expires_	03/17/24	6		SMEY

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org

To Request Examination Scores For FLEX or USMLE Scores For National Board Scores Federation of State Medical Boards National Board of Medical Examiners 400 Fuller Wiser Road PO Box 48014 Euless, TX 76039-3855 Newark, NJ 07101-4814 (817) 868-4000 (215) 590-9500 www.FSMB.org www.NBME.org

- 6. Extended Background Check Applicants for licensure are required to request an Extended Background
- Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Maaz Khan

Name of Applicant (type or print)

Maay Whan
Signature of Applicant

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

TIME DEFICIENCY FORM

Name: Maaz Khan	Application #	
		_

This document is used a tool to help you complete your application.

Please note: we have to account for any/all time from your 18th birthday to present.

2013	17000	Year	Name of Institution	City	State	Degree	
2015	05	2015	Oklahoma School of Science and Math	Oklahoma City	ок	High school	
100	05	2018	University of Oklahoma	Noman	ок	BS	
2019	05	2023	University of Oklahoma	Oklahoma City	a City OK MD		MD
		EDED	TO FILL TIME GAP				
Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
2018	07	2019	Stephenson Cancer Center	Oklahoma City	ОК	Resea	rch Assistar
- UN	EMPLO	YED, S	TAY AT HOME PARENT, SUMME	R BREAK, TRA	VELIN	G	
Start Year	End Month	End Year	Other		City		State
2015	08	2015	Summer break		Oklaho	ma City	ОК
2018	08	2018	Summer break		Edn	nond	ок
	- UN Start Year 2018	Frant End Month 2018 07 - UNEMPLO Start End Month 2015 08	Figure 2018 End Month Year 2018 07 2019 - UNEMPLOYED, Start End Month Year 2015 08 2015	Vear Month Year Name of Employer 2018 07 2019 Stephenson Cancer Center - UNEMPLOYED, STAY AT HOME PARENT, SUMME Start End Month Year 2015 08 2015 Summer break	Start Find Month Year Name of Employer City 2018 07 2019 Stephenson Cancer Center Oklahoma City - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAStart Find Month Year 2015 08 2015 Summer break	Start Find Month Year Name of Employer City State 2018 07 2019 Stephenson Cancer Center Oklahoma City OK - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING Start End Month Year City 2015 08 2015 Summer break Oklaho Oklahoma City OK State Oklahoma City OK State Oklahoma City OK Oklahom	Start Month Year Name of Employer City State Title 2018 07 2019 Stephenson Cancer Center Oklahoma City OK Resear - UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING Start End Month Year Other 2015 08 2015 Summer break Oklahoma City City State Title City OK Resear OK Resea

MAR 2 9 2023



05/03/2023

MAAZ AHSAN KHAN

RE: MD Application #41333

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP31617478
Password:Last 4 SSN

Dear MAAZ KHAN,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

Exam verification date
USMLE Exams Incomplete
PostGrad - Form 2 COLLEGE OF MEDICINE OKC
MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190
MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP31617478</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email. oktraining@okmedicalboard.org

Sincerely,

Kenna Shaw

Kenna Shaw

Dept. of Licensing

Encl

Kenna L. Shaw

From: BillPay Webmaster <donotreply@www.ok.gov>

Sent: Monday, March 18, 2024 10:42 PM

To: Dela Kwetey; Bill Pay; Sheila E. Brumfield; Chris Maloney; Licensing; Arlene Morris; Debra

Reich

Subject: [EXTERNAL] LICENSE - MD Training-to-Full License Fee 250.00 - Payment Made

MAAZ AHSAN KHAN has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 03/18/2024 10:03:42pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41333

To view all transactions please go to http://www.ok.gov/triton/ and login to your CMS account.



omplete Information (due to space limitation verification date	ations on this page, this may not be a complete list)
PostGrad - Form 2 COLLEGE OF MEDICIN	NE OKC
JSMLE Exams Incomplete	
Land Mindle of Oak and Attendants	
Last Medical School Attended: 039-01 Univ Of Ok Coll Of Med, Oklahoma	City Ok 73190
Number of Licenses Previo	ously Granted to Graduates of this Medical School:7,275
	Full License Reinstatement
	Full License Reinstatement I this application and: TO OTHER BOARD MEMBERS MET [Fast Track] e NSE THROUGH / /
The Secretary of the Board has reviewed 1) AUTHORIZED CIRCULARIZATION 2) ALL FIVE CRITERIA HAVE BEEN IV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time	Full License Reinstatement I this application and: TO OTHER BOARD MEMBERS MET [Fast Track] e NSE THROUGH / /
The Secretary of the Board has reviewed 1) AUTHORIZED CIRCULARIZATION 2) ALL FIVE CRITERIA HAVE BEEN IV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time 3) HAS ISSUED A TEMPORARY LICE	Full License Reinstatement I this application and: TO OTHER BOARD MEMBERS MET [Fast Track] e NSE THROUGH / / RAINING LICENSE Mrs. G-12-2-3
The Secretary of the Board has reviewed 1) AUTHORIZED CIRCULARIZATION 2) ALL FIVE CRITERIA HAVE BEEN IV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time 3) HAS ISSUED A TEMPORARY LICE	Full License Reinstatement I this application and: TO OTHER BOARD MEMBERS MET [Fast Track] e NSE THROUGH / / RAINING LICENSE Mrs. G-12-2-3
The Secretary of the Board has reviewed 1) AUTHORIZED CIRCULARIZATION 2) ALL FIVE CRITERIA HAVE BEEN IV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time 3) HAS ISSUED A TEMPORARY LICE	Full License Reinstatement I this application and: TO OTHER BOARD MEMBERS MET [Fast Track] e NSE THROUGH / / RAINING LICENSE Mrs. G-12-2-3
The Secretary of the Board has reviewed 1) AUTHORIZED CIRCULARIZATION 2) ALL FIVE CRITERIA HAVE BEEN IV - Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time 3) HAS ISSUED A TEMPORARY LICE	Full License Reinstatement I this application and: TO OTHER BOARD MEMBERS MET [Fast Track] e NSE THROUGH / / RAINING LICENSE Mrs. G-12-2-3

Type MD	Number 39638	Name MUHAMMAD TAHA KHAN
MEDIC	AL DOCTOR	
Incomple	ete Informati	ion (due to space limitations on this page, this may not be a complete list)
USML Exam Extend OTHE FEE /	E Exams Inco verification do ded Backgrou R DEFICIEN EVALUATION	ate ind Check CIES: NEED CURRENT VISA / USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE
Last N	Medical Scho	pol Attended:
		coll, Univ Of Karachi, Karachi, Pakistan
	Nu	umber of Licenses Previously Granted to Graduates of this Medical School:150
Applica	tion for: Re	esident Full License Reinstatement
The Se	ecretary of th	ne Board has reviewed this application and:
1)	AUTHORIZE	D CIRCULARIZATION TO OTHER BOARD MEMBERS
-	Passed USI No DUIs or No Malprac US Graduat	Legal Issues tice Issues
3)	HAS ISSUE	DATEMPORARY LICENSE THROUGH / / /
4)	HAS ISSUEI	D A SPECIAL PGY-1 TRAINING LICENSE

Type MD

Number

Name

39638

MUHAMMAD TAHA KHAN

MEDICAL DOCTOR

Practice Address:

April 28, 2022

Status:

Res: TR

Received: 04/24/2022

Entered: 04/24/2022

Temp Issued:

Temp Expires:

Train Issued: 07/01/2022 Train Expires: 09/30/2024 Fed Rec: 06/04/2024

AMA Rec: **Board Action:**

License #: 39638

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

Score	Date	Date	Attemnts	
00010	Tancii	vermeu		
PASS	09/07/21	4/26/22	1	
	Score PASS	Score Taken	Score Taken Verified	

Test 2: USMLE 1

PASS 10/08/20 4/26/22

Note: PASS means higher than 75 Test 3:

Test AV:

Total Possible: Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: THE CAMBRIDGE HIGH SCHOOL

City: ABU DHABI

State:

Country: UNITED ARAB

EMIRATES

Degree: GCE A-LEVELS

From: 9/2013 To: 6/ 2015 Verified:

MEDICAL SCHOOL EDUCATION

Name: Dow Med Coll, Univ Of Karachi, Karachi, Pakistan

Foreign Name:

City: Karachi

State/Country: Pakistan

Degree: M.B.B.S From: 12 / 2015 To: 7 / 2021 Diploma Ver'd: Y

1

Type MD

Number

Name

39638

MUHAMMAD TAHA KHAN

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:OK Country:UNITED STATES

Verified:

From:

7 / 2023

To:

ACGME Ver'd: Comments:

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Verified: 07/26/2023

ACGME Ver'd: 05/03/2022

From: 7 / 2022

From: 3 / 2022

To: 6/2023

Comments:

Facility: AGA KHAN UNIVERSITY HOSPITAL

Waived

Waived

Specialty: MEDICINE/SURGERY

Res. Fellowship:

City: KARACHI

State:

Country: PAKISTAN To: 5/2022

Verified: ACGME Ver'd:

Comments:

Facility: DOW UNIVERSITY HOSPITAL

Specialty: MEDICINE/SURGERY

Res. Fellowship:

City: KARACHI

State:

Country: PAKISTAN

Verified: ACGME Ver'd:

Comments:

From: 11 / 2021

To: 1/2022

Type

Number

Name

MD 39638 MUHAMMAD TAHA KHAN

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: NONE

City: ABUDABI

State:

Supervisor:

Country: UNITED ARAB EMIRATES

Specialty: PERSONAL TIME OFF TO VISIT

From: 1/2022 To: 2/2022 Verified:

PARENTS

Comments:

Employed: NONE

City: KARACHI

Supervisor: State:

Country: PAKISTAN

Specialty: RESIDNECY INTERVIEWS &

From: 9/2021 To: 10/2021 Verified:

VOLUNTEERING

Comments:

Employed: NONE

Supervisor:

City: MIAMI

Country: State: FL

Specialty: VIRTUAL OBSERS AT UNIVERSITY OF From: 8/2021 To: 9/2021 Verified:

MIAMI

Comments:

Employed: NONE

Supervisor:

City: KARACHI

City: ABUDHABI

State:

Country: PAKISTAN

Specialty: EDUCATION AND PROFESSIONAL

From: 7/2021 To: 8/2021 Verified:

ACTIVITIES

Comments: STEP 2 CK PREPARATION, RESEARCH, VOLUNTEERING, OBSERVERSHIPS, ERAS APPLICATION, RESIDENCY INTERVIEWS

Employed: NONE

Supervisor:

State:

Country: UAE

Specialty: N/A

From: 6/2015 To: 12/2015 Verified:

Comments: MED SCHOOL ENTRANCE EXAM, SAT PREP, MED SCHOOL APPS

Other Licenses

State Lic Type and Number

Status

Issued

Exp

Verif

DEFICIENCIES

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

Exam verification date

Extended Background Check

OTHER DEFICIENCIES: NEED CURRENT VISA / USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE

FEE / EVALUATION

AMA Profile Not Received (to be completed by OSBMLS Staff)

Oklahoma State Board of Medical Licensure and Supervision PAGE 449 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/24/2022

Foreign Graduate

Applicant Name: KHAN, MUHAMMAD TAHA

MD 39638

Date Of Birth:

Place Of Birth (City, State): TANDO ALLAHYAR, PAKISTAN

Race: Asian/Pacific Islander

Education Type Name

City

Sex: M

ST Country

From To Degree

Comments

Veri

THE CAMBRIDGE **ABU DHABI**

UNITED ARAE9/2013 6/2015

GCE A-LEVELS

From To

HIGH SCHOOL

Medical School Name City Dow Med Coll, Univ Of Karachi,

Karachi

State Country Pakistan

Comments

12/2015 7/2021

Karachi, Pakistan

Post-Graduate

Facility AGA KHAN UNIVERSITY

KARACHI

City

St Country PAKISTAN

Supervisor

MEDICINE/SURGE

Specialty

From 3/2022

To 5/2022

HOSPITAL

DOW UNIVERSITY HOSPITAL

KARACHI

RY PAKISTAN MEDICINE/SURGE

11/2021 1/2022

Practice History

Employer NONE

Specialty **EDUCATION AND PROFESSIONAL**

Profession

City KARACHI ST Countr From PAKISTA 7/2021

Comments

To Verif

ACTIVITIES

RY

N

10/2021

Other/ Out-Of-State Licenses

License # State

Status

Issue Date

Exp Date

MD Exam

Exam **USMLE** State Score Date Taken

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/24/2022 PAGE 450 of 500

Foreign Graduate

Que	stions Answered 04/20/2022	Response
١.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
3.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Э.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
₹.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
Э.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
٦.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
Κ.	Has your application for examination or a professional license ever been denied?	N
	Have you ever failed any part of a licensure/certification/registration examination?	N
VI.	Have you ever surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
Э.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
Ρ.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
Τ.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

Oklahoma State Board of Medical Licensure and Supervision ARRIGATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE PAGE 451 of 500

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/24/2022

Foreign Graduate

If licensed, where do you intend to locate? OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: University Of Oklahoma Internal Medicine Residency
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder none
Name of Current Carrier and policy Holder none
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
I attest that all the above information is accurate as of April 23, 2022: (Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51" Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other

disciplinary sanction of my license or permit to practice. Applicant's signature (must be signed in the presence of a notary) OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

KHAN, MUHAMMAD TAHA Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

04/18/2022

Date of signature (must correspond to the date of notarization)

[Please note: The Notary Public seal should overlap the bottom of the photo to the left]

the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the

photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this law of

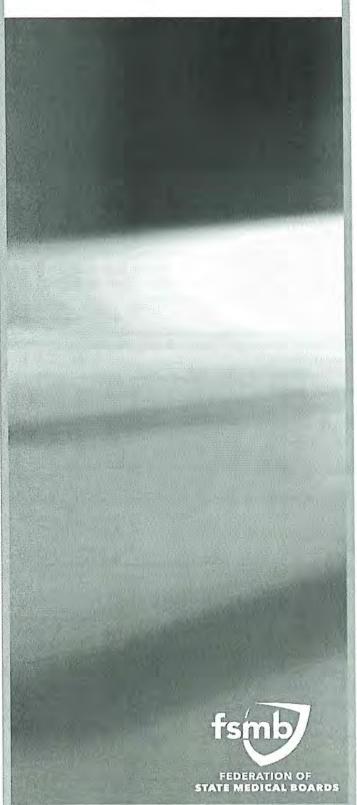
Notary Public Signature

My Notary Commission Expires

(31/35)



FEDER ATION CREDENTIALS VERIFICATION SERVICE





RECEIVED

APR 26 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Medical Professional Information Profile

This report provides credentialing information for:

Name:

Khan, Muhammad Taha

Social Security Number:

Date of Birth:

FID#:

304459985

Recipient:

OK - Oklahoma State Board of Medical Licensure &

Supervision

Delivery Date:

04/25/2022

ABOUT THIS PROFILE

The Federation Credentials Verification Service (FCVS) was retained by the above referenced medical professional to verify his/her medical credentials for submission to your agency/organization. Unless noted otherwise, all documents contained in this report were received directly from the issuing institution per written request made by FCVS.

NOTICE: All documents bearing an original Official FCVS seal are certified to be an exact reproduction of the original. Where required, original documents are provided according to the agreements with the Institution issuing such document. FCVS maintains all original documents (excluding third-party examination transcripts) in the physician's source file.

This FCVS Medical Professional Information Profile (*Profile*) is compiled and provided by the Federation of State Medical Boards of the United States, Inc. (Federation) as a reference source for, and only for, its member boards and other entities authorized by the Federation. The Profile embodies and contains confidential business information because the information, and the format and presentation of that information, comprise trade secrets of the Federation and because the Profile's disclosure would harm the Federation by providing others with an unfair business advantage in competing with the Federation's FCVS services. Further, the form of the Profile and the contents of this Profile, including the compilation of information in this Profile, are the Federation's copyrighted works and proprietary, confidential information and are subject to the protections of United States laws governing copyright, trademark and trade secrets, as well as various state laws protecting the Federation's trade secrets and other intellectual property rights. This Profile and its contents may not be (1) copied, reformatted, modified, published or displayed publicly or (2) used, disclosed, distributed, shared or sold, in whole or part, for any purpose, including use to establish any database or files as a compendium or otherwise, all of which is strictly prohibited without the express written consent of the Federation's CEO.

TMD 39638

3/31/2024 ONWEALTH OF

FID Number



Affidavit and Release



I, the undersigned, hereby certify under oath that I am the person named in this application, that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished with respect to my application and that all documents, forms or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to me being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records and other information pertaining to me to furnish to the Federation Credentials Verification Service any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Federation Credentials Verification Service or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge and exonerate the Federation Credentials Verification Service, its agents or representatives and any person furnishing information, of any and all liability of every nature and kind arising out of investigation made by the Federation Credentials Verification Service. I authorize the Federation Credentials Verification Service to release information, material, documents, orders or the like relating to me or this application to any entity at my request.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.



Muhammad.	Taho	1 K	han
-----------	------	-----	-----

Applicant's Signature (must be signed in the presence of a notary)

KHAN

MUHAMMAD T

Applicant's Printed First Name, MiddleInitial, and Suffix (e.g., Jr.)

Date of Signature (must correspond to date of notarization)

_County of _Williamsburg Virginia State of I certify that on the date set forth below the individual named above did appear personally before me and that I did identify this applicant by: (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made in my presence on this form with the signature on his/her identifying document. The statements on this document are subscribed and sworn to before me by the applicant on this 19 day of April Notary Public Signature: Alelisand Durich Who Alono United Barbara ELECTRONIA My Notary Commission Expires: 03/31/2024 NOTARY Completed via Remote Online Notarization using 2way Audio/Video technology REG # 7684940 Please complete and mail this original document to the Federation of State Medical Boards at: **EXPIRES**

@ 2014 Federation of State Medical Boards

400 FULLER WISER ROAD | EULESS, TX 76039 | TEL(817)868.5000

FCVS ID Number



Identity



P	inc	ira	nhi	0	nf	orn	nat	ion
ם	IUU	II a	וווט	UI	ш	OHI	ıaı	1011

Medical professional Name(s): Khan, Muhammad Taha

Date of Birth:

Place of Birth:

Tando Allah Yar, Sindh, PAKISTAN

Contact Information

Business Address:

Mobile Phone:

Business Phone:

Email:



Credentials Analysis Information for Identity

There is no Omission/Discrepancy/Miscellaneous information identified.

CERTIFICATION OF IDENTIFICATION

Certification by Notary Public Is Required

Applicant Full Legal Name: KHAN	MUHAMMAD	TAHA
Last	First	Middle
FCVS ID Number: 304459985		
Notary - Please complete the sec	tion below:	
State of Virginia	County of Williamsburg	
I certify that on the date set forth below, the and presented one of the following forms or Passport). I further certify that I did identify the photograph on a Government is	of identification as proof of his entify this applicant by comparin	/her identity (Birth Certificating his/her physical appearance
The statements on this document are subs	cribed and sworn to before me	by the applicant on this
(Day) 19 , of (Month) April	,(Year)_2022	
Notary Public Signature:	muil Whalas	
Commission Expiration Date* (Month) 03		_{Year)} 2024
Completed via Remote Online Notariz * The notary's commission expiration of date, such as 'lifetime', an explanation	date must be current and legi	eo technology ible. If no expiration
Notary Stant October 488		

Please complete and mail this original document and a photocopy of the birth certificate or passport presented to the Notary to:

Federation of State Medical Boards ATTN: FCVS

400 Fuller Wiser Rd., Suite 300 Euless, TX 76039-3856



Chronology of Activities



The Chronology of Activities is a comprehensive report of a medical professional's activities as reported to FCVS in the medical professional application.

Start Date	End Date	Activity Type	Location
12/28/2015	03/28/2021	Medical Education	Dow University of Health Sciences Karachi Sindh PAKISTAN
04/01/2021	04/30/2021	PGT/Education	Virtual Observer with Dr Kohli at Linden Medical Centre Brooklyn New York UNITED STATES
05/01/2021	05/31/2021	PGT/Education	Virtual Observer with Dr Lawler at Elmhurst Memorial Medical Clinic Elmhurst Illinois UNITED STATES
06/01/2021	08/22/2021	Vacation	Step 2 CK preparation, research/volunteering, ERAS application.
08/22/2021	09/17/2021	PGT/Education	Virtual Observership Program, University of Miami International Medicine Inst. Miami Florida UNITED STATES
09/18/2021	10/31/2021	Vacation	Personal time off for interviewing at programs, travel, volunteering.
11/01/2021	01/28/2022	PGT/Education	House Officer at Dow University Hospital Karachi Sindh PAKISTAN
01/29/2022	02/28/2022	Vacation	Personal time off to visit my parents and siblings in AbuDhabi
03/01/2022		PGT/Education	Intern at Aga Khan University Hospital Karachi Sindh PAKISTAN

End of Chronology of Activities report for: Khan, Muhammad Taha



Medical Education



Medical Education

Medical School: Dow University of Health Sciences

Location: Karachi, SD

PAKISTAN

Credentials Analysis Information for Medical Education

There is no Omission/Discrepancy/Miscellaneous information identified.

PAGE 459 of 500

3624 Market Street Philadelphia PA 19104-2685 215-386-5900 | 215-386-6327 www.ecfmg.org

VERIFICATION OF MEDICAL EDUCATION

INSTRUCTIONS TO THE DEAN

The individual identified on the attached Medical School Release Request, Certification of Identification Form, or Certification Statement has authorized your medical school to provide to the Educational Commission for Foreign Medical Graduates (ECFMG) any and all information pertaining to his/her education at your institution. Please complete this VERIFICATION OF MEDICAL EDUCATION form and return it to ECFMG with the attached medical diploma and a final medical school transcript in the enclosed, addressed envelope.

Muhammad Taha Khan RE:

1-100-644-2

Dow International Medical College (DIMC) Suparco Road, Off Main University Road

Culzar-e-Hijri, Scheme-33

Karachi PAKISTAN

Please notify ECFMG if the name of your institution has changed or is different from the name displayed.

SECTION 1: MEDICAL SCHOOL TRANSCRIPT

Attach an official medical school transcript in the original language that displays course grades or marks, not just hours, to this Verification of Medical Education form and return to ECFMG – Affix your official stamp to the transcript – Non-English language transcripts must include a word-for-word English language translation prepared by a recognized translator - An official English language version medical school transcript is also acceptable - Transcripts returned to ECFMG under separate cover must include the individual's ECFMG Identification Number to prevent processing delays.

SECTION 2A: CERTIFICATION

By my signature below, I certify: (1) the information provided on this form is an accurate account of the above named individual's official records maintained in this medical school and is true and correct to my knowledge, and, (2) that I am authorized to certify this on behalf of this institution as reported to ECFMG on an Authorized Signature List for Medical School Officials or other official notification from this institution.

Signature, Printed Name, Title and Official Seal must match samples provided to ECFMG by the medical school



Signature:

Printed Name: Ramlah Naz

Title: Vice Principal

Date of Signature: 24 November 2021

Phone: 0334-2877666

Fax:

SECTION 2B: DEGREE CERTIFICATION

Email: vp.dimc@duhs.edu.pk

This individual:

Was conferred/issued the degree of M.B.B.S on 03/07/2021 (dd/mm/yyyy) and the attached medical diploma is authentic and

Was not conferred/issued a degree or the attached diploma is not authentic and correct because:

SECTION 3A: PRE-MEDICAL EDUCATION

Years of education required for admission to your medical school: 12 years

Credential/degree presented by the applicant for admission to your medical school: HIGH SCHOOL DIPLOMA

Did this individual transfer credits to your medical school from another institution? YES () NO (X)

If you checked 'YES' please print the name of the institution(s) from where the credits were transferred:

SECTION 3B: MEDICAL EDUCATION

Enrollment and Participation: Our records indicate that Muhammad Taha Khan attended our medical school for total of 180 weeks of medical education on the following dates:

From 29/12/2015 (dd/mm/yyyy) To 29/03/2021 (dd/mm/yyyy)

SECTION 4: UNUSUAL CIRCUMSTANCES

The following questions apply to unusual circumstances that occurred during any part of the individual's medical education. Please provide dates and requested information if you check "YES" to questions 1-5.

1. Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? YES () NO (X)

If you checked "YES" please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) and check whether the interruption/extension was approved or unapproved.

	From Month/Year	To Month/Year	Approved	Unapproved
Personal/Family			()	()
Academic remediation	_/		()	()
Health	_/	_/	()	()
Financial	/	_/	()	()
Participation in joint degree				
Program (e.g., MD/PhD)	_'		()	()
Participation in non-research special study (e.g., fellowship,				
international experience)			()	()
Participation in non-degree				
research		_/	()	()
Other Please Specify:	_'	_/	()	()

P -	you checked "YES" please select the reason(s) for the pro- robation and attach additional documentation to this repor		s) of placement on and removal from
		From Month / Year	To Month / Year
A	cademic Probation	_/	_/
P	robation for unprofessional conduct/behavioral		-
F	Probation for other reason		
	Please specify reason:		***********
medic	this individual's official record reflect that he/she was ever cal school or parent university? YES () NO (X) Tyou checked "YES" please provide detailed documentation	•	•
	this individual's official record reflect that he/she was ever of or parent university? YES () NO (X)	r the subject of negative re	eports or an investigation by the medica
]1	f you checked "YES" please provide detailed documentation	on/information about the c	ircumstances and outcome(s):
-	this individual's official record reflect that there were any li		
	use of questions of academic incompetence, disciplinary p		

Enrolment No: 04/2015/010

Serial No. 008822



Dow University of Health Sciences

Having pursued the prescribed course of study for the Degree of

and passed the required Professional Examinations,

Dew University of Health Sciences hereby admits

Muhammad Taha Khan

3/0

Usman Ghani

To the Degree of

Bachelor of Medicine Bachelor of Surgery

in the Year 2021

In witness whereof, we have set our signatures and the seal of this University is

hercunto affixed

This Third day of July, 2021

Affixed by medical school on:

24 November 2021

, at Karachi, Pakistan.



Pagistan



Dice Chanceller

SEAL (ERIFIED

Detailed transcripts of examination results have been issued separately

SECURITY FEATURES OVERLEAF



OFFICE OF THE PRINCIPAL DOW INTERNATIONAL MEDICAL COLLEGE DOW UNIVERSITY OF HEALTH SCIENCES KARACHI.



KDA Scheme 33, Gulzare-Hijri Suparco, Karachi, Pakistan. Telef Nn. 92-021-99261492 Fat No. 92-021-99261490 E-mail: p.dimc@duhs.edu.pk



Name : Muhammad Taha Khan

:

: Usman Ghani

Father's Name : Date of Graduation :

29th March, 2021

Enrolment No

DUHS/DIMC/04/2015/010

FIRST YEA	R SEMESTER L. M.B.B.S	EXAMINATION II	ELD IN 2016	WITH SEAT NO.	1504010
Course	Description .	Credit Hours	Grades	Grade Points	GPA
Paper 1	Theory Module*	6.00	C	12.00	
Paper II	Theory Module**	6.00	13	18.00	
Paper III A	Structured Viva*	3.00	A-	11.10	2.62
Paper III B	Structured Viva**	3.00	C	6.00	
Total		18,00		47.10	

	Description Description	Credit Hours	Grades	Grade Points	GPA
Course				and the same of the same of the	OLV
Paper I	Theory Module*	6.00	C+	13.80	
Paper II	Theory Module**	3.00	B-	8.10	
Paper III	Theory Module***	3.00	В	9.00	3.05
Paper IV A	Structured Viva*	3.00	A+	12.00	
Paper IV A	Structured Viva**	1.50	٨	6.00	
Paper IV B	Structured Viva***	1.50	A+	6.00	
Total		18.00		54.90	

SECOND YE	AR SEMESTER III, M.I	B.B.S. EXAMINATIO	ON HELD IN	1017 WITH SEAT	NO. 150401
Course	Description	Credit Hours	Grades	Grade Points	GPA
Paper I	Theory Module*	4.50	۸-	16.65	
Paper II	Theory Module**	4.50	۸.	16.65	
Paper III	Theory Module***	3.00	۸٠	11.10	3.70
Paper IV A	Structured Viva*	2.50	B+	8.25	
Paper IV B	Structured Viva**	2.00	٨	8.00	
Paper IV C	Structured Viva***	1.50	A+	6.00	
Total		18.00		66.65	

SECOND YE	AR SEMESTER IV. M.I	B.B.S. EXAMINATIO	N HELD IN 2	017 WITH SEAT	NO. 1504010
Course	Description	Credit Hours	Grades	Grade Points	GPA
Paper -1	Theory Module*	6.00	8+	19.80	
Paper -11	Theory Module**	3.00	۸-	11.10	
Paper -III	Theory Module***	3.00	В	9.00	3.47
Paper - IV A	Structured Viva*	3.00	A .	12.00	
Paper -IV B	Structured Viva**	1.50	A-	5.55	
Paper -IV C	Structured Viva***	- tollande	B+	4.95	
Total		1630918.00	TO OF	62.40	
		15	456		



Affixed by medical school on: 24 No.

VERIFIED



OFFICE OF THE PRINCIPAL DOW INTERNATIONAL MEDICAL COLLEGE DOW UNIVERSITY OF HEALTH SCIENCES KARACHI.



KDA Scheme 33, Gulzar-e-Hijri Suparco, Karachi, Pakistan Tele/ No. 92-021-99261492 Fax No. 92-021-99261490 F-mailt p.dimc@duhx.edu.pk

CONTINUED

Course	R SEMESTER V. M.B.B. Description	Credit Hours	Grades	Grade Points	GPA
Paper -1	Theory Module*	3.00	C+	6.90	
Paper -II	Theory Module**	3.00	B	9,00	
Paper -III	Theory Module***	3.00	B+	9.90	
Paper - IV	Theory Module****	3.00	B	9.00	3.02
Paper - V A	Structured Viva*	1.50	A-	5,55	
Paper - V B	Structured Viva**	1.50	B+	4.95	
Paper -V C	Structured Viva***	1.50	C	3.00	
Paper -V D	Structured Viva****	1.50	A+	6.00	
Total		18.00		54.30	

THIRD YEA	R SEMESTER VI, M.B.I	S. EXAMINATION	HELD IN 20	18 WITH SEAT N	0. 1504010
Course	Description	Credit Hours	Grades	Grade Points	GPA
Paper -I	Theory Module*	6.00	C	12.00	
Paper -11	Theory Module**	3.00	B÷	9.90	
Paper -III	Theory Module***	3.00	B-	8.10	2.78
Paper -IV A	Structured Viva*	3.00	A-	11.10	
Paper -IV B	Structured Viva**.	1.50	A	6.00	
Paper-IV C	Structured Viva***	1.50	C	3.00	
Total		18.00		50.10	

FOURTH PROFESSIONAL M.B.B.S. ANNUAL EXAMINATION HELD IN 2019 WITH SEAT NO. 1504010

Course Description		Description	Credit			larks		Grade	Grade l'oints
			The	Theory Prac		ctical		***************************************	
				Max.	Obt.	Max.	Obt.	1	
NEU2	400	Newsciences Module: II	9.00	100	67.00	100	89.00	٨	36 00
OPH	400	EYE Module	4 50	100	82 00	130	106.00	۸	18 (8)
DPS,GEN & PMR	400	Dermitology, Rehabilitation & Genetics module	4 50	100	64.00			R.	14.85
EM	400	ENT Module .	4.50	100	10 00	150	89 (X)	۸-	10.65
REP2	400	Reproductive Module - II	750	150	74 00	150	123 00	A	30 (x)
MSK	400	Musculoskeletal Module	600	100	67 00	150	116.00	۸.	22 20

Total Marks: Obtained Marks:

Undergraduate Career Total Term GPA: 3.82



137.70



OFFICE OF THE PRINCIPAL DOW INTERNATIONAL MEDICAL COLLEGE DOW UNIVERSITY OF HEALTH SCIENCES KARACIII.



KDA Scheme 33, Gufrar-e-Hijel Suparco, Karschi, Pakistan. Trief No. 92-021-99261492 Fax No. 92-021-99261490 E-moll: p dime@dubx.edu.pk

CONTINUED

FINAL PROFESSIONAL M.B.B.S. ANNUAL EXAMINATION HELD IN 2020 WITH SEAT NO. 1504010

Course	1	Description	Credit Hours	Marks			personal Date (MI)	Grade	Grade Palats
		The state of the s	and the second second second second	The	rory	Pra	rikal		
				Max.	ОЫ	Mas.	Obt		
SURG	500	SURGERY	13.50	300	207	300	213	۸٠	49.95
OBG	500	GYNAE & OBS	4,50	300	227	300	210	۸-	16.65
MED	500	MEDICINE	13.50	300	230	300	239	Α.	54,00
PAEDS	500	PAEDS .	4.50	150	104	150	96	B+	14.85

Total Marks:

2100

Obtained Marks: 1526

Undergraduate Career Total

Term GPA: 3.76 36.00 135.45



Prof. Dr. Forzia Perveen MBBS, MCPS FCPS Principal Dow International Medical College Dow University Hospital, Karachi

Page Jol J



OFFICE OF THE PRINCIPAL DOW INTERNATIONAL MEDICAL COLLEGE DOW UNIVERSITY OF HEALTH SCIENCES KARACHI.



KDA Scheme 33, Gultar-e-Hijri Suparco, Karachi, Pakistan Tele/ No. 92-021-99261492 Fat Na. 92-021-99261490 E-mall: p.dimerá duhs edu pk

TRANSCRIPT OF GRADES OBTAINED DURING CLINICAL ROTATIONS.

This is a detailed academic record of clinical rotations and grades obtained by Dr. Muhammad Taha Khan S/O Usman Ghani while he was a student in J¹⁴, 4th, and Final Year M.B.B.S. at Dow International Medical College, Dow University of Health Sciences, Karachi.

CLINICAL DISCIPLINE THIRD YEAR (Roll No 010	SUPERVISING FACULTY	DATE	GRADES (DET OF 10)
OI, NILGID	Prof. Dr. Sved Muhammad Zahid Azam	06.02.18 to 20.02.18	ter
02. Pulmonology	Prof. Dr. Nisar Ahmed Rao	21.02.18 to 07.03.18	6+
03. Internal Medicine	Dr. Sved Shavan Ali	06 03.18 to 02.04.18	7+
D1 Paediatries	Prof. Dr. Imran Rusheed Ahmad	03 04 1K to 30 04.18	8
05. Ophthalmology	Prof. Dr. Machar Ullianan	02.05.18 to 28.03.18	7+
06. Surgery Unit II	Prof. Dr. Shahida Parveen Afridi	70.08 18 to 16.09.18	*
07. LNT	Prof. Dr. M. Shuja Farrukh	17.09.18 to 14.10.18	6+
08. Gypac & Obs Unit II	Prof. Dr. Riffat Jaleel	15,10.18 to 11.11.18	7
FOURTH YEAR (Roll No. 0)	10)		7
01. Gynae & Obs Unit I	Prof. Dr. Jahan Ara Hasan	28 01.19 to 23.02.19	
02. ENT	Prof Dr. Igbal A. Muhammad Khyani	01.04.19 to 28.04.19	6+
03. Orthopedic	Prof. Dr. Syed Itrat Hussain Zaidi	29.04.19 to 12.05.19	7:
04. Dermatology	Dr. Sadaf Ahmed Asim	13 05.19 to 26.03.19	8
05. Psychiatry	Dr. Shoub Ahmed	03.07.19 to 21.08.19 Exam Break 20/07 to 11/08	9+
06. Internal Medicine	Prof. Dr. Ifickhar Alumed	22.08.19 to 18.09,19	R+
07. Ophthalmology	Prof. Dr. Mazhar III Hasan	19.09,19 to 16.10 19	7
08. Paediatries	Prof. Dr. Imran Rasheed Ahmad	17,10,19 to 13.11.19	O+
FINAL YEAR (Roll No 010)			
01. Radiology	Dr. Amjad Sattar	20.01.20 to 31.01.20	R
02, Surgery Unit I	Prof. Dr. Faisal Ghani Siddiqui	01.02.20 to 29.02.20	9+
	Prof. Dr. Jahan Ara Hasan	01.10.20 to 22.10.20	8
	Dr. Jahancaib Haider	23.10.20 to 03.11.20	6+
	Dr. Niaz Hussain Soomen	04.11.20 to 13.11.20	8+
06. Internal Medicine	Prof. Dr. Iftekhar Ahmed	16.11.20 to 20.01.21 The gaz in posting dates midened due to Could	9
07, NR.GID	Prof. Dr. Syed Muhammad Zahid Azam	11.01.21 to 20.01.21	4.8
08. Pulmonology	Dr. Faisal Faiyaz Zuberi	21.01.21 to 30.01.21	*
09. Paedistrics	Prof Dr Imran Rasheed Ahmed	21.01.21 to 11.02 21	7
10. Neurology	Dr. Jawwad Us Salam	01.02.21 to 11.02.21	9+
	Dr. M. Tarig Farman	12.02.21 to 22.02.21	**

CLASSIFICATION OF GRADIS

Excellent d Exceptional Fen Good Grades Good

Satisfor

Grades

Prof. Dr. Fouzia Perveen MBBS, MCPS, FCPS

Principal Dow International Medical College Dow University Hospital, Karachi



Applicant Reported Unusual Circumstances



Medical School			
Medical Professional Name:	Khan, Muhammad Taha		
Dow University of Health Scien	ces		
Unusual Circumstances			
Did you have any interruption	n(s) or extension(s) in your medical education?	No	
Were you ever placed on pro	bation?	No	
Were you ever disciplined or	placed under investigation?	No	
Were any negative reports fo	r behavioral reasons ever filed by instructors?	No	
	al requirements imposed on you because of academic disciplinary problems or for any other reason?	No	

End of Applicant Reported Unusual Circumstances report for:

Khan, Muhammad Taha



3624 Market Street Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 25 Apr 2022

To: STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 1-100-644-2

Applicant's Name: Muhammad Taha Khan Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 22 Dec 2021 English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	08 Oct 2020	*	*
USMLE Step 2 CK	07 Sep 2021	*	*

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date	
ECFMG Clinical Skills Pathway **	N/A	

^{**} This individual met the clinical and communication skills requirements, including English language proficiency, for ECFMG Certification through one of the Pathways developed in response to the suspension and subsequent discontinuation of USMLE Step 2 CS.

Name of Medical School and Country: Dow International Medical College (DIMC), Karachi, PAKISTAN

Degree Year: 2021

Medical Education Credentials Status†: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit https://cvsonline2.ecfmg.org/verify/verify.asp and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: S4393HLFOM

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

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

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

^{*} To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.



Postgraduate Training



Postgraduate Training

No training reported by applicant

Credentials Analysis Information for Postgraduate Training

issue:

The Medical Professional Information Profile does not include verification of any Post Graduate Training programs.

Solution:

The Medical Professional reports no accredited Post Graduate training performed in the United States or Canada.



Licensure / Examinations

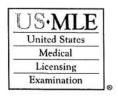


ALC:	2002	
inamatira	/ Examinations	
ICENSUIE	/ Examinations	•

Exam: USMLE

Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Date: 04/22/2022

Federation Credentials Verification Service

ATTN: FCVS

FCVSID:

648178

Examinee:

Khan, Muhammad Taha

Alt Name(s):

Examinee ID: 1-100-644-2
Date of Birth:

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST Test Date	Pass/Fail	Score	Minimum Pass	Comments	
10/08/2020	Pass	247	(194)	Comments	
USMLE ST	EP 2			THE STATE OF THE S	
Clinical Know	eledge (CK)			7,000	
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
09/07/2021	Pass	255	(209)		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.



United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Khan, Muhammad Taha

Examinee ID: 1-100-644-2

Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available- The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS"NOTE"

Circumstances <u>not</u> in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document.

PHYSICIAN DATA CENTER INFORMATION APPEARING AS'NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.

Page 2 of 2 Rev 2018

Form 2 (MD - TRAINING)

ATTACHMENT 3

Oklahoma State Board of Medical Licensure and Supervision

OKTRAINING@okmedicalboard.org

This form must be completed and sent directly to the Board by the training institution

RECEIVED

JUL 26 2023

Verification of Graduate Medical Education

	me M	uhammad		nan	41.1	4	0.11	
nstitution: _	Inversi	ity of Oklah	noma H.S.C.	City/State	OKI	th om	a City	, Oktohoma
raining Level: e.g. 1, 2, 3, etc.)	_1_ sp	ecialty/Subspecialty	nternal Medi	cine	_ From:	07/0	/ 2022 To:	06 80 2023
Accredited By:	☐ Internship ☐ ACGME	☐ Residency	Successfully Completed?	D YES	I) IN P	ROGRESS		
raining Level: e.g. 1, 2, 3, etc.)	Sp	ecialty/Subspecialty	i - winter	and the special	From:		/ To:	
	☐ Internship	☐ Residency	Successfully	☐ YES				
Accredited By:	☐ ACGME	□ AOA	Completed?	□ №	O IN P	ROGRESS		
raining Level: e.g. 1, 2, 3, etc.)	Sp	ecialty/Subspecialty			From:		/то	
	☐ Internship	☐ Residency	Successfully Completed?	- 1.22				
Accredited By:	☐ ACGME	□ AOA	completeur	□ NO	I IN P	ROGRESS		
1. Did th	is individual e	ver take a leave of abse	nce or break from his/he	r training?			□ YE	E No
		ever placed on probatio		· commig.			□ YE	
3. Was t	his individual	ever disciplined or place	ed under investigation?				□ YE	IZ NO
			ioral reasons ever filed by				☐ YE	IZ NO
			its placed upon this individems or any other reason?		ise of que	stions of	□ YE	D NO
Please explain	any "YES" res	ponse from above:						
Completion o	of the followin	ng is attesting that the in	nformation above is an ac	ccurate acc			dual's records	
Completion of and correct. Name: A	of the following the signature of the si	ng is attesting that the ine line must contain the Madig, M.	nformation above is an according of the position of the positi	ccurate acc program d	mector (N	N.	dual's records only)	and is true
Completion of and correct. Name: A	of the following the signature of the si	ng is attesting that the ine line must contain the Madig, M.	nformation above is an ac original signature of the p	ccurate acc program d	mector (N	N.	dual's records only)	and is true
Completion of and correct. Name: A	of the following the signature of the si	ng is attesting that the ine eline must contain the Nadig, M. year Direct 163 Fax: 405-2	nformation above is an according of the position of the positi	ccurate acc program d ure // f Signature	Jany.	N.	dual's records only)	and is true
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3624 Market Street Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 25 Apr 2022

STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

ECFMG® CERTIFICATION STATUS REPORT

USMLE®/ECFMG Identification Number: 1-100-644-2

Applicant's Name: Muhammad Taha Khan

Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 22 Dec 2021 English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

OKLAHOMA STATE BOARD OF AND SUPERVISION

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	08 Oct 2020		*
USMLE Step 2 CK	07 Sep 2021		

Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date	
ECFMG Clinical Skills Pathway **	N/A	

^{**} This individual met the clinical and communication skills requirements, including English language proficiency, for ECFMG Certification through one of the Pathways developed in response to the suspension and subsequent discontinuation of USMLE Step 2 CS.

Name of Medical School and Country: Dow International Medical College (DIMC), Karachi, PAKISTAN

Degree Year: 2021

Medical Education Credentials Status†: Complete

How to Verify the Authenticity of this Report:

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit https://cvsonline2.ecfmg.org/verify/verify.asp and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

Report Verification Code: S4393HLFOM

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

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

Important Note:

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.

Form 282 B - 6/21

BECINASID

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51st STREET OKLAHOMA CITY OK 73105

APR 2 5 2022

EVIDENCE OF STATUS - PART B

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

		MUHAMMAS		Middle	Last	Malden (If applicable)
Mailing	Address: _					
			Street Address	or Board Office Box		
					Social Security #:_	
	City	State	Zip Code	Telephone Numb	•	
			DOCUMENTA	ATION TO DETERMIN	E QUALIFIED ALIEN STATUS	
# m						askmark below to indicate the
docume	nt that will b	allen, please submit	a notarized copy of	of the original, unexp	ired documents. Place a cr	eckmark below to indicate the
		nigrant Visa Status:				
	NS Form I-94					
	NS Form 1-688	В				
Asylee:						
				ylum under §208 of th	e INA	
				tated "27a .12 (a) (5)"		
		(Employment Author		nnotated "AS"		
		om the Asylum Office				
Refugee:		migration judge grant	ing asylum			
		annotated with stamp	showing admission	under §207 of the INA		
				ated "274 a.12 (a) (3)"		
		(Employment Author				
	NS Form I-571	(RefugeeTravel Docum	ment)			
Alien Par	roled into the	U.S. for a least One Yo	ear:			
					d) (5) of the INA. (Applicant co	annot aggregate periods of admission
	or less than or	e year to meet the on on or Removal Was V	e-year requirement			
Allen Wh	No Form Lege	D /Emologopat Autho	rization Card) annot	ated "274 a.12 (a) (10)	,	
 	NS Form 1-000	(Employment Authori	zation Document) a	nnotated "A10"		
	order from an	immigration judge sho	wing deportation w	ithheld under §243 (h)	of the INA as in effect prior t	o April 1, 1997, or removal withheld
	inder §241 (b)			and the second second		
Allen Gra	nted Conditio	nal Entry:				
	NS Form 1-94 v	vith stamp showing ad	mission under §203	(a) (7) of the INA		
	NS Form I-688	B (Employment Autho	rization Card) annot	ated "274 a.12 (a) (3)"		
		(Employment Authori	zation Document) a	nnotated A3		
Cuban/H	altian Entrant	Alian Pagistestian Pag	reint Card, common	ly known as a "green c	ard") with the code CU6, CU7	a cus
	navolrad tem	norary I-SS1 stamp in	foreign passport or	on INS Form I-94 with	the code CU6 or CU7	, or cho
	MS Form 1-94 v	oth stamp showing pa	role as "Cuba/Haitia	n Entrant" under § 212	2 (d) (5) of the INA	
Alien Wh	o Has Been Ba	ttered or Subjected to	Extreme Cruelty:			
	NS petition an	appropriate supporti	ng documentation			
Other Do	cument (pleas	e list)				
2	PASSPORT	COPY				
declare	under penalt	of perjury, under the	e laws of the State	of Oklahoma, that all	information contained in t	his application and all accompanyin
documen	its provided to	substantiate my Evi	dence of Status ap	plication are true and		
		1 1/1			D-1- (4/18/2022
Signature		X de	140	William .		11012322
Subscribe	ed and sworn	before me this . 12	8th day of	APRIL	20.22	14/18/2022
- Concilion				1		
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Notary P	ublic_SYE	DAHMED HAS	SAN - /	1	MED	HAS
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ommiss	lon Number_	3001/3-2	1/2015		1/8/ 6/1	13/1 *
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7		01/09/	2023		No shi	121
	nission expire	01/09/	2023		* NOTA	2000

1 Sign

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51ST STREET

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: licensing@okmedicalboard.org

To Request Ex	camination Scores
For National Board Scores	For FLEX or USMLE Scores
National Board of Medical Examiners	Federation of State Medical Boards
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Euless, TX 76039-3855
(215) 590-9500	(817) 868-4000
www.NBME.org	www.FSMB.org

- Extended Background Check Applicants for licensure are required to request an Extended Background
 Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. **English Proficiency Exam** Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
 - 1. Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
 - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
 - 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
 - a. Examination scores, and
 - Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
 - c. Evidence of Status, and
 - d. Extended Background Check

I, the undersigned, have fully read and understand the instructions. I swear or affirm that the information submitted in and with the application is, to the best of my knowledge, true and factual. I understand that attempts to deceive or fraudulently portray information contained herein may result in cancellation of my application or charges of filing a fraudulent application that may result in subsequent revocation of licensure.

Muhammad Taha Khan04/23/2022Name of Applicant (type or print)Signature of ApplicantDate

Except as specifically may be waived by the Board, the Board shall not engage in any application process with any agent or representative of the applicant. 59 O.S. § 492.1 (C); Okla. Admin. Code § 435:10-4-1(c)

Please return these signed instructions by mail to the address at the top of the page or email.

APR 2 5 2022

OKLAHOMA STATE BOARD OF

18 Jan

TIME DEFICIENCY

C. C. TA			
Name:	MUHAMMAD TAHA UHAN	Application #	

We have to account for any/all time from age 18 to present. Please complete this form to the best of your recollection for the times indicated.

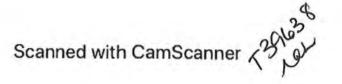
Start Month	Start	End	End	Name of Institution	City	State	Degree
09	Year 2013	Month 06	Year 2015	THE CAMBRIDGE HIGH SCHOOL	ABUOHAGI	U-A-E	A-LEVELS
12	2015	07	2021	DOW INTERNATIONAL MEDICAL COUR	E KARACHI	PAWSTAN	M.B.B.S
					1 A		
EMPL	OYME	NT	-				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
11	2021	01	2022	DOW UNWERSITY HOSPITAL	UMPACHI	PAHUSTAN	LOUSE OFFICER
703	2022	PRES	ENT	AGA WHAN UNIVERSITY HOSPITAL	WARACHI	PALUSTAN	INTERN
OTHE	Region to	(N. S.)		choracycles in the control of the co		(40)= F	asi sin see
Start Month	Start Year	End Month	End Year	Other (Unemployed, Stay at home parent, etc.)		City	State
07	2021	08	2024	STEPZ Cuprep, Remarch, Volunt	eurig	wast	HI PANUSIA
08	2022	09	2023	Virtual Obsever at University of M	licmi	MARM	PLOTETO #
09	2022	10	2022	Attracting Renderey between of		unrite	HI PANISTI
01	2022_	02	2022	Personal dine off Lovisit poverts in	AbuDhabi.	ABUDH	MB1 UHE.

6 2015 - 12 2015

RECEIVED

APR 25 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



		1 2 2 63 7 90 7 90	ATT
Name:	Muhammad Taha Khan	Application #	39638

We have to account *for any/all time from your 18th birthday to present*. Please complete this form to the best of your recollection for the times indicated.

EDUCA	NOITA							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degr	ee
WORK	CHISTO	ORY						
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
OTHE	R ACTI	VITY						
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Stay at	home parent, etc.)	City		State
06	2015	12	2015	Medical School Entrance Exams, SAT 1/2 p	reparation, Medical School Apps	Abu	habi	UAE

6/15-12/15



05/03/2022

MUHAMMAD TAHA KHAN

RE: MD Application #39638

Dear MUHAMMAD TAHA KHAN.

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP32452986
Password:4 Digit Birth Year

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

This deficiency list may or may not contain all required deficiencies. Please <u>allow 5 business days</u> for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

Review of your application for special licensure to practice medicine and surgery in the state of Oklahoma reveals the following deficiencies:

Exam verification date

USMLE Exams Incomplete

Social Security Number

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

Extended Background Check

Time DEFICIENCIES: 6/2015-12/2015, NOT ADDRESS IN FORM RECEIVED (PLEASE USE TIME DEFICIENCY FORM FOR EXPLANATIONS)

OTHER DEFICIENCIES: RCVD EVD OF STATUS WAITING ON SAVE / ***DO NOT NEED FORM2, STEP3, FED, AMA OR NPDB***

US Customs and Immigration Service (USCIS)

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

If a "Time Deficiency" is listed, please e-mail licensing@okmedicalboard.org with your activities during the specified time frame.

Any of the required forms in the list above may be downloaded from our website: http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP32452986 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

If we may be of further assistance, please email licensing@okmedicalboard.org or call (405) 962-1470.

Sincerely,

Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

	Number 39638 CAL DOCTOR	THE THE STREET	D TAHA KHAN		
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2000		oll, Univ Of K	arachi, Karachi, I		duates of this Medical School:138
Appli	cation for:	YOU STATE		cense	Reinstatement
		D CIRCULAI	RIZATION TO O	THER BOARD ME	MBERS
	- Passed USI - No DUIs or - No Signification - US Graduated	MLE Legal Issues ant Malpract te	s ice Issues	ast Track]	
3)	 Passed USI No DUIs or No Signification US Graduate Graduated 	MLE Legal Issues ant Malpract te Medical Sch	s ice Issues ool on time	ast Track]	
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RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktralning@okmedicalboard.org

QUESTIONNAIRE Please read and follow ALL instructions

FORM INSTRUCTIONS: Complete both pages of this form only If you are renewing or upgrading your training license. Attach the appropriate documentation and answer the confidential questions.

PAYMENT INSTRUCTIONS: If you ARE FULLY LICENSED, you MUST go online and renew your license - DO NOT pay your renewal fee via these instructions (doing so will delay your renewal) for those needing to pay online please see the instructions of ATTACHMENT 2.

ATTESTATION STATEMENT: By completing this document, I agree to pay the appropriate fee on ONLINE BILL PAY If you are UPGRADING your training license to a full license, your fee will be \$250 & you will choose MD TRAINING-TO-

If you are RENEWING your training license, your fee will be \$150 & you will choose MD TRAINING LICENSE RENEWAL PLEASE PRINT ALL INFORMATION

FIRST NAME	MUHAMMAD TAHA	NAME KHAN
ADDRESS		
NUMBER	39638	PHONE
HOME ADDRESS		ZIP CODE
PROGRAM ATTENDING	AJAT NAOIG	SPECIALTY INTERNAL MEDICINE

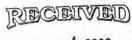
DOCUMENTATION TO ATTACH

	PAYI	MENT	COMP	LET	TED	
Ø	\$150 payment made on Billpay for RENEWAL of training license	100	\$250 payment made on Billpay for UPGRADE of training license			
	DOCUM	ENTA	TION	REQ	UIRED	
	Form 2 (must be received directly from program) **ONLY FOR UPGRADE - ATTACHMEN	Т3	0		raluation (must be received directly from program) -	
	USMLE Step 3 (must be received directly from USMLE)		Ø	An	nswer confidential questions (on back of this form)	
	FOREIG					
	FOREIG	NIKA	INED 3	TUI	DENTS	
J	Current visa				Social Security Number **if not provided at initial application	
	Background Check **if not done at initial appli	cation	n			

IF YOU ARE FULLY LICENSED - DO NOT COMPLETE THIS FORM. YOU MUST GO ONLINE AND RENEW AT https://pay.apps.ok.gov/medlic/md/login.php ENTER YOUR LICENSE NUMBER & PIN - COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

RENEWAL QUESTIONNAIRE UPDATED 01-2023

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JUL 1 1 2023

NAME MUHAMMAD TAHA KHAN

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

PLEASE COMPLETE THE RENEWAL QUESTIONS BELOW, IF YOU HAVE ANY "YES" ANSWERS YOU MUST PROVIDE A NOTARIZED STATEMENT EXPLAINING YOUR ANSWER.

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever in QUESTIONS	s most r YES	ecent) NO
Have you failed any part of the USMLE exam (not previously disclosed)?		æ
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	0	岖
Have you had any adverse judgment or settlement against you rising from a professional liability claim?	п	A
Have you been reported to the National Practitioner Data Bank (NPDB)?	п	æ
Have you ever been denied, had removed, or suspended hospital privileges?	0	Ø
Have you surrendered hospital privileges while under investigation or to avoid investigation?		A
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	J
Has your application for licensure ever been denied?	0	J2
Have you surrendered a license or had any disciplinary action taken on any license?	0	J
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?	0	æ
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	0	鱼
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	0	A
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	0	型
Have you been addicted to or abused any drug or chemical substance including alcohol?		A
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		A
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	0	Ø

Have you been addicted to or abused any drug or chemical substance including alcohol?		VE
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		业
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	п	V
I swear under penalty of perjury, that I am the person completing this Questionnaire and understand to license procured or obtained by fraud or misrepresentation will result in disciplinary action taken again pursuant to the provisions of 36 O.S. § 508. Signature Date	nst the lic	

Scanned with CamScanner

1638

ATTACHMENT 4

RETURN FORM TO: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@okmedicalboard.org

FORM MUST BE RETURNED BY THE PROGRAM, NOT THE APPLICANT

RECUIVED

JUL 0 3 2023

ANNUAL EVALUATION – TRAINING LICENSES ONLY DO NOT COMPLETE FOR FULLY LICENSED PHYSICIANS

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	ME	JICA		1400		
	14	JD SI	IPER	VISIC	M	

Name of Resident (please print)	Muha	mm	ad -	Taha	Kho	<u> </u>
License Number_39638	Spec	ialty	intern	al Me	dicine	
Institution Name University	0 20	Klah	ana F	tealth	Science	es Center
Program Director (please print)						
Program Director Email Ajay - N			3			
Instructions: Please rate each resident (Fair) or 2 (Below Average) YOU MUST	according	g to the	scale below.	If the score		
ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
MEDICAL KNOWLEDGE						
APPLICATION OF MEDICAL KNOWLEDGE				Ø		
COMMUNICATION SKILLS				Ø		
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS				回		
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP				Ø		
REMARKS/COMMENTS	-110-11					
~						
COMPLETED BY (please print) Aj	ay P.	Nac	lig, M.		, ,	- /
SIGNATURE The Nacl	ig, N	40	DDI	DATE_	10/9	11/2013
Evaluation revised 1-2023	/		SO	URCE	,	73943

Oklahoma State Board of Medical Licensure and Supervision Application Summary

MD 43872 RAZA KHAN	
MEDICAL DOCTOR	
Incomplete Information (due to space limitations on this page, this may not be a complete list)	
Application Instructions Time Deficiency Form for: 5/2018-10/2018 NEED CITY AND STATE FOR THIS GAP MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS OTHER DEFICIENCIES: NEED FORM 2 UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 PostGrad - Form 2 MEDICAL CITY HEALTHCARE UNT-TCU GME PROGRAM	28
Last Medical School Attended: 039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	_
Number of Licenses Previously Granted to Graduates of this Medical School:7,359	
Application for: Resident Full License Reinstatement	
The Secretary of the Board has reviewed this application and:	
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS	
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] - Passed USMLE - No DUIs or Legal Issues - No Malpractice Issues - US Graduate - Graduated Medical School in 4 years or less	
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /	
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE	

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type MD

Number 43872

Name

RAZA KHAN

MEDICAL DOCTOR

Practice Address:

May 22, 2024

OU DEPARTMENT OF RADIOLOGY

1100 N LINDSAY AVE

OKLAHOMA CITY, OK 73104

OKLAHOMA

Status:

Res: TP

Received: 05/22/2024

Entered: 05/22/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec: 05/24/2024

AMA Rec: 05/24/2024

Board Action:

License #: 43872

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	05/08/24	6/3/24	1
Test 2: USMLE 1	PASS	06/07/21	6/3/24	1
Test 3: USMLE 2	PASS	07/07/22	6/3/24	1

Note: PASS means higher than 75

Test AV: **Total Possible:** Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: UNIVERSITY OF ROCHESTER

City: ROCHESTER

Degree: B.S. IN NEUROSCIENCE

State: NY Country: UNITED STATES

From: 8/2014 To: 5/ 2018 Verified:

MEDICAL SCHOOL EDUCATION

Name: Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

Foreign Name:

City: Oklahoma City

State/Country: United States of America

Degree: M.D.

From:

8 / 2019 **To**: 5 / 2023

Diploma Ver'd:

Y

Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

Type MD

Number

Name

43872

RAZA KHAN

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: RADIOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Verified:

Waived

From: 7 / 2024

To:

ACGME Ver'd:

Waived

Comments: ELIGIBLE FOR FULL LICENSURE (LKC)

Facility: MEDICAL CITY HEALTHCARE UNT-TCU GME PR(Specialty: TRANSITIONAL YEAR

Res. Fellowship: Residency

City: PLANO

State:TX

Country: UNITED STATES OF AN

Verified:

From: 7 / 2023

To: 6/2024

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: ENVISION

City: NASHVILLE

Supervisor:

State: TN Country: UNITED STATES

Specialty: MEDICAL SCRIBE

From: 10/2018 To: 6/2019 Verified:

Comments: MEDICAL SCRIBE IN ER AT OUHSC

Employed: NONE

City: NEED CITY AND STATE

Supervisor:

State:

Country:

Specialty: UNEMPLOYED From: 5/2018 To: 10/2018 Verified:

Comments:

Other Licenses

State Lic Type and Number Status Issued Verif Exp TX MD BP10084210 7/1/23 6/30/24 5/24/24

DEFICIENCIES

Application Instructions

Time Deficiency Form for: 5/2018-10/2018 NEED CITY AND STATE FOR THIS GAP MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: NEED FORM 2 UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM

MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

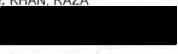
PostGrad - Form 2 MEDICAL CITY HEALTHCARE UNT-TCU GME PROGRAM

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:05/22/2024 PAGE 488 of 500

MD 43872

Applicant Name: KHAN, RAZA



Date Of Birth:

Place Of Birth (City, State): KARACHI, PAKISTAN

Sex: M Race: Asian/Pacific Islander

	ation Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF ROCHESTER	ROCHESTER	NY	8/2014	5/2018	B.S. IN NEUROSCIENCE		

Medical School Name	City	State Country	Comments	From	То
Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	Oklahoma City	OK United States		8/2019	5/2023

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
MEDICAL CITY HEALTHCARE UNT-TCU GME PROGRAM	PLANO	TX	UNITED S'	TRANSITIONAL YEAR		7/2023	6/2024

Practice History Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
ENVISION	MEDICAL SCRIBE		NASHVILLE	TN	10/2018	6/2019	

Other/	Out-Of-State Lic	enses					
State	License #	Profession		Status	Issue Date	Exp Date	
TX	BP10084210			U	7/1/23	6/30/24	
MD Ex	am						
Exam		State	Score	Date Taken	#_		
USML	E						

4500/

Oklahoma State Board of Medical Licensure and Supervision APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE PAGE 4 PAGE 489 of 500

Received:05/22/2024

	stions Answered 05/20/2024	Response				
	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?					
	Have you ever surrendered a license or had any adverse action taken against any narcotic permit (state or federal)?	N				
	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N				
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N				
	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N				
	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N				
6.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, or training program?	N				
	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N				
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N				
	Have you been reported to the National Practitioner Data Bank (NPDB)?	N				
ζ.	Has your application for a professional license been denied?	N				
Λ.	Have you surrendered a license or had a license revoked?	N				
1.	Has any disciplinary action been taken on any license?	N				
Э.	Have you been the subject of a review by a professional licensing/regulatory agency, other than the Oklahoma State Board, based on a complaint filed against you?	N				
٥.	Have you ever been arrested or convicted of a felony or misdemeanor, or are charges currently pending against you?	N				
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N				
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N				

Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:05/22/2024 PAGE 490 of 500

If licensed, where do you intend to locate? OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: OUHSC Diagnostic Radiology Program
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder N/A
Name of Current Carrier and policy Holder N/A
Will your professional liability insurance policy cover your practice in Oklahoma No
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma Start of residency (07/01/24)
I attest that all the above information is accurate as of May 21, 2024:(Signed Online)



Applicant: In the presence of a notary public, sign this form with attached photo.

Send this form to:

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105

I, the undersigned, being duly sworn, hereby certify under oath that I am the person named in this application, that all statements I have made or shall make with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every aspect.

I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, association, institution or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed or any other pertinent data, and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application.

I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information pertaining to me of any and all liability of every nature and kind arising out of investigation made by the Board.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this application if such a change occurs at any time prior to a license to practice being granted to me by the Board.

I understand my failure to answer questions contained in this application truthfully and completely may lead to denial, revocation, or other RECEIVED disciplinary sanction of my license or permit to practice.

MAY 29 2024 Applicant's signature (must be signed in the presence of a notary) OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Khan, Raza, A.

Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)

ORNBRe of signature (must correspond to the date of notarization) ID#12287651

STATE OF TEXAS Pleas note: The Notary Public seal should overlap the bottom of the photo to the left]

, County of Count

My Comm. Expires 03-27-2025

I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this applicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the applicant and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

NOTARY

	The state of the s			The state of the s		
The statements on this docum	ant are subscribed and	I sworn to before me b	v the applicant on this	28 day of	Mar	2014
The statements on this doctor	are subscribed and	1 3WOIII to before the b	y the apparatit on this E	Z ruay or	1.04	_, 400

My Notary Commission Expires 03/27/2025 Notary Public Signature



United States Medical Licensing Examination® (USMLE®) RECEIVED **Certified Transcript of Scores**

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/30/2024

Examinee:

Khan, Raza Ahmed

Examinee ID: 5-476-349-5 Date of Birth:

Alt Name(s):

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale. Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1				
Test Date 06/07/2021	Pass/Fail Pass	Score 241	Minimum Pass (194)	Comments	
USMLE ST	EP 2				
Clinical Know	ledge (CK)				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
07/07/2022	Pass	268	(214)		
USMLE ST	EP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
05/08/2024	Pass	238	(200)		

End of Exam History

NOTE: The USMLE Step 2 CS examination was last administered March 16, 2020. Examinees with a failing outcome may not have had an opportunity to retest. The USMLE defines successful completion of its examination sequence as passing Step 1, Step 2 CK, and Step 3.

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.





United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by Federation of State Medical Boards of the United States, Inc. (FSMB) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Examinee: Khan, Raza Ahmed

Examinee ID: 5-476-349-5
Date of Birth:

INTERPRETATION OF RESULTS

USMLE transcripts include a complete examination history. On those Step examinations for which numeric scores are reported, a three-digit scale is used. Most scores fall between 140 and 260 on this scale. The recommended minimum passing score is shown on the front of the transcript next to the examinee's score for each administration along with a pass/fail outcome. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale. The level of proficiency required to meet the recommended minimum passing level for each USMLE Step is reviewed periodically and is subject to change. Such changes do not alter pass/fail outcomes from prior test administrations.

For examinations with reported scores, the Standard Error of Measurement (SEM) provides an index of the variation that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content. The SEM is usually in the range of 4 to 8 points.

STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

Step 1 examinations taken on or after January 26, 2022 are reported as pass/fail, with no numeric score; Step 1 examinations taken before January 26, 2022 will continue to be reported with a 3-digit score. All Step 2 CS results are reported as pass or fail, with no numeric score. Test results reported as passing represent an exam score of 75 or higher on a two-digit scale.

ANNOTATIONS APPEARING UNDER "COMMENTS"

Circumstances in connection with an administration shown on this transcript may result in one or more annotations listed next to the score. A description of each Comment is provided below:

Indeterminate - Results are at or above the passing level but cannot be certified as representing a valid measure of the examinee's knowledge or competence as sampled by the examination. No score is reported. Information regarding the nature of the indeterminate score is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Incomplete - The examinee sat for some, but not all, of the scheduled examination. No score is reported.

Irregular Behavior - The Committee for Individualized Review determined that the examinee engaged in irregular behavior. Examples of irregular behavior are described in the current edition of the USMLE Bulletin of Information. Information regarding the nature of the irregular behavior and the determination of the Committee is available. If such information is not enclosed with this transcript, it may be obtained by contacting the organization from which you received the transcript or the USMLE Secretariat, 3750 Market Street, Philadelphia, PA 19104, telephone (215) 590-9700.

Score Not Available - The score is not available. Further review and/or analysis may be pending, or it may have been determined that the score cannot be reported.

ANNOTATIONS APPEARING AS "NOTE"

Circumstances <u>not</u> in connection with an administration shown on this transcript may result in one or more annotations and an explanation or instructions to contact the appropriate individual or organization. The Note will appear at the end of the document,

PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

The Physician Data Center of the Federation of State Medical Boards (FSMB) contains actions reported to the FSMB by U.S. licensing and disciplinary boards, the U.S. Department of Health and Human Services, government regulatory entities and international licensing authorities. To be included in the Physician Data Center, an action must be a matter of public record or be legally releasable to state medical boards or other entities with recognized authority to review physician credentials. Certain actions reported to and released by the Physician Data Center are not disciplinary or otherwise prejudicial in nature. Such actions are reported to ensure that records are complete and to assist in preventing misrepresentation or the use of lost or stolen credentials by unauthorized persons. Once reported to the FSMB, an action becomes part of the permanent record of the individual physician, and the existence of such an action may be indicated on the USMLE transcript by a Note.

03/2015

This document was printed from a secure website and accurately reflects score information maintained by the FSMB.



AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City, OK

Name and Mailing Address

RAZA AHMED KHAN HCA HEALTHCARE - MEDICAL CITY PLANO GRADUATE MEDICAL EDUCATION 3901 W 15TH ST PLANO, TX 75075-7738 **Primary Office Address**

SAME AS MAILING ADDRESS

SSIMAR

Birth date



Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

MAY 2 3 2024

AMA membership status

NON MEMBER

All information from this point forward is provided by the primary source.

Current and/or historical National Provider Identifier (NPI) information

NO DATA REPORTED AT THIS TIME

Current and/or historical medical school

US medical school information is verified directly from the school. In some instances, a medical school will designate the National Student Clearinghouse (NSC) as its verification agent. Instances of verification by NSC are indicated on an AMA Profile when applicable.

On the profile, enrollment date is understood to mean the date a student begins a pre-matriculation program, attends orientation immediately preceding enrollment, or becomes enrolled in classes at a medical school. Degree date is understood to mean the date a physician is awarded his/her degree upon completion of the degree program. When provided by the primary source, a month is also included for these two dates. Date information provided by primary sources does vary. Enrollment date for international medical graduates is not reported to AMA.

School: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded: Enrollment Date: YES 08/2019

Degree Type: Degree Date: MD 05/2023

AMA files checked 05/24/2024 09:19:22

AMA Physician Profile for Raza Ahmed Khan, MD ©2024 by the American Medical Association. All rights reserved.

Page | of 3

TH3872



Current and/or historical ACGME-accredited graduate medical training programs

This section's data is sourced only from training programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) as part of the National Graduate Medical Education Census. Program name is only reported for training received in 2010 and later. Training types are identified as specialty (residency) or subspecialty (fellowship) only for training received in 2016 and later.

The AMA Profile does not include non-ACGME accredited training programs, and the absence of such does not necessarily indicate a gap in training.

Training performed in Canada or at an accredited US osteopathic institution is updated only upon verification by the program. US licensing authorities accept GME from both entities as equivalent to training performed at an ACGME-accredited program.

Verification of training status may be indicated in one of four ways. Completed indicates that the training has been completed in its entirety and verified with the program. Training in Progress indicates the training has a future completion date and is verified as in progress. Verification of Completion in Progress indicates the training has a past completion date and was verified as in progress but the program has not yet verified completion. Partially Completed indicates the training is verified as partially completed but the physician either changed programs or did not complete the training.

Sponsoring Institution: HCA MEDICAL CITY HEALTHCARE UNT-TCU GME

Sponsoring State: TEXAS

Program name: HCA MEDICAL CITY HEALTHCARE UNT-TCU GME (PLANO)

PROGRAM

Specialty: TRANSITIONAL YEAR

Training Type: SPECIALTY

Dates: 07/01/2023 - 06/30/2024 **Status:** TRAINING IN PROGRESS

Specialty board certification

NO DATA REPORTED AT THIS TIME

Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME



Medicare/Medicaid Sanctions from DHHS: NO ACTIONS REPORTED AT THIS TIME US DOJ Drug Enforcement Administration: NO ACTIONS REPORTED AT THIS TIME

U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

ECFMG certification

NOT APPLICABLE

Profile information

The content of the AMA Physician Profile is for credentialing use only. The content cannot be used or assembled for an employment purpose as defined under the Fair Credit Reporting Act. An organization's appropriate use of the data contained in the AMA Physician Professional DataTM, formerly known as AMA Physician Masterfile, meets select primary source verification requirements of the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and the American Accreditation Health Care Commission (AAHCC)/ Utilization Review Accreditation Commission (URAC). The AMA Physician Professional Data is also an NCQA-approved source for verification of medical school, post-graduate medical training, ABMS Board Certification and federal DEA registration.

If any of the data in this Profile is believed to be incorrect, please log in to your account on AMA Profiles Hub, go to the "Profile Manager" tab, find the clinician for whom you think we have inaccurate information and click on the "Report" button in the "Report a Discrepancy" column. Enter any of the information that you feel needs to be researched. The AMA will contact the primary source of the data to determine which data is correct. We will notify you of the outcome of our research. If any changes are made to the profile, the link in the "Profile Manager" tab will be updated for this clinician so that you can access the new information.

If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51" STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

MAY 29 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Email form to: Licensing@okmedicalboard.org **EVIDENCE OF STATUS - PART A**

Full Legal Name:	Raza		Ahmed	Khan	
	First	11 Factor 12 Fac	Middle		Maiden (if applicable)
Mailing Address:					
				Santal Sanualtu H.	
City	State	Zip Code	Telephone Numbe	Social Security #:	

City State Zip Code Telephone Number	_Social Security #:	SAN TO SA
PRIMARY EVIDENCE OF CITIZE (FOR US CITIZENS, US NATIONALS, OR PERMANEN		
If you are a U.S. citizen, U.S. national, or permanent legal resident alien, plead documents to this form. Place a checkmark below to indicate the document t		g
A birth certificate showing birth in one of the 50 States, the District of Columbia, Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or t foreign diplomats residing in the U.S.		
United States passport (except limited passports, which are issued for periods of		MALIE
Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of St		t of Ctatal
Certificate of birth (FS-545) (issued by a foreign service post) or Certification of R copies available from the Department of State	deport of Birth (DS1350) (issued by the Departmen	t of State),
Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Feder after December 1990 to individuals who are individually naturalized; the N570 is lost or mutilated or the individual's name has been changed)		
Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who replacement certificate issued when the N-560 has been lost or mutilated or the		1 is a
United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1 border who needed it for frequent border crossing) (formerly Form I-179, last iss	983 to U.S. citizens living near the Canadian or M	exican
Northern Mariana Identification Card (issued by the INS to a collectively natural Mariana Islands before November 3, 1986)		ern
Statement provided by a U.S. consular officer certifying that the individual is a U.S. who derives citizenship through a parent but does not have an FS-240, FS-54		tside the
American Indian Card with a classification code "KIC" and a statement on the b Kickapoos living near the U.S./Mexican border.)		s Band of
Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green ca	ard")	
Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94		FORES.
declare under penalty of perjury, under the laws of the State of Oklahoma, the accompanying documents provided to substantiate my Evidence of Status app		
ubscribed and sworn before me this 29th day of May	20 24	X X 42
otary Public Stangung a Patrice ommission Number 132410959 ly commission expires 81712024	NOTARY SEAL	SHANIQUWA PATRICK Notary Public, State of Tex Comm. Expires 08-07-202 Notary ID 132610959
	20872	



Name: Raza Khan	Application # 43872
-----------------	---------------------

We must account *for any/all time from your 18th birthday to present.* Please complete this form to the best of your recollection for the times indicated.

Start	Start	End	End	Name of Institution	City	State	Degree	
Month 8	Year 2014	Month 5	Year 2018	University of Rochester	Rochester	6167	B.S. neuroscie	
8	2019	5	2023	University of Oklahoma College of g	Oklahoma Ci		M.D.	
WORK	ыста) DV						
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
10	2018	7	2019	Envision	Oklahoma Çi	OK	Medical Scribe	
7	2023	6	2024	HCA Healthcare	Plano	TX	Transtional ye	
					TR	eceni	VED	
					-	MAY 29	10 17 3 7	
					OKL	HOMA STATE NEDICAL LICE AND SUPER'	BOARD OF NSURE VISION	
OTHER	R ACTI	VITY						
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at ho	me parent, etc.)	City	State	
5	2014	8	20144	Summer break				
5	2018	10	2018	Unemployed, break				
			1,17					

Need aly & state

143872

05/24/2024

DAZA KHAN

RE: MD Application #43872

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP18612412
Password:Last 4 SSN

Dear RAZA KHAN,

YOU <u>CANNOT</u> PRACTICE YOUR PROFESSION IN THE STATE OF OKLAHOMA UNTIL A VALID LICENSE HAS BEEN ISSUED.

Your training application has been processed and the current deficiencies are listed below. Please be advised, these may not be the only deficiencies. You will be advised if any other deficiencies are added. You may check your application status online by logging in with the username and password provided above.

If you have further questions please email oktraining@okmedicalboard.org

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to oktraining@okmedicalboard.org

with your activities during the specified time frame.

OTHER DEFICIENCIES: FCVS/NEED FORM 2 UPON COMPLETION OF TRAINING, MUST COME

DIRECTLY FROM YOUR PROGRAM

MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190

PostGrad - Form 2 MEDICAL CITY HEALTHCARE UNT-TCU GME PROGRAM

USMLE Exams Incomplete

Evidence of Status

Visa Type (if non-US citizen)

Exam verification date

Visa Expiration Date (if non-US citizen)

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 5/2018-10/2018 MUST USE TIME DEFICIENCY FORM FOR

EXPLANATIONS

Any of the required forms in the list above may be downloaded from our website:

http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site: https://secure.okmedicalboard.org/applicant/signin

Your user name is <u>AP18612412</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY".

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl