## PART 6

## 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.

Type Number Name  MD 39602 LAXMI ALEKHYA MITTA
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: 496-23 Sri Ramachandra Med Coll, Dr M G R Med Univ, Madras, TN, India
Number of Licenses Previously Granted to Graduates of this Medical School:16
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

Number

Name

MD

39602

LAXMI ALEKHYA MITTA

MEDICAL DOCTOR

**Practice Address:** 

April 21, 2022

Status:

Res: TR

Received: 04/20/2022 Entered: 04/20/2022

Temp Issued: Temp Expires:

Train Issued: 07/01/2022 Train Expires: 09/30/2024 Fed Rec: 05/08/2024 AMA Rec: 05/08/2024

**Board Action:** 

License #: 39602

Sex: F Ethnic Origin: 6 Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test	1: USMLE 3	PASS	04/21/23	5/8/23	1
Test	2: USMLE 2CK	<b>PASS</b>	08/10/17	4/21/22	2
Test	3: USMLE 1	<b>PASS</b>	09/12/16	4/21/22	1
1001	USMLE 2CS	<b>PASS</b>	10/29/14	4/21/22	1
202 1072	. Note	DACC	moane high	or than 75	

Test AV:

Note: **PASS** means higher than 75

State: OK Country: UNITED STATES

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

#### PRE-MED EDUCATION

School Name: HUDSON COLLAGE OF PUBLIC HEALTH

City: OKLAHOMA CITY

9/2021 To: 4/2023 Verified: Degree: M.P.H. From:

School Name: KAKATIYA INTERMEDIATE COLLEGE

City: HYDERABAD

Country: INDIA State:

6/2004 To: 6/2006 Verified: Degree: HIGH SCHOOL From:

#### MEDICAL SCHOOL EDUCATION

Name: Sri Ramachandra Med Coll, Dr M G R Med Univ, Madras, TN, India

Foreign Name:

City: Madras State/Country: India

Degree: BACHELOR OF ME 6 / 2006 To: 2/2012 Diploma Ver'd: From:

Υ

Type

Number

Name

MD

39602 LAXMI ALEKHYA MITTA

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:

ACGME Ver'd:

From:

From:

From:

712023

To:

1

Res. Fellowship: Residency

City: OKLAHOMA CITY

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE

State:OK Country:UNITED STATES OF AM 7 / 2022 To: 6 / 2023

Verified: 07/11/2023 ACGME Ver'd: 07/11/2023

Comments:

Comments:

Facility: CHALLA HSOPITALS

Specialty:

Res. Fellowship:

City: HYDERABAD

Waived

State:

8 / 2012

Country: INDIA To: 5/2015

Verified: ACGME Ver'd:

Waived

Comments:

Facility: APOLLO HOSPITALS

Specialty:

Res. Fellowship:

City: HYDERABAD

State:

Country: INDIA

Verified:

Waived Waived From: 4 / 2012 To: 7/2012

ACGME Ver'd: Comments:

Type

Number

Name

MD

39602 LAXMI ALEKHYA MITTA

MEDICAL DOCTOR

PRACTICE HISTORY

**Employed: NONE** 

City: OKLAHOMA CITIY

Supervisor: State: OK Country:

Specialty: STAY AT HOME PARENT

From: 6/ 2021 To: 9/ 2021

Verified:

Comments:

Employed: DAN L DUNCAN COMPREHENSIVE CANCER

Supervisor:

CENTER

City: HOUSTON

State: TX

From: 6/ 2018 To: 9/ 2019

Country: UNITED STATES

Specialty: RESEARCH QUALITY

Specialty: STAY AT HOME PARENT

From: 10/ 2019 To: 6/ 2021

Verified:

ANALYST & AMP: PATIENT

SAFETY OFFI

Comments: REVIEWS AE (ADVERSE EVENT) REPORTS AND OBTAINS MORE DETAILED

INFORMATION AS APPROPRIATE.

**Employed: NONE** 

City: HOUSTON

Supervisor:

State: TX Country:

Verified:

Comments:

**Employed: NONE** 

City: OKLAHOMA CITY

Supervisor:

Specialty: STAY AT HOME PARENT

State: OK Country: From: 6/ 2015 To: 6/ 2018

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

Laymi Alekhya

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION CONTROL OF MEDICAL LICENSURE

oktraining@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).

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

NA	NAME			NAME	•	Mitta
EM/	AIL DRESS					
	NSE MBER	39602  Dr. Christina Henson		CELL PHONE		
HOI	ME DRESS			CITY/S ZIP CO		
	OGRAM ENDING			SPECIALTY		Radiation Oncology
		DOCUME	NTAT	TION TO	ATTA	сн
		PAYI	MENT	COMPLI	ETED	
	\$150 payment made on Billpay for RENEWAL of training license \$250 payment made on Billpay for UPGRAD license			t made on Billpay for <mark>UPGRADE</mark> of training		
		DOCUM	IENTA	TION RE	QUIRE	D
		(must be received directly from progr Y FOR UPGRADE				
					Answer	confidential questions (on back of this form)
		FOREIG	N TRA	INED ST	UDENT	'S
M	Curren			E	Soc	ial Security Number **if not provided at ial application
		ound Check **if not done at initial app	licatio	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 Laxmi Alekhya Mitta

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)?		M
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)?		<b>□</b>
Have you ever been denied, had removed, or suspended hospital privileges?	0	×
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?		
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?		
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?		V
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)?		

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	Slethy	04/01/2024 Date

## Laxmi Alekhya Mitta As of April 19, 2022, 10:44 am

L.. Have you ever failed any part of a licensure/certification/registration examination?

Yes No

I have an attempt in Step 2 CK. I re-took the examination and cleared it in my second attempt.

Laxmi Alekhya Mitta As of April 19, 2022, 10:44 am

AUTTOA

State of: Oklahoma

County of: Oklahoma

RECUIVED

APR 25 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the <a href="https://www.eps.com/doi.org/10/22/24">20/22/24</a> and acknowledged the execution of foregoing instrument to be the voluntary act and deed of the applicant therein named and for the purpose therein set forth, that they are duly authorized to execute the foregoing instrument, and that the statements and representations therein contained are true to the best of their knowledge and belief.

Signature of Applicant

Notary

My Commission Expires

## Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

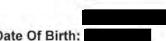
PAGE 9 of 512

Received:04/20/2022

Foreign Graduate

Applicant Name: MITTA, LAXMI ALEKHYA

MD 39602



Date Of Birth:

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

Sex: F

Race: Asian/Pacific Islander

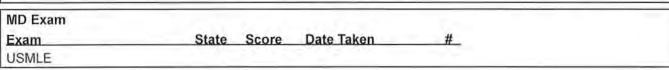
	ation Name	City	ST Country	From	То	Degree	Comments	Veri
HS	KAKATIYA INTERMEDIATE COLLEGE	HYDERABAD	INDIA	6/2004	6/2006	HIGH SCHOOL		

Medical School Name	City	State Country	Comments	From	To
Sri Ramachandra Med Coll, Dr M G	Madras	India		6/2006	3/2012
R Med Univ, Madras, TN, India					

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
NONE		UNITED S'			1	1

Practice History Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
DAN L DUNCAN COMPREHENSIVE CANCER CENTER	RESEARCH QUALITY ANALYST & PATIENT SAFETY OFFI		HOUSTON	TX	10/2019	6/2021	

State	License #	Profession	Status	Issue Date	Exp Date	





# Oklahoma State Board of Medical Licensure and Supervision PAGE 10 of 512

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2022

## Foreign Graduate

Que		Response
١.	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 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
i.	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
	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
	Has your application for examination or a professional license ever been denied?	N
ha	Have you ever failed any part of a licensure/certification/registration examination?  ve an attempt in Step 2 CK. I re-took the examination and cleared it in my second attempt.	Y
1.	Have you ever surrendered a license or had a license revoked?	N
	Has any disciplinary action been taken on any license?	N
).	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
,	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
).	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
0	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
	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
•	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
	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 11 of 512

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: Oklahoma University College of Medicine
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder None
Name of Current Carrier and policy Holder Oklahoma University Health Sciences Center Oklahoma University 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
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 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)

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

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

Commission #00014479 Exp: 08/29/24. [Please note: The Notary Public seal should overlap the bottom of the photo to the left]

NOTARY

County 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 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 22 day of April

My Notary Commission Expires 8-29-707 Y Notary Public Signature



## 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: 05/12/2023

Examinee:

Mitta, Laxmi Alekhya

Examinee ID: 0-857-484-0 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.

Test Date	Pass/Fail	Score	Minimum Pass	Comments	
09/12/2016	Pass	204	(192)		

### **USMLE STEP 2**

A11	** *		10175
Clinical	Knowle	edge	(CK)

Fail

Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/10/2017	Pass	211	(209)	

(203)

202

## Clinical Skills (CS)

11/15/2013

Test Date	Pass/Fail	Comments
10/29/2014	Pass	

#### HEMI E STED 2

OSMILE ST	EPS				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
04/21/2023	Pass	204	(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.



RECEIVED

MAY 1 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

(39602

Rev 2018



## 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: Mitta, Laxmi Alekhya

Examinee ID: 0-857-484-0

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 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

BECONARD

Form 1 (MD)

## Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street

## Oklahoma City, OK 73105

OKLAMOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

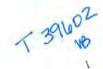
Applicant's Name	Mitta Laxmi Alekhya	
Institution: Sri	i Ramachandra Medical College & Research Institute	City/State Chennal, Tamil Nadu, India
Our records indica	te that the above named applicant attended our medical s	chool on the following dates:
From 06 / 2		as awarded the degreeM.B.B.S
Does this indiexplain.  Does this indiexplain.	ividual's official record reflect (an) interruption(s) or exten	sion(s) in his/her medical education? If yes, please
7	ividual's official record reflect that he/she was ever placed cal education? If yes, please explain.	on academic or disciplinary probation during 🔲 YES 📓 NO
2	ividual's official record reflect that he/she was ever the sultion by the medical school or parent university?, If yes, plea	I I VES IN NO
A Does this Indi	ividual's official record reflect that he/she was ever discipline medical school or parent university? If yes, please expla	ned for unprofessional conduct/behavioral
	Ividual's official record reflect that there were any limitatic cause of questions of academic incompetence, disciplinary v	19 이 생물을 잃었다면서 아이들이 아이들이 하는 것 같아요. 그 이 사람들은 그들은 사람들이 되었다면서 하는 것이 없는 것이다. 그는 것이 없는 것이다는 것이다. 그렇게 되었다는 것이다.
Completion of the	e following is certification that the information above is an	accurate account of this individual's records and is true and correct.
Name: DR S	ANANDAN s	ignature S.L.
Title of Signatory:	DEAN	ate of Signature 30/04/202L 1
	24768027 Fax: 091-44-24765995 E	Mail: deansrmc@sriramachandra.edu.in
Sch Poge CHENN	If no seal is available, this form  Notary Public  Commission #  My commission expires:	must be notarized

CIDIVIDIO

MAY 0 2 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION **Notary Seal** 

PRIMARY





## SRI RAMACHANDRA UNIVERSITY

(Declared under Section 3 of the UGC Act, 1956)

Porur, Chennai - 600 116. Phone: 2476 8027, 31-33 Fax : 091-44-2476 5995 www.sriramachandra.edu.in

Sri Ramachandra Medical College and Research Institute

Date: 19.07.2012

## TO WHOMSOEVER IT MAY CONCERN

This is to certify that Dr. M L ALEKHYA has passed the final MBBS Part II Examination conducted by Sri Ramachandra University during DEC 2010 and she has completed one year Compulsory Rotatory Resident Internship on DEC 2011.

We also certify that the name M L ALEKHYA and MITTA LAXMI ALEKHYA refers to the same person.

DEAN OF FACULTIES Sri Ramachandra University Porur, Chennai-600 116.

**ATTESTED** 

s:Lamo

Dr. S. ANANDAN
DEAN
SRI RAMACHANDRA
MEDICAL COLLEGE & RESEARCH INSTITUTE
Porur, Chennai - 600 116.

BECEIVED

MAY 0 2 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

PRIMARY

13960Z



## SRI RAMACHANDRA INSTITUTE OF HIGHER EDUCATION AND RESEARCH (Deemed to be University)

Porur, Chennai - 600 116 Phone: 091-44-2476 8027, 31-33 Fax : 091-44-2476 5995 www.sriramachandra.edu.in

## Sri Ramachandra Medical College and Research Institute

## Transcript of Curriculum

This is t certify that Dr. ALEKHYA M L (2006-2007) has attended four and a half years of medical college from June 2006 to December 2010 and has completed the one year compulsory internship from December 2010 to December 2011. He/She is hereby declared to have fulfilled the criteria for the Degree of Bachelor of Medicine and Bachelor of Surgery (MBBS) in Sri Ramachandra Medical College and Research Institute (Deemed University).

OKLAHOMA STATE BOARD OF

The course is structured so as to consist of two components - a study and training component, lasting for four and a half years, and a compulsory internship component lasting one year. The four and a half years of training are divided into three phases, as illustrated below.

Phase				Year		
Phase I	Preclinical			I : Anatomy, Physiology,		
(1 year) Semester 1* Semester 2		Biochemistry				
		Paraclinica	al II : Pathology,			
Phase II	Clinical		Pharmacology,			
(1.5 years)	Semester 3	Semester	Semester 5	Microbiology, Forensic Medicine		
Phase III	Semester 6		Semester 7	III : Ophthalmology, Otorhinolaryngology, Community Medicine		
(2 years)	Semester	8	Semester 9	IV : Medicine, Surgery, OBGYN, Pediatrics		

\* Each semester is of 6 months duration with 120 teaching days each, giving a total of 245 teaching days per year.

Formerly known as Sri Ramachandra Medical College and Resea Pr. (Sci ANANDAN University) Ramachandra Medical College and Research Accredited by NAAC with 'A' Grade (CGPA 3.6PEAN

Accredited by NAAC with 'A' Grade (CGPA 3.6PEAN)

Porur, Chennai - 600 116.

During the first component, which consists of the three phases above, students are assessed by means of continuing assessment throughout the year by the various departments, as well as by final examinations, conducted by Sri Ramachandra Medical College and Research Institute (Deemed University). Internal assessments account for 20% of the final score, and the year end examinations account for 80% of the final score. Internal assessments include comprehensive student evaluation both formatively and sumatively. The final examinations consist of a written examination (with multiple choice questions, short answers and long answers), a clinical or practical examination (as dictated by the subject), and a viva voce. A minimum score of 50% independently in both the theory and practical exams is required for going on to the next year of study and internship.



SL		Teach	ing (in hou	rs)	Clinical	Clinical rotations
No	Department	Teaching other than clinical	Clinical	Total	rotations (in days)	(in weeks)
1.	Anatomy	650	1	650	T-4	+
2.	Physiology	480		480		
3,	Biochemistry	240		240		
4.	Pathology	300		300		120
5.	Microbiology	250		250		-/-
6.	Pharmacology	300		300		
7.	Forensic Medicine	108	-	108	-	1.5
8.	Community Medicine	283	216	499	72	12
9,	Otorhinolaryngology	114	144	258	48	8
10.	Ophthalmology	114	144	258	48	8
11.	Medicine	300	486	786	162	27
12.	Surgery	300	486	786	162	. 27
13.	OBGYN	308	432	740	144	24
14.	Pediatrics	159	180	339	60	10
15.	Orthopedics	137	180	317	60	10

ARAM TANAN SERIMAN ARAM SERIMAN ARAM SERIMAN ARAM SERIMAN SERI

S. ANANDAN

DEAN
SRI RAMACHANDRA
MEDICAL COLLEGE & RESEARCH INSTITUTE
Porur, Chennai - 600 116.





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MAY 0 2 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

16.	Chest diseases and T.B.	33	36	69	12	2
17.	Psychiatry	33	36	69	12	2
18.	Radiology	30	36	66	12	2
19.	Anesthesiology	20		20		
20.	Dentistry	33	36	69	12	2
21.	Accident and Emergency	16	36	52	12	2
22.	Dermatology and STD	45	72	117	24	4

Note - Calculations are for 245 working days per year, each semester consisting of 120 working days. Clinical sessions are for three hours a day, six days a week in the departments that the student is rotating in. The teaching other than clinical rotations includes lectures, and non lecturing sessions (seminars, symposium, integrated teaching, Tutorials & Self study.

The internship lasts for one year, and consists of rotations through various departments full-time, with an increase in the level of responsibility for patient care. There are no examinations during this period. However, each department assesses the interns on their knowledge, skills, responsibility, involvement in patient care, capacity for teamwork, participation in discussions and aptitude for research during the rotation.

During this period, there is a choice for two electives, lasting for a period of two weeks in any two of the following subjects –

- 1. Anesthesiology
- 2. Blood bank and transfusion medicine
- 3. Dermatology and sexually transmitted diseases
- 4. Forensic medicine and toxicology
- 5. Psychiatry
- 6. Physical medicine and rehabilitation
- 7. Radiodiagnosis
- 8. and respiratory diseases

DEAN STUDENTS
SRI RAMACHANDRA
MEDICAL COLLEGE & RESEARCH INSTITUTE
(Deemed University)

Porur, Chennai-600 116

ATTESTED

Dr. S. ANANDAN DEAN

SRI RAMACHANDRA MEDICAL COLLEGE & RESEARCH INSTITUTE Porur, Chennai - 600 116.

PRIMARY SOURCE

T 39402

#### **ATTACHMENT 3**

## Oklahoma State Board of Medical Licensure and Supervision

## OKTRAINING@okmedicalboard.org

RECEIVED

This form must be completed and sent directly to the Board by the training institution 1 1 2023

Verification of Graduate Medical Education

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Institution: University 0	f Oklahoma	H.S.C	City/State	Oklahon	na Cit	4. Oklahom
Training Level: (e.g. 1, 2, 3, etc.) Specialty/Su	ubspecialty Intern	al Medic	ine	From: 07/01/	2021 To:	06 801 3033
☐ Internship ☐ Resi		Successfully Completed?	YES D NO	☐ IN PROGRESS		
Training Level: (e.g. 1, 2, 3, etc.) Specialty/Sc	ubspecialty	and Edward		From: /	To:	11
🗆 Internship 🗗 Kesi		Successfully Completed?	D YES	Daffy PROGRESS		
Accredited By: ACGME DAG	DA		E 110	- III ( II V V III V V		
Training Level: (e.g. 1, 2, 3, etc.) Specialty/Sc	ubspecialty	Windows in the second		From: / /	То:	11
☐ Internship ☐ Res	idency	Successfully	☐ YES			
Accredited By:	DA	Completed?	□ NO	☐ IN PROGRESS		
Did this individual ever take	e a leave of absence or br	eak from his/her	training?		□ YES	E No
2. Was this individual ever pla	sced on probation?				☐ YES	₩ No
3. Was this individual ever dis	ciplined or placed under	investigation?			☐ YES	P NO
4. Were there any negative re					☐ YES	I NO
100	ocial requirements places	transport At the treather that		f		
5. Were any limitations or spe academic incompetence, d			ival becau	se or questions or	☐ YES	IZ NO
Please explain any "YES" response from Completion of the following is atte	om above:	ny other reason?	curate acco	ount of this Individu	al's records and	
Please explain any "YES" response from Completion of the following is atteand correct. The signature line means the signa	om above:  esting that the informationst contain the original sections.	on above is an accignature of the p	curate acco	ount of this Individu	al's records and	
Please explain any "YES" response from Completion of the following is atte	esting that the information of a contain the original section.	on above is an accignature of the p  Signature  Date of	curate accorrogram di	punt of this individu rector (M.D./D.O. or May 6/30/2 y-Naclig (	al's records and nly) ly fM voz 3	d is true
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T39602 UKC



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.

OKLAHOMA STATE BOARD OF

AND SUPERVISION

USMLE®/ECFMG Identification Number: 0-857-484-0

Applicant's Name: Laxmi Alekhya Mitta Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 11 Sep 2017

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	12 Sep 2016	*	*
USMLE Step 2 CK	10 Aug 2017		*

**ECFMG® CERTIFICATION STATUS REPORT** 

#### Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date	
USMLE Step 2 CS	29 Oct 2014	

Name of Medical School and Country: Sri Ramachandra Institute of Higher Education and Research (Deemed University),

Chennai, INDIA Degree Year: 2012 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: 6EQG2U5OUI

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.

> 037 Form 282 B - 6/2

ECFMG® is an organization committed to promoting excellence in medical education



# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

LAXMI ALEKHYA MITTA

**Primary Office Address** 

Phone UNKNOWN

SOWARY

Birth date

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

MAY 0.7 SOO

AMA membership status

**MEMBER** 

OKLAHOMA STATE BOARD OF

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: SRI RAMACHANDRA MEDICAL COLLEGE AND RESEARCH INSTITUTE

Degree Awarded: Enrollment Date: YES

NOT REPORTED

Degree Type:

MD

Degree Date:

2012

AMA files checked 05/8/2024 15:59:10 AMA Physician Profile for Laxmi Alekhya Mitta, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 4



## 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:

RADIATION ONCOLOGY

Training Type:

**SPECIALTY** 

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

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 - 06/30/2023

Status:

**COMPLETED** 

#### 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
39602	MD	OK.	07/01/2022	09/30/2024		ACT	RES	05/06/2024	LAXMI ALEKHYA MITTA

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: 08574840

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 Data<sup>TM</sup>, 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 $51^{\rm st}$ STREET

## OKLAHOMA CITY OK 73105

## **EVIDENCE OF STATUS - PART B**

Full Legal I	Name: LAXMI A	LEKHYA	N	ATTI
augur	First		tiddle La	ist Maiden (if applicable)
Mailing Ad	Idrass.			
vialiling Au	die33.	Street Address or Post	Office Box	
				77 e
Cit	ty State	Zip Code	Telephone Number	ocial Security #:
	4. 3777	The state	,	
			N TO DETERMINE QUALI	FIED ALIEN STATUS uments. Place a checkmark below to indicate the
	that will be submitted.		h	And the second s
	or Non-Immigrant Visa Status			
-	Form I-94			
	Form I-688B			
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	nt letter from the Asylum Officer of an immigration index			
efugee:	er of an immigration judge gra	inting asylum		OKLAHOMA STATE BOLL D OF
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The second secon	ess than one year to meet the		year anaci SELE (a) (5) or	the name (Applicant contract applicants believed of admission
	Deportation or Removal Wa			
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ien Grante	ed Conditional Entry:			
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	Form I-688B (Employment Au			
INS	Form I-766 (Employment Auth	norization Document) annot	ated "A3"	
	an Entrant:			
	Form I-551 (Alien Registration	Receipt Card, commonly kn	iown as a "green card") wi	ith the code CU6, CU7, or CH6
	xpired temporary I-551 stamp			
	Form I-94 with stamp showing		itrant" under § 212 (d) (5)	of the INA
	las Been Battered or Subjecte			
	petition and appropriate supp	orting documentation		
ther Docum	ment (please list)			
1	Name of the same of			
				nation contained in this application and all accompanying
ocuments	provided to substantiate my	Evidence of Status applica	ation are true and correc	t.
ignature	MINIME			Date 04 20 2022
ignature	Aurio I	A		Date 041-012022
ubscribed a	and sworn before me this	20 day of Apr	11	,20_22
	A. i. Vi	11	å	ANTO NOTALITY
otary Publ	ic / (max) N	ulla	_	010530
	Alumbar 2/0/05	120		#2101011725 DETARY

My commission expires\_

Name: LAXMI ALEKHYA MITTA Application# 39602

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	ATION						
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
06	2006		2012	Sri Ramachandra university	Chennai	TN,	M.B.B.S
				ONIVERSITY		HODIA	
Sept	2021	04	2023	Hudson college of Public health	okc	ok	M. P. H
				Tabut Headen			
EMPLO	OYMEN	ЛТ					
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
DCt	2019	June	2021	Dan. L. Duncan Cancer center	Houston	TX	Research
APril	2012	July	2012	Apollo Hospitals	Hyderabad	ININA	a Racys
Aug	2012	May	2015	challa thespitals	Hyderabad	Telangar INDIA	a Resident
				RECEIVE			
				ADD 25 2002			
				OKLAHOMA STAYE BOAF MEDIGAL LIGETSURI	D OF		
				MEDIGAE LIGHTSORE AND SUPERVISION			######################################
OTHE		Fu.d	End	Other			
Start Month	Start Year	End Month	Year	(Unemployed, Stay at home parent, etc.)	}	City	State
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June	8108	Sept	2019			Houst	on Tx
June	2021	Sept	2021	(1)	Parent	oka	8
-				V			
					terra de albumpoyo de del de la companyo de la comp		

3/2012-10/2019 6/2021- Present



## Kenna L. Shaw

From:

BillPay Webmaster <donotreply@www.ok.gov>

Sent:

Saturday, April 13, 2024 9:45 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

LAXMI ALEKHYA MITTA has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/13/2024 09:04:45pm for \$250.00.

OKLAHOMA MD LICENSE NUMBER 39602

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



05/03/2022

LAXMI ALEKHYA MITTA

RE: MD Application #39602

Check Your Application Status Online at:

http://www.okmedicalboard.org *Username*:AP70606143 *Password*:Last 4 SSN

Dear LAXMI ALEKHYA MITTA,

# 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:

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

OTHER DEFICIENCIES: RCVD EVD OF STATUS WAITING ON SAVE / \*DO NOT NEED: FORM 2,

STEP 3, AMA, FED, NPDB\*

Exam verification date

US Customs and Immigration Service (USCIS)

**Translations** 

MedSchool-Transcript Sri Ramachandra Med Coll, Dr M G R Med Univ, Madras, TN, India

MedSchool-Form 1 Sri Ramachandra Med Coll, Dr M G R Med Univ, Madras, TN, India

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 AP70606143 (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

	Number Name 39602 LAXMI ALEKHYA MITTA L DOCTOR	
OTHI AMA Fede NPDI Exam	DEFICIENCIES: *DO NOT NEED: FORM 2, STEP 3, AMA, FED, NPDB* ofile Not Received (to be completed by OSBMLS Staff) ion Clearance Not Received (to be completed by OSBMLS Staff) Profile Not Received (to be completed by OSBMLS Staff) Profile Not Received (to be completed by OSBMLS Staff) Perification date ad - Form 2 COLLEGE OF MEDICINE OKC	
	edical School Attended: Sri Ramachandra Med Coll, Dr M G R Med Univ, Madras, TN, India Number of Licenses Previously Granted to Graduates of this Medical School	ol:15
Appli	tion for: Resident Full License Reinstatement	,,,,,
1)	uthorized circularization to other board members  LL FIVE CRITERIA HAVE BEEN MET [Fast Track]  Passed USMLE  To Duls or Legal Issues To Significant Malpractice Issues To Graduate  Fraduated Medical School on time	
- 64	AS ISSUED A TEMPORARY LICENSE THROUGH / / / / / / / _	
	AS ISSUED A SPECIAL PGY-1 TRAINING LICENSE	X

## 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

LAST

NAME

Mitta

LICENSE NUMBER HOME ADDRESS PROGRAM ATTENDING		39602			NE	TATE				
		Dr. Nadig		SPE	CIAL	Prelim-Internal Medicine; Advanced-Radiation Oncology				
		DOCUM	ENTA	TION 1	го А	<u>ATTACH</u>				
		PAY	MENT	COMF	PLETE	TED				
X	\$150 payment made on Billpay for RENEWAL of training license					\$250 payment made on Billpay for UPGRADE of training license				
		DOCUM	IENTA	TION	REQU	QUIRED				
		! (must be received directly from m) **ONLY FOR UPGRADE - ATTACHMEN	IT 3		F3.4510	valuation (must be received directly from program) TTACHMENT 4				
						Answer confidential questions (on back of this form)				
		FOREIG	N TRA	INED S	STUD	IDENTS				
X	11/2/10/10/10/10/10/10/10/10/10/10/10/10/10/					Social Security Number **if not provided at initia application				
	Backgr	ound Check **if not done at initial appl	lication	1						

AP

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

APR 2 6 2023

RECEIVED

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION < 39402

AND PAY THE RENEWAL FEE.

Laxmi Alekhya

FIRST

NAME EMAIL



## APR 2 6 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION NAME Laxmi Alekhya Mitta

## 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 questions	s most r	ecent)
4010110110	1	T
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?		X
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)?		X
Have you ever been denied, had removed, or suspended hospital privileges?		X
Have you surrendered hospital privileges while under investigation or to avoid investigation?		X
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	$\boxtimes$
Has your application for licensure ever been denied?		
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)?		N)
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	-	X
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		IXI
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?	-	×
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)?		×

I swear under penalty of perjury, that I am the person completing this Questionnaire and understand that any medical Delicense 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 04/25/2023

- 39402

### RETURN FORM TO:

## OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## oktraining@okmedicalboard.org

FORM MUST BE RETURNED BY THE PROGRAM, NOT THE APPLICANTED

41.4			Y LICENSED			1 1 2023 STATE BOARD OF
Name of Resident (please print) La	xmi A	lekh	ja Ni	Ha_	MEDICA AND SI	STATE BOARD OF L LICENSURE JPERVISION
License Number 39602	Speci	alty	interna	al Me	dicine	
Institution Name University	0 30	Klah	ana H	realth.	Science	es Center
Program Director (please print)	ay P.	Na	dia, N	.0.		
Program Director Email Ajay - No	adiqe	out	sc.edu	ι		
Instructions: Please rate each resident (Fair) or 2 (Below Average) YOU MUST	according	to the s	scale below.	If the score		
ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
MEDICAL KNOWLEDGE						
APPLICATION OF MEDICAL KNOWLEDGE				d		П
COMMUNICATION SKILLS						
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS				Ø		
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP				Ø		
REMARKS/COMMENTS						
		3.8			~!!!	

Evaluation revised 1-2023

Type Number Name MD 39639 NIALL JAMES MOFFETT 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 SSM HEALTH
Last Medical School Attended:
661-02 Med Univ of the Americas
Number of Licenses Previously Granted to Graduates of this Medical School:76
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

Number

Name

MD

39639

**NIALL JAMES MOFFETT** 

MEDICAL DOCTOR

**Practice Address:** 

April 24, 2022

SSM HEALTH MEDICAL GROUP- FAMILY MEDIC

608 NW 9TH SUITE 1100

OKLAHOMA CITY, OK 73102

**OKLAHOMA** 

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: 05/07/2024
AMA Rec: 05/07/2024

**Board Action:** 

License #: 39639

Sex: M Ethnic Origin: 1 Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 1	PASS	06/03/20	5/10/22	1
Test 2: USMLE 2	<b>PASS</b>	12/20/21	5/10/22	1
Test 3: USMLE 3	PASS	12/20/22	6/16/23	1

Note: PASS means higher than 75

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

#### PRE-MED EDUCATION

School Name: UNIVERSITY OF ULSTER

City: JORDANSTOWN

Degree: BSC HONS DIAGNOSTIC

**RADIOGRAPHY** 

State: Country: IRELAND

From: 1/2005 To: 3/2010 Verified:

School Name: BELFAST INSTITUTE FOR HIGHER AND FURTHER EDUCATION

City: BELFAST

State:

Country: IRELAND

Degree: ACCESS TO UNIVERSITY

COURSE, SCIENCE

From: 10/2003 To: 12/2004 Verified:

School Name: BELFAST INSTITUTE FOR HIGHER AND FURTHER EDUCATION

City: BELFAST

State:

Country: IRELAND

Degree: GNVQ SCIENCE ADV From: 1/1999 To: 1/2001 Verified:

## MEDICAL SCHOOL EDUCATION

Name: Med Univ of the Americas

Foreign Name:

City: Whitehall State/Country: Saint Kitts and Nevis

Degree: DOCTOR OF MEDIC From: 9 / 2017 To: 5 / 2022 Diploma Ver'd:

Y

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

Type

Number

Name

MD

39639 NIALL JAMES MOFFETT

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility:SSM HEALTH

Specialty: FAMILY MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:OK Country:UNITED STATES OF AM

Verified:

ACGME Ver'd: 05/03/2022

From: 7 / 2022

To: 1

Comments:

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name

MD 39639 NIALL JAMES MOFFETT

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: HOMEMAKER Supervisor:

City: GAINESVILLE State: FL Country: UNITED STATES
Specialty: LOOKED AFTER From: 1/ 2017 To: 8/ 2017 Verified:

DAUGHTER WHILE WIFE

WAS IN SCHOOL

Comments: LOOKED AFTER DAUGHTER WHILE WIFE WAS IN SCHOOL

Employed: FLORIDA CREDIT UNION Supervisor:

City: GAINESVILLE State: FL Country: UNITED STATES
Specialty: OUTBOUND CALL CENTER From: 10 / 2016 To: 1 / 2017 Verified:

**OPERATOR** 

Comments: OUTBOUND CALL CENTER OPERATOR

Employed: LIFESOUTH COMMUNITY BLOOD CENTERS Supervisor:

City: GAINESVILLE State: FL Country: UNITED STATES
Specialty: CALL CENTER FOR BLOOD From: 10 / 2014 To: 9 / 2016 Verified:

DRIVES, PROMOTED TO

CORD BLO

Comments: CALL CENTER FOR BLOOD DRIVES, PROMOTED TO CORD BLOOD PROCESSOR

Employed: NONE Supervisor:

City: GAINESVILLE State: FL Country: UNITED STATES
Specialty: SEARCHING FOR WORK From: 7/ 2014 To: 10/ 2014 Verified:

Comments: SEARCHING FOR WORK

Employed: LLOYDS BANK Supervisor:

City: BELFAST State: Country: IRELAND
Specialty: LLOYDS BANKING CALL From: 4/ 2013 To: 7/ 2014 Verified:

CENTER, FRAUD DEPARTMENT.

Comments: LLOYDS BANKING CALL CENTER, FRAUD DEPARTMENT.

Employed: ANHUI POLYTECHNIC UNIVERSITY Supervisor:

City: WUHU State: Country: CHINA

Specialty: SPOKEN ENGLISH From: 1/ 2011 To: 1/ 2013 Verified:

TEACHER,

Comments: SPOKEN ENGLISH TEACHER,

Employed: SANTANDER BANK Supervisor:

City: BELFAST State: Country: IRELAND

Specialty: BANKING CALL CENTER From: 5/ 2010 To: 12/ 2011 Verified:

CUSTOMER SUPPORT.

Comments: BANKING CALL CENTER CUSTOMER SUPPORT.

Employed: THE CHURCH OF JESUS CHRIST OF Supervisor:

LATTER-DAY SAINTS

City: SALT LAKE CITY
Specialty: 2 YEAR FULL TIME SERVICE From: 8/ 2001 To: 8/ 2003 Verified:

MISSION, COMPLETED

## Oklahoma State Board of Medical Licensure and Supervision PAGE 39 of 512 **Application Summary**

Type

Number

Name

MD

39639 NIALL JAMES MOFFETT

MEDICAL DOCTOR

Comments: 2 YEAR FULL TIME SERVICE MISSION, COMPLETED

**Employed: NONE** 

City: BELFAST

Specialty: UNEMPLOYED

Supervisor:

State:

Country: IRELAND

From: 1/2001 To: 8/2001

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 SSM HEALTH

# OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@okmedicalboard.org

APR 0 2 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 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 P	RINT A	ALL INFORM	MATION				
FIRS NA	ST ME	Nia	//		LAST NAME		Mol	Fe	tt	
ADI	AIL DRESS									
NU	ENSE MBER ME DRESS	3	9639		CELL PHONE CITY/ST. ZIP COD					
PRC	GRAM ENDING	Cheyn	Onarecter	NITA	SPECIAL		Family	M	edicine	
			DOCUM	AINI	HON TO A	TIACH				
	1400000	V2 1 200 200 91487	DAY	BACKET	dosen ET	- Nacial	of the second of	NA PARIS	4.23 J	ordina a station
			CONTRACTOR OF THE PARTY AND ADDRESS.	1100	COMPLET		14-54	Ç.	i de	
ב	\$150 pay of trainin		PAY Billpay for RENEWAL	MENT	2 3 13 13 KM (C)		de on Bill	pay fo	r UPGR/	ADE of training
<b>]</b>			Billpay for RENEWAL	TE	\$250 pay	ment ma	de on Bill	pay fo	r UPGR/	ADE of training
	of trainin	g license	Billpay for RENEWAL  DOCUM	MENTA	\$250 pay license	ment ma				ADE of training
25.	of trainin	(must be rece Y FOR UPGRAD Step 3 (must b	Billpay for RENEWAL  DOCUM	MENTA ram)	\$250 pay license	ment ma	must be r	eceive	ed direct	
95.	Form 2  **ONL  USMLE	(must be rece Y FOR UPGRAD Step 3 (must b	DOCUM DOCUM Ved directly from prograte E e received directly from	MENTA ram)	\$250 pay license	UIRED aluation (	must be r	eceive	ed direct	ly from progra
	Form 2  **ONL  USMLE	(must be rece Y FOR UPGRAD Step 3 (must b	DOCUM DOCUM Ved directly from prograte E e received directly from	MENTA ram)	\$250 pay license	UIRED aluation ( swer con DENTS Social S	must be r	eceive questio	ed direct	ly from progra

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

RENEWAL QUESTIONNAIRE UPDATED 03-2024

(39639

PAGE 41 of 512

NAME Niall Moffett

APR 0 2 2024

OKLAHOMA STATE BOARD OF

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) YES NO QUESTIONS 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? V Have you had any adverse judgment or settlement against you rising from a professional liability claim? 囡 Have you been reported to the National Practitioner Data Bank (NPDB)? Ø Have you ever been denied, had removed, or suspended hospital privileges? П V Have you surrendered hospital privileges while under investigation or to avoid investigation? П W Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action? Z Has your application for licensure ever been denied? ज Have you surrendered a license or had any disciplinary action taken on any license? TY 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)? ø 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 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? П P 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)?

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 04/01/24

# Oklahoma State Board of Medical Licensure and Supervision PAGE 42 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/24/2022

Foreign Graduate

Applicant Name: MOFFETT, NIALL JAMES MR

MD 39639



Date Of Birth:

Place Of Birth (City, State): BELFAST, UNITED KINGDOM

Sex: M Race: Caucasian

Educ				1000		500		
Type	Name	City	ST Country	From	То	Degree	Comments	Veri
GD	UNIVERSITY OF ULSTER	JORDANSTO'	IRELAND	1/2005	3/2010	BSC HONS DIAGNOSTIC RADIOGRAPHY		
HS	BELFAST INSTITUTE FOR HIGHER AND FURTHER EDUCATION	BELFAST	IRELAND	10/2003	12/2004	ACCESS TO UNIVERSITY COURSE, SCINECE		
HS	BELFAST INSTITUTE FOR HIGHER AND FURTHER EDUCATION	BELFAST	IRELAND	1/1999	1/2001	GNVQ SCIENCE ADV		

Medical School Name	City	State Country	Comments	From	То
Med Univ of the Americas	Whitehall	Saint Kitts and		9/2017	5/2022

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
MEDICAL UNIVERSITY OF THE AMERICAS	OKLAHOMA	OK	UNITED S'	UROLOGY		4/2022	5/2022
MEDICAL UNIVERSITY OF THE	OKLAHOMA	OK	UNITED S'	CARDIOLOGY		3/2022	4/2022
MEDICAL UNIVERSITY OF THE AMERICAS	OKLAHOMA	OK	UNITED S	FAMILY MEDICINE		1/2022	3/2022
MEDICAL UNIVERSITY OF THE AMERICAS	OKLAHOMA	OK	UNITED S'	EMERGENCY MEDICINE		1/2022	1/2022
MEDICAL UNIVERSITY OF THE AMERICAS	OKLAHOMA	OK	UNITED S'	NEUROLOGY		11/2021	11/2021
MEDICAL UNIVERSITY OF THE AMERICAS	OKLAHOMA	ОК	UNITED S'	NEPHROLOGY		11/2021	12/2021
MEDICAL UNIVERSITY OF THE	OKLAHOMA	OK	UNITED S'	PSYCHIATRY		10/2021	10/2021
MEDICAL UNIVERSITY OF THE AMERICAS	MIAMI	FL	UNITED S'	PEDIATRICS		7/2021	8/2021
MEDICAL UNIVERSITY OF THE	OKLAHOMA	OK	UNITED S	OBSTETRICS AND GYNECOLOGY		5/2021	7/2021
MEDICAL UNIVERSITY OF THE	OKLAHOMA	OK	UNITED S'	SURGERY		3/2021	5/2021
MEDICAL UNIVERSITY OF THE	OKLAHOMA	ОК	UNITED S	PSYCHIATRY		1/2021	2/2022
AMERICAS MEDICAL UNIVERSITY OF THE AMERICAS	OKLAHOMA	ОК	UNITED S	INTERNAL MEDICINE	- (	10/2020	1/2021

# Oklahoma State Board of Medical Licensure and Supervision PAGE 43 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/24/2022

## Foreign Graduate

MEDICAL UNIVERSITY OF THE OKLAHOM	OK UNITED S	INTERNAL	10/2020	1/2021
AMERICAS		MEDICINE		
MEDICAL UNIVERSITY OF THE OKLAHOM	A OK UNITED S'	INTERNAL	10/2020	1/2021
AMERICAS		MEDICINE		

Practice History			31/05					
Employer	Specialty	Supervisor	City	ST	Countr	From	То	Verif
HOMEMAKER	NONE		GAINESVILLE	FL		1/2017	8/2017	
FLORIDA CREDIT UNION	NONE		GAINESVILLE	FL		10/2016	1/2017	
LIFESOUTH COMMUNITY BLOOD CENTERS	NONE		GAINESVILLE	FL		10/2014	9/2016	
SEARCHING FOR EMPLOYMENT	NONE		GAINESVILLE	FL		7/2014	10/2014	
LLOYDS BANK	NONE		BELFAST		IRELAN D	4/2012	7/2014	
ANHUI POLYTECHNIC UNIVERSITY	NONE		WUHU		CHINA	1/2011	1/2012	
SANTANDER BANK	NONE		BELFAST		IRELAN D	5/2010	12/2011	
THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS	NONE		SALT LAKE CITY	UT		8/2001	8/2003	

State	License #	Profession	Status	Issue Date	Exp Date	

MD Exam				
Exam	State	Score	Date Taken	#_
NBME				

# Oklahoma State Board of Medical Licensure and Supervision PAGE 44 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

## Received:04/24/2022 Foreign Graduate

Que	stions Answered 04/21/2022	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
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
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
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 45 of 512

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: SSM Health Medical Group- Family Medicine Center
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder  My medical school, covered my liability insurance. They did not name the Carrier of policy.
Name of Current Carrier and policy Holder  My medical school, covered my liability insurance. They did not name the Carrier of policy.
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 June 20th 2022

I attest that all the above information is accurate as of April 23, 2022:\_\_\_\_\_ (Signed Online)

CamScanner



Applicants. 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-NII, 517 Street Oklahoma City, OK 73105

I, the undersigned, being duly swom, 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 prosessor of and personal named in the values forms and credentials furnished with respect to my application, and that all documents, forms, or copies thereof furnished on to be foreshed with respect to my application are strictly true in every aspect.

Lacknowledge that I have read and understand the application and have answered all questions contained in the application tridicity and completely may lead to my being presented under appropriate federal and state laws.

I authorize and request every person, hospital, clinic, government agency (local, state, federal, or foreign), court, assessiven, institutes or law enforcement agency having custody or control of any documents, records, and other information pertaining to me to format to the Board any such information, including documents, records regarding charges or complaints filed against me, format or informat, perdang, or closed or any other pertainent data, and to permit the Board or any of its agents or representatives to inspect and make express 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, generation 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.

11.11 1110

2	MANUL MARKEN	1
Applicant Photograph	Applicant's signature (must be signor) in the presence of a notary)	127 10 707
Securely tape or glue a recent front view 2"x2"	Moffett Niall dames	OKTATION AND OF
passport-type color photo of yourself in this square	Applicants printed last name, first name, middle initial, and suffix (e.	g, Jt.) Find our salvasion
	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]
State of Ollahom	NOTARY , County of	
I certify that on the date set fort by (a) comparing his/her physic photograph affixed hereto, and identifying document.	th below, the individual named above did appear personally before me an al appearance with the photograph on the identifying document present (b) comparing the applicant's signature made by my presence on this for	ted by the applicant and with the m with the signature on his/her
The statements on this documer	nt are subscribed and sworn to before me by the applicant on this 6 d	ay of Mag , 2022
Notary Public Signature	HAN HUYNH NOTARY PUBLIC - STATE OF DRIGHT AND INMISSION EXPIRES MAY 13, 2023 COMMISSION # 11004448	ires_ May 13, 2023

## Oklahoma State Board of Medical Licensure and Supervision

MD 39639

MOFFETT, NIALL JAMES

Submitted:04/24/2022

28543\_12076.jpg





# 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: 06/16/2023

Examinee: Alt Name(s): Moffett, Niall James

Examinee ID: 1-093-566-6 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 06/03/2020	Pass/Fail Pass	Score 224	Minimum Pass (194)	Comments	
USMLE ST	TEP 2				
Clinical Know	ledge (CK)				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
12/20/2021	Pass	238	(209)		
USMLE ST	EP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
12/20/2022	Pass	220	(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.

JUN 1 6 2023

OKLAHOMA STATE BOARD OF

Rev 2018

Page I of 2

13963 W



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

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Examinee: Moffett, Niall James Examinee ID: 1-093-566-6
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 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)

## PAGE 50 of 512

## Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street

Oklahoma City, OK 73105

OKLAHOMA STATE BOARD OF A

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

Applicant's Name	Niall James Moffett		30U	KUL
Institution: Med	cal University of the Americas	City/State Charlestown, Nevis, V	Vest Inc	dies
Our records indicate	that the above named applicant attended our	medical school on the following dates:		
From 05 / 07 Month Day	/2018 To 05 / 20 / 202 Year Month Day Year	22 and was awarded the degree Doctor of Medicine	q	_
Does this indivies explain.	lual's official record reflect (an) interruption(s)	or extension(s) in his/her medical education? If yes, please	□ YES	□ NO
1	lual's official record reflect that he/she was ev education? If yes, please explain.	er placed on academic or disciplinary probation during	☐ YES	Ø NO
2 Does this indivi		ver the subject of negative reports for behavioral reasons or fyes, please explain below.	☐ YES	⊠ NO
A Does this indivi		ver disciplined for unprofessional conduct/behavioral	☐ YES	⊠ NO
Does this indivi	lual's official record reflect that there were an	y limitations or special requirements imposed on the sciplinary problems, or any other reason? If yes, please	□ YES	⊠ NO
	llowing is certification that the information a	bove is an accurate account of this individual's records and i	s true and	correct.
Title of Signature	University Registrar			
Tel: 978-862-	9500 Fax: 978-862-9599	Date of Signature June 16, 2022  E-Mail: registrar@mua.edu		
MEDICAL LISTED IN THE STATE OF	Notary Public  Commission #  My commission expires	this form must be notarized		

**Notary Seal** 

# Medical University of the Americas

in consideration of the satisfactory completion of all requirements prescribed by the faculty

hereby confers upon

I certify that this is a true and exact copy of the diploma awarded to Medical University of the Americas graduate Niall James Moffett on May 20, 2022.

Imy & LeCain

Amy E. LeCain

University Registrar

June 16, 2022

Niall James Moffett

the degree of

Doctor of Medicine

RECEIVED

JUN 21 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



together with all the rights, privileges and responsibilities appertaining thereto.

In testimony whereof, the corporate seal and the signatures as authorized by the Board of Trustees are hereunto affixed.

Given at Nevis, West Indies this twentieth day of May, two thousand and twenty-two-

Executive Beam



Chairman, Board at Trustees

PAGE 52 of 512

TRANSCRIPT OF ACADEMIC RECORD P.O. BOX 701, CHARLESTOWN, NEVIS

JUN 21 2022

OKLAHOMA STATE BOARD OF STUDENT NAME AND SUPERVISION

DEGREE(S) CONFERRED

Doctor of Medicine Degree 5/20/2022

**Niall James Moffett** 

STUDENT ID

PROGRAM

MATRICULATED AS OF

DATE ISSUE

8442

TRANSCRIPT IS VALID ONLY WHEN IT BEARS THE REGISTRAR'S SIGNATURE AND RAISED SEA

**Medical Doctor** 

5/7/2018

6/14/2022

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MED012 Medical Termino	286000	A	94 4.	.00 12.00	3.00	MED502 Human Body Struct	ure & Functio	A	96	4.00	60.00	15.00
PMED013 Anatomy & Phys	7.00	В	87 3.	.70 22.20	6.00	MED503 Cell/Tissue Structur	e & Function	A	95	4.00	32.00	8.00
				-		MED506 Clinical Skills I		В	88	3.80	7.60	2.00
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T39639

Amy E. LeCain, University Registrar

# OFFICE OF THE REGISTRAR 27 Jackson Road Suite 302 Devens, MA 01434 Phone (978) 862-9500 • Fax (978) 862-9599



CAMPUS SITE P.O. Box 701 Charlestown, Nevis

#### TRANSCRIPT KEY

CALENDAR:

The Basic Science program operates on the tri-semester schedule: Fall (September-December): Winter/Spring (effective 2009) (January-April); Summer (May-August). The Clinical Medicine program operates under the calendar semester of 15 weeks in length. One credit represents one week of clinical rotations.

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WEEKS/HOURS: Credit hours/weeks

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B 80-89% (Good, Commendable Performance)
C 70-79% (Satisfactory Performance)

Below 70% (Unsatisfactory-Failing Performance)

WF (Withdrawn/Failing) at the time of withdrawal

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H (Honors) P (Pass)

E (Unsatisfactory-Failing Performance)

I (Incomplete)
W (Withdrawal)
IP (In progress)

WP (Withdrawn/Pass) passing at the time of withdrawal

AU (Audit)

T/C (Transfer Credits) accepted

SCHEDULED (Approved clerkship) no grade awarded

CURRENT (Clerkship in progress) indicates weeks but not grade

PENDING (Clerkship completed) awaiting grade

S Satisfactory U Unsatisfactory STATUS:

DEANS LIST: Fall 2000 - Winter 2003, GPA of 3.75 or greater

As of May 2003, GPA of 4.0

HONORS: Fall 2000 - Winter 2003, GPA of 3.5 to 3.74

As of May 2003, GPA of 3.75 to 3.99

#### REQUIREMENTS FOR BACHELOR OF SCIENCE DEGREE:

Minimum of 120 semester hours required for degree. The 120 semester hours may combine pre-medical coursework and courses taken in the Doctor of Medicine program at MUA. The student must maintain an academic average of "C" or better during their enrollment at MUA.

#### REQUIREMENTS FOR THE DOCTOR OF MEDICINE DEGREE (M.D.):

For the M.D. degree each student must: (a) satisfactorily complete the Basic Sciences and Clinical Medicine curriculum. (b) pass the United States Medical Licensing Exam (USMLE) Step 1, (c) receive approval to graduate from the Board of Trustees and (d) complete such other requirements as may exist from time to time. For graduates on or after August 15, 2010, each student must also pass the USMLE Step 2 Clinical Knowledge and USMLE Step 2 Clinical Skills Exams.

#### REQUIREMENTS FOR THE PRE-MEDICAL PROGRAM:

For the Pre-Medical program, students must successfully complete the two-semester program in full except when a partial program is approved by the school and must maintain a "C" average or better.

#### COMPETENCIES:

Students beginning the first semester in Fall 2013 and thereafter must achieve grades of Satisfactory (S) in all assessed competencies in order to graduate and receive a final grade on their competency transcript. Such grades will be recorded on the transcript for Patient Care, Scientific & Medical Knowledge, Lifelong Learning, Scholarship & Collaboration, Professionalism, Communication & Interpersonal Skills and Social & Community Context of Healthcare.

#### CERTIFICATION OF OFFICIAL TRANSCRIPTS:

A transcript is official only when printed with a white signature on the Medical University of the Americas seal with a burgundy background.

#### RELEASE OF INFORMATION:

This transcript has been transmitted at the request of the named student in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. This document cannot be released to a third party without the written consent of the student.

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 burgundy SCRIP-SAFE\* paper with the name of the institution appearing in white type over the face of the entire document.

MEDICAL UNIVERSITY OF THE AMERICAS \* MEDICAL UNI

ADDITIONAL TESTS: The institutional name and the word COPY appear on alternate rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. If you have any questions about this document, please contact our office. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

210385

## TRANSCRIPT OF ACADEMIC RECORD P.O. BOX 701, CHARLESTOWN, NEVIS

STUDENT NAME

DEGREE(S) CONFERRED

Niall James Moffett

Doctor of Medicine Degree 5/20/2022

STUDENT ID

PROGRAM

MATRICULATED AS OF

DATE ISSUE

8442

Medical Doctor

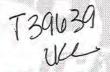
5/7/2018

6/14/2022

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MED702 Systems & Diseas	se I (Introduction	В	88	3.80	38.00	10.00	MED906 Clinical Skills V	A	97 4.00	12.00	3.00
MED703 Medical Ethics		В	83	3.30	6.60	2.00	MED908 Foundations of Clinical Medicin	e P			16.00
MED706 Clinical Skills III		В	89	3.90	11.70	3.00	MED909 Research Curriculum	P			1.00
MED707 Epidemiology		Α	96	4.00	8.00	2.00	ATT	ERN	OPTS	GPA	
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RECEIVED

OKLAHOMA STATE BOARD OF MEDICAL LICENSION



Amy E. LeCain, University Registrar

## OFFICE OF THE REGISTRAR

27 Jackson Road Suite 302 Devens, MA 01434

Phone (978) 862-9500 • Fax (978) 862-9599



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 I
 (Incomplete)

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S Satisfactory
U Unsatisfactory

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As of May 2003, GPA of 4.0

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Minimum of 120 semester hours required for degree. The 120 semester hours may combine pre-medical coursework and courses taken in the Doctor of Medicine program at MUA. The student must maintain an academic average of "C" or better during their enrollment at MUA.

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For the M.D. degree each student must: (a) satisfactorily complete the Basic Sciences and Clinical Medicine curriculum, (b) pass the United States Medical Licensing Exam (USMLE) Step 1. (c) receive approval to graduate from the Board of Trustees and (d) complete such other requirements as may exist from time to time. For graduates on or after August 15, 2010, each student must also pass the USMLE Step 2 Clinical Knowledge and USMLE Step 2 Clinical Skills Exams.

#### REQUIREMENTS FOR THE PRE-MEDICAL PROGRAM:

For the Pre-Medical program, students must successfully complete the two-semester program in full except when a partial program is approved by the school and must maintain a "C" average or better.

#### COMPETENCIES:

Students beginning the first semester in Fall 2013 and thereafter must achieve grades of Satisfactory (S) in all assessed competencies in order to graduate and receive a final grade on their competency transcript. Such grades will be recorded on the transcript for Patient Care, Scientific & Medical Knowledge, Lifelong Learning, Scholarship & Collaboration, Professionalism, Communication & Interpersonal Skills and Social & Community Context of Healthcare.

#### CERTIFICATION OF OFFICIAL TRANSCRIPTS:

 $\Lambda$  transcript is official only when printed with a white signature on the Medical University of the Americas seal with a burgundy background.

#### RELEASE OF INFORMATION:

This transcript has been transmitted at the request of the named student in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. This document cannot be released to a third party without the written consent of the student.

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 burgundy SCRIP-SAFE" paper with the name of the institution appearing in white type over the face of the entire document.

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ADDITIONAL TESTS: The institutional name and the word COPY appear on alternate rows as a latent image. When this paper is touched by fresh liquid bleach, an authentic document will stain brown. A black and white or color copy of this document is not an original and should not be accepted as an official institutional document. If you have any questions about this document, please contact our office. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

210385

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PAGE 56 of 512

## TRANSCRIPT OF ACADEMIC RECORD PO. BOX 701, CHARLESTOWN, NEVIS

STUDENT NAME

DEGREE(S) CONFERRED

**Niall James Moffett** 

Doctor of Medicine Degree 5/20/2022

STUDENT ID

PROGRAM MATRICULATED AS OF

DATE ISSUE

\*\*\*\* End of Transcript \*\*\*\*

8442

Medical Doctor 5/7/2018

6/14/2022

	QUAL. SEM. WEEK	S/	QUAL. SEM. WEEKS/
DESCRIPTION	GRADE SCORE UNITS PTS HOUR	S DESCRIPTION	GRADE SCORE UNITS PTS HOURS

Family Medicine A	6.00
Emergency Medicine A	4.00
Nephrology A	4.00
Cardiology (Elective) A	4.00
Jrology A	4.00
Veurology A	4.00
Psychiatry Sub-I A	4.00
Total Weeks/Hours	30

## Competency-MEDICAL UNIVERSITY OF THE AMERICAS

CARE	S
KNOWLEDGE	S
LIFELONG LEARNING	S
PROFESSIONALISM	S
INTERPERSONAL SKILLS	S
SOCIAL CONTEXT	S

RECEIVED
IUN 21 2022

OKLAHOMA STATE BOARD OF

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Amy E. LeCain, University Registrar

MEDICAL UNIVERSITY OF THE AMERICAS

#### OFFICE OF THE REGISTRAR

27 Jackson Road Suite 302 Devens, MA 01434

Phone (978) 862-9500 • Fax (978) 862-9599



CAMPUS SITE P.O. Box 701 Charlestown, Nevis

#### TRANSCRIPT KEY

#### CALENDAR:

The Basic Science program operates on the tri-semester schedule; Fall (September-December); Winter/Spring (effective 2009) (January-April); Summer (May-August). The Clinical Medicine program operates under the calendar semester of 15 weeks in length. One credit represents one week of clinical rotations.

#### TRANSCRIPT SUMMARY:

SEM ATT: Number of credits attempted in a semester.
ERN: Number of credits passed. (A through C)
CUM ATT: Cumulative number of credits attempted at MUA.

QPTS: Quality points

GPA: Grade Point Average: QPTS divided by CUM ERN. Grade Point Average is not

included in third and fourth year of the M.D. program.

SCORE: Percentage grade
WEEKS/HOURS: Credit hours/weeks

#### GRADING SYSTEM: BASIC SCIENCE, CLINICAL MEDICINE, AND PSY.D. - M.D. PROGRAMS

The following grades are included in the calculation of GPA.

A 90-100% (Superior Performance)

B 80-89% (Good, Commendable Performance)

C 70-79% (Satisfactory Performance)
F Below 70% (Unsatisfactory-Failing Performance)

WF (Withdrawn/Failing) at the time of withdrawal

The following are not included in the calculation of the GPA.

H (Honors) P (Pass)

E (Unsatisfactory-Failing Performance)

1 (Incomplete) W (Withdrawal) IP (In progress)

WP (Withdrawn/Pass) passing at the time of withdrawal

AU (Audit)

T/C (Transfer Credits) accepted

SCHEDULED (Approved clerkship) no grade awarded

CURRENT (Clerkship in progress) indicates weeks but not grade

PENDING (Clerkship completed) awaiting grade

S Satisfactory
U Unsatisfactory

#### STATUS:

DEANS LIST: Fall 2000 - Winter 2003, GPA of 3.75 or greater

As of May 2003, GPA of 4.0

HONORS: Fall 2000 – Winter 2003, GPA of 3.5 to 3.74

As of May 2003, GPA of 3.75 to 3.99

#### REQUIREMENTS FOR BACHELOR OF SCIENCE DEGREE:

Minimum of 120 semester hours required for degree. The 120 semester hours may combine pre-medical coursework and courses taken in the Doctor of Medicine program at MUA. The student must maintain an academic average of "C" or better during their enrollment at MUA.

#### REQUIREMENTS FOR THE DOCTOR OF MEDICINE DEGREE (M.D.):

For the M.D. degree each student must: (a) satisfactorily complete the Basic Sciences and Clinical Medicine curriculum, (b) pass the United States Medical Licensing Exam (USMLE) Step 1. (c) receive approval to graduate from the Board of Trustees and (d) complete such other requirements as may exist from time to time. For graduates on or after August 15, 2010, each student must also pass the USMLE Step 2 Clinical Knowledge and USMLE Step 2 Clinical Skills Exams.

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FORM #4 (MD)

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MAY 25 2022

## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

#### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

## One form must be completed and mailed directly to the Board for each clerkship.

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## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

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One form must be completed and mailed directly to the Board for each clerkship.

	M. 301-240-100309-10040000000
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, ,	Address of Facility
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of Psychiatry	
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This facility has programs that are accredited by	ACGME in the areas of Specialty Specialty.
I, Clayton Monio instructor for the statements made herein are accurate,	, swear or affirm that I am/was the individual facility program director or erkship indicated and that I have carefully read and completed this form and that
	Cla God Marris M A
Institution	Clayton Morris, M. D.  Typo or Print Name of Facility Program Director or Instructor
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. 1 .	PO Box 151
65	Mornan Ok 73070 City State Zip Code
	Telephone Number Signature North
In the absence of an official institution seal, the Facil	ity Program Director or Instructor's signature must be notarized.
Signed and sworn before me this day of	(Month) (Year).
	Notary Public Signature
Notary	My Commission Expires:
Seal	RECEIVED
	MAY 2.5 2022

MAY 25 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## RECEIVED

## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 1 3 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### VERIFICATION OF CLINICAL CLERKSHIP

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FORM #4 (MD)

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## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 1 3 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

	to certify mat_	Nial Moffett Student's	Name		U.S.	Social Sec	curity Numbe	r
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FORM #4 (MD)

## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 13 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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FORM #4 (MD)

## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 1 3 2022

OKLAHOMA STATE BOARD OF

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

## One form must be completed and mailed directly to the Board for each clerkship.

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12/06	6/1981	a	student of Medica	al University	of the An	nericas		
D	ate of Birth			Medical S	School			
Compl	eted a clerkshi	n offered by St.	Anthony Hosp	ital				
				Name of	Facility			
1000	N. Lee, Ok	dahoma City	, Oklahoma 7	3102				
	77.2576.			Address	of Facility			
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## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 1 3 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

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		Student's	Name		U.S.	Social Sec	urity Numbe	er
12/08	5/1981	a	student of Medica	al University	of the An	nericas		
D	ate of Birth		**************************************	Medical S				
Compl	eted a clerkship	offered by St	. Anthony Hosp	ital				
				Name of 1	Facility			
1000	N. Lee, Okl	ahoma City	, Oklahoma 7	3102				
				Address	f Facility			
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## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

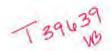
MAY 1 3 2022

#### VERIFICATION OF CLINICAL CLERKSHIP

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12/0	6/1981	a	student of Me	edical University	of the An	nericas		
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Signed	and sworn befo	ore me this	3 day of	May	(Month)	2027	(Year).	
	THE IN	IDA GARAGO		Notary Public Signatur	e			
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## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 1 3 2022

OKLAHOMA STATE BOARD OF

#### VERIFICATION OF CLINICAL CLERKSHIP

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## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

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MAY 13 2022

#### OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### VERIFICATION OF CLINICAL CLERKSHIP

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SOURCE

T39639

## RECEIVED

MAY 1 3 2022

#### OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## VERIFICATION OF CLINICAL CLERKSHIP

Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

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		Student's 1					urity Numbe	er
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D	ate of Birth			Medical S	School			
Compl	eted a clerksł	nip offered by St.	Anthony Hosp	oital				
				Name of	Facility			
1000	N. Lee, C	klahoma City	, Oklahoma 7	3102				
				Address	f Facility			
rom	04	11	2022	through	05	06	2022	in the clinical area
-	Month	Day	Year		Month	Day	Year	
of L	Irology							
	Clinical Ar	rea						
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FORM #4 (MD)

## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 13 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

T3963

#### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

This i	s to certify that	Nial Moffett						
		Student's	Name	-	U.S.	Social Sec	urity Nun	nber
12/0	6/1981	a	student of Medi	cal University	of the An	nericas		
I	Date of Birth		3727731229	Medical S				
Comp	leted a clerkshir	offered by St.	. Anthony Hos	spital				
- Jp				Name of	Facility			
1000	N. Lee, Ok	lahoma City	, Oklahoma	73102				
	CAC CIC-MODA	NEWS WATER SAMP	. =	Address o	of Facility			
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Of_	Clinical Area	1						
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					Speci	alty		
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3624 Market Street Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 23 Jun 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: 1-093-566-6

Applicant's Name: Niall James Moffett Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 16 Jun 2022

Clinical Skills Assessment Valid Through: 31 Dec 2024

JUN 29 2022

Passing Performance on Medical Science Examinations:

English Test Valid Through: 31 Dec 2024

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	03 Jun 2020	*	*
USMLE Step 2 CK	20 Dec 2021	*	*

#### Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date	
ECFMG Clinical Skills Pathway **	N/A	

<sup>\*\*</sup> 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: Medical University of the Americas (Nevis), Charlestown, SAINT KITTS AND NEVIS

Medical Education Credentials Status<sup>†</sup>: Complete

Degree Year: 2022

## 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: Q3AJH7UWBL

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

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.



# AMA Physician Profile

PREPARED FOR

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

**Primary Office Address** 

SAME AS MAILING ADDRESS

Name and Mailing Address

NIALL J MOFFETT ST ANTHONY HOSP STE 1000 608 NW 9TH ST OKLAHOMA CITY, OK 73102-1014

Birth date

Phone UNKNOWN

MAY 07 2024

OKLAHOMA STATE BOARD OF

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: MEDICAL UNIVERSITY OF THE AMERICAS (NEVIS)

Degree Awarded:

YES

**Enrollment Date:** 

NOT REPORTED

Degree Type:

MD

Degree Date:

2022

AMA files checked 05/8/2024 15:59:11 AMA Physician Profile for Niall J Moffett, 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:** 

ST ANTHONY HOSPITAL

**Sponsoring State:** 

**OKLAHOMA** 

Program name:

SSM HEALTH ST ANTHONY HOSPITAL PROGRAM

Specialty:

FAMILY MEDICINE

Training Type:

**SPECIALTY** 

Dates: Status: 06/30/2022 - 06/30/2025 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

Applicant Number: 10935666

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 <a href="https://cvsonline2.ecfmg.org/">https://cvsonline2.ecfmg.org/</a>

#### **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 Data<sup>TM</sup>, 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 A**

		EVIDENCE OF STATU	IS - PART A	OP-PERCURATE CARROLE
Full Legal Name:	Niall	)ames	MoFfett	,
	Tiru	Middle	last	Melden (if applicable)
Mailing Address:				
		Street Address or Post Office flos		
			Social Security #:	
City	Atola V	Tale Valenting		

## PRIMARY EVIDENCE OF CITIZENSHIP

	(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)
If y	ou are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following tuments to this form. Place a checkmark below to indicate the document that is attached.
0	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.
D	United States passport (except limited passports, which are issued for periods of less than five years)
D	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-S45) (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
D	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)
0	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.)
0	Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
	Allen Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94
acco	
Nota	ry Public HAN HUYNH
	MY COMMISSION # 11004448
Му с	ommission expires 1100 4448/Way 13, 2023

CamScanner CamScanner



## 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 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

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

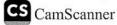
Name: Niall Moffett Application#

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.

<b>EDUC/</b>			<del>-</del>		<u> </u>		<u> </u>	
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree	
01	1997	01	2001	Belfast Institute by Hynur and Further Education	Belfast	Ireland	GNVQ Science Adv	
10	2003	12	2004	Bellast Institute for Higher and Farmer Education	Belfast	Ireland	Access to University cours	
01	2005	12	2010	University of Ulster	Ireland	BSC Homs Diagnostic Radio Doctor of		
09	2017	05	2022	2 Medical University of the Americas Potworks Nevis Doctor				
EMPL	OYMEN	भा						
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
08	2001	08	2003	The Church of Jesus Christ of Winnipeg Canada		Canada	Service Missionary	
01	2011	11	2011	Santander Bank Belfast		Ireland	call rented	
01	2012	01	2013	Anhui Polytechnic University Wuhu		China	Spoken Engli	
04	2013	07	2014	Lloyd's Bank	Lloyd's Bank Belfast		Customer suppor	
10	2814	89	2016	Life South Community Blood Centers	bainesville	FL	Call center/ Cord	
10	2016	01	2017	Florida Credit Union	Gainesville	FL	Call Center Customer Suppor	
OTHE	R							
Start Month	Start Year	End Month	End Year	Other (Unemployed, Stay at home parent, etc.	)	City	State	
01	2001	08	2001	Unemployed		Belfast	- Ireland	
08	2003	10	2003	unemployed		Belfas		
11	2011	01	2012	unemployed		Belfas	+ Ireland	
01	2013	04	2013	unemployed		Belfas	t Ireland	
07	2014	10	2014	unumployed		Gaines		
09	2016	. 10	2016	1		baines		
01	2017	08	2017	homemaker / stay at home par	ent	Garnes	ville FL	

1/2001-10/2003 3/2010-9/2017 OKLUMENTATE AND OF

~ 291239



## Kenna L. Shaw

From:

BillPay Webmaster <donotreply@www.ok.gov>

Sent:

Tuesday, April 2, 2024 9:50 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

TIANA ISLEY has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/02/2024 09:04:50am for \$250.00. **OKLAHOMA MD LICENSE NUMBER 39639** 

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



05/03/2022

NIALL JAMES MOFFETT

RE: MD Application #39639

Check Your Application Status Online at: http://www.okmedicalboard.org Username: AP39900338 Password:Last 4 SSN

Dear NIALL MOFFETT,

## YOU CANNOT 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 allow 5 business days 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:

Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

INSTRUCTION SHEET

OATH

Extended Background Check

Time DEFICIENCIES: 1/2001-10/2003, 3/2010-9/2017 (PLEASE USE TIME DEFICIENCY FORM FOR

EXPLANATIONS)

OTHER DEFICIENCIES: NEED CHRONOLOGICAL LIST OF US ROTATIONS AND FORM 4 \*OR\*

EVAL FOR EACH/ \*\*\*DO NOT NEED FORM2, STEP3, FED, AMA OR NPDB\*\*\*

Exam verification date

US Customs and Immigration Service (USCIS)

Translations

**ECFMG** 

**ECFMG Date** 

MedSchool-Transcript Med Univ of the Americas

MedSchool-Form 1 Med Univ of the Americas

PostGrad - Form 2 ST ANTHONY HOSPITAL

**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: <a href="http://www.okmedicalboard.org/resources">http://www.okmedicalboard.org/resources</a>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP39900338 (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

xam verification PostGrad - Form JSMLE Exams I DTHER DEFICIE MA Profile Not I Federation Clear	ation (due to spandate 2 ST ANTHONY Forcemplete ENCIES: ***DO NO Received (to be co		
	hool Attended: of the Americas	ises Previously Granted to G	Graduates of this Medical School:66
Application for:	Resident_	Full License	
2) ALL FIVE - Passed U - No DUIs of the control of	CRITERIA HAVE I SMLE or Legal Issues icant Malpractice late d Medical School		
5) REQUEST	S SPECIFIC CON	SIDERATION OF:	

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

PAGE STATIVED

JUN 16 2023

## QUESTIONNAIRE Please read and follow ALL instructions

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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
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

	ME	Nial		NAM	AME /VIOTPETT				
EMAIL ADDRESS					,		/		
NUI HON	NSE MBER	39639			ONE //ST/		+		
PROGRAM ATTENDING		Cheyn Onavecker spi			PECIALTY Family Medicine				
		DOCUME					-031-232-1002-A-1-		
123	10	PAYI	MENT	COM	PLETI	ED			
	\$150 pay of trainin	ment made on Billpay for <b>RENEWAL</b> g license			\$250 payment made on Billpay for <b>UPGRADE</b> of training license				
	1.0% 2.00 E	DOCUM	ENTA	TION	REQI	UIRED	A Charlette		
	The second of th	must be received directly from ) **ONLY FOR UPGRADE - ATTACHMEN			Eva	aluation (must be received dire	ctly from program) -		
Ø	USMLE S	Step 3 (must be received directly from			Answer confidential questions (on back of this form)				
10190	aconatal c	and the second s				Alexandra (San Charles and San	(明備者 1 a T ) 2 7 7 7 1 1 7 7		
	Current	FOREIG	NIKA	AINED		The state of the s			
	Current	rrent visa				Social Security Number **if n application	ot provided at initial		
		Background Check **if not done at initial application			-				

**RENEWAL QUESTIONNAIRE UPDATED 01-2023** 

AND PAY THE RENEWAL FEE.

FIRST

11. 11

NAME Miall MoFFett

## 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 QUESTIONS.	most r	ec <mark>e</mark> nt) NO
COLUMN TO THE THE SEE STOCK OF THE SEE SEE SEE AND THE SEE SEE SEE SEE SEE SEE SEE SEE SEE S		NO
Have you failed any part of the USMLE exam (not previously disclosed)?		DZ/
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)?		0
Have you ever been denied, had removed, or suspended hospital privileges?	_	Ø
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?	0	<u>IZ</u> /
Has your application for licensure ever been denied?		
Have you surrendered a license or had any disciplinary action taken on any license?		<u>u</u>
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?		N
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?	0	Z Z
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?	0	
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		<u>v</u>
iswear under penalty of perjury, that I am the person completing this Questionnaire and understand that icense procured or obtained by fraud or misrepresentation will result in disciplinary action taken against pursuant to the provisions of 59 O.S. § 508.  JUN 16 2023		

### **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

ANNUAL EVALUATION - TRAINING LICENSES ONLY

## BECEIVED

JUL 0 3 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

TMD 39639

LKC

RCVD 7-3-23

## PRIMARY SOURCE

**Evaluation revised 1-2023** 

DO NOT COMPLETE FOR FULLY LICENSED PHYSICIANS Niall J Moffett Name of Resident (please print) Specialty Family Medicine License Number 39639 Institution Name St. Anthony Hospital Cheyn Onarecker, M.D. Program Director (please print) cheyn,onarecker@ssmhealth.com **Program Director Email** Instructions: Please rate each resident according to the scale below. If the score is rated in the 0 (Poor), 1 (Fair) or 2 (Below Average) YOU MUST PROVIDE WRITTEN DOCUMENTATION REGARDING THIS RATING. **ABOVE** BELOW ASSESSMENT POOR FAIR **AVERAGE** OUTSTANDING **AVERAGE AVERAGE** MEDICAL KNOWLEDGE APPLICATION OF MEDICAL KNOWLEDGE COMMUNICATION SKILLS STABILITY IN WORKING RELATIONSHIP WITH OTHER **PROFESSIONALS** THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP REMARKS/COMMENTS Cheyn Onarecker, M.D. COMPLETED BY (please print)\_ DATE 06/30/2023 SIGNATURE

MD 39459 AHMED MOHAMMED	
MEDICAL DOCTOR	
ncomplete 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 GRIFFIN MEMORIAL HOSPITAL	
Last Medical School Attended: 690-11 Bayero Univ, Fac Of Med, Kano, Nigeria	_
Number of Licenses Previously Granted to Graduates of this Medical School:0	_
he Secretary of the Board has reviewed this application and:	
ne decretary of the Board has reviewed this application and.	
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS	
V	
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]  - Passed USMLE	
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]  - Passed USMLE  - No DUIs or Legal Issues  - No Malpractice Issues	
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]  - Passed USMLE  - No DUIs or Legal Issues	
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 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:	Bayero Univer	sity Faculty of M	Medicine			
LOCATION:	Kano ,Nigeria					
ALTERNATE NAMES						
School type:		Federal	SCHOOL	<u>DETAILS</u>		
Year instruction	n started:	1984				
Operational sta	atus:	Currently opera	ational			
Additional		A CONTRACTOR OF THE PARTY OF TH				
information:		Market Committee				
		1001	PROGRAM	DETAILS		
Year instruction		1984				
Curriculum dur		5 years				
Language(s) of Entrance exam		English C IS PEOU	DED C IS N	IOT DEOLUDE	D INFORMA	TION NOT PROVIDED
Additional		O IS REQUI	KED IS I	IOT REQUIRE	INFORIVIA	TION NOT PROVIDED
information:		***************************************				
miormation.						
			SPONSO	R NOTES		
<b>Graduation Yea</b>	ars:	to	;	to	; 1988 to	CURRENT
Additional			8		₹n	
Information:						
Listed on appro	oved list by C	California Med	dical Board:		• YES	○ NO
The total numb	per of gradua	ites from this	medical sc	nool who are	licensed by the	Oklahoma Board:
<ul><li>0</li></ul>	O 1	0	2	○ 3	O 4	O 5

Type

Number

Name

MD

39459 AHMED MOHAMMED

MEDICAL DOCTOR

Practice Address:

April 06, 2022

Status:

Res: TR

Received: 04/03/2022 Entered: 04/03/2022

Temp Issued: Temp Expires:

Train Issued: 07/01/2022 Train Expires: 09/30/2024 Fed Rec: 05/10/2024 AMA Rec: 05/10/2024

**Board Action:** 

Sex: M Ethnic Origin: 2

License #: 39459

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

PRE-MED EDUCATION

Endorsed By: USMLE

Test

Test 1: USMLE 3

Test 2: USMLE 1

Test 3: USMLE 2

School Name: BAYERO UNIVERSITY KANO

City: KANO

Degree: MICROBIOLOGY

Country: NIGERIA State:

To: 3/2005 Verified: From: 1/2001

Score

PASS

**PASS** 

**PASS** 

School Name: BAYERO UNIVERSITY KANO FACULTY OF SCIENCE

City: KANO

State:

Country: NIGERIA

Date

Taken

3/17/20

3/20/21

Note: PASS means higher than 75

11/22/21

Date

4/5/22

4/5/22

4/5/22

Verified Attempts

1

1

Y

Degree:

From: 8/2000 To: 1/2001 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: Bayero Univ, Fac Of Med, Kano, Nigeria

Foreign Name:

City: Kano

State/Country: Nigeria

Degree: MBBS

From:

1 / 2006 To: 12/2011 Diploma Ver'd:

Type

Number

Name

MD

39459 AHMED MOHAMMED

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: GRIFFIN MEMORIAL HOSPITAL

Specialty: PSYCHIATRY

Res. Fellowship: Residency

City: NORMAN

State:OK Country:USA

Verified:

From:

From:

712022

To: /

ACGME Ver'd: 04/10/2022 Comments:

Facility: AMINU KANO TEACHING HOSPITAL

Specialty: INTERNAL MEDICINE, SURGERY,

PEDIATRICS AND OBGYN

Res. Fellowship:

City: KANO

Waived

State:

3/2012

Country:NIGERIA

To: 3 / 2013

ACGME Ver'd:

Verified:

Comments:

Type Number Name

MD 39459 AHMED MOHAMMED

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: CEDAR RIDGE BEHAVIORAL HOSPITAL Supervisor:

City: OKLAHOMA CITY State: OK Country: UNITED STATES

Specialty: MENTAL HEALTH From: 1/ 2019 To: 7/ 2022 Verified:

TECHNICIAN II

Comments:

Employed: OKLAHOMA ISLAMIC ACADEMY Supervisor:

City: OKLAHOMA CITY
Specialty: VOLUNTEER
State: OK Country: UNITED STATES

1/ 2017 To: 1/ 2019
Verified:

Comments: SCIENCE AND SOCIAL STUDIES TEACHER AT PRIVATE SCHOOL (OKLAHOMA ISLAMIC

ACADEMY).

Employed: NONE Supervisor:

City: OKLAHOMA CITY
Specialty: TRANSITION TO THE
From: 9/ 2016 To: 1/ 2017
Verified:

UNITED STATES.

Comments: TRANSITION TO THE UNITED STATES.

Employed: NAMERAH GENERAL HOSPITAL Supervisor:

City: NAMERAH State: Country: SAUDI ARABIA
Specialty: MEDICAL OFFICER From: 10 / 2015 To: 9 / 2016 Verified:

Comments:

Employed: AMINU KANO TEACHING HOSPITAL Supervisor:

City: KANO State: Country: NIGERIA

Specialty: MEDICAL OFFICER From: 4/ 2013 To: 9/ 2015 Verified:

Comments:

Employed: NONE Supervisor:

City: KANO State: Country: NIGERIA
Specialty: TRANSITION FROM MED From: 12 / 2011 To: 3 / 2012 Verified:

SCHOOL TO INTERNSHIP

Comments:

Employed: NONE Supervisor:

City: KANO State: Country: NIGERIA

Specialty: TRANSITION FROM PRED From: 3/2005 To: 1/2006 Verified:

MED TO MEDICAL SCHOOL

Comments:

Other Licenses

State Lic Type and Number Status Issued Exp Verif

Type Number Name

MD 39459 AHMED MOHAMMED

MEDICAL DOCTOR

### **DEFICIENCIES**

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

PostGrad - Form 2 GRIFFIN MEMORIAL HOSPITAL

#### 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 teense. 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

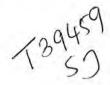
FIRST NAME	AHMED	LAST NAME	MOHAMMED
EMAIL ADDRESS			
LICENSE NUMBER	39459	CELL PHONE	
HOME ADDRESS		CITY/STATE ZIP CODE	
PROGRAM ATTENDING	Dr Clayton Morris	SPECIALTY	Psychiatry

#### DOCUMENTATION TO ATTACH

	PAYI	MENT	COM	LET	ED	
	□ \$150 payment made on Billpay for RENEWAL of training license			\$250 payment made on Billpay for <mark>UPGRADE</mark> of training license		
	DOCUM	IENTA	TION	REQ	UIRED	
	<b>-</b> I			Ev	aluation (must be received directly from program)	
	USMLE Step 3 (must be received directly from USMLE)				swer confidential questions (on back of this form)	
	FOREIC	NITDA	INIED	·** 11	DENTS	
_	FOREIG	NIKA	IINED			
LXI	☐ Current visa			X	Social Security Number **if not provided at initial application	
	Background 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 <a href="https://pay.apps.ok.gov/medlic/md/login.php">https://pay.apps.ok.gov/medlic/md/login.php</a> ENTER YOUR LICENSE NUMBER & PIN — COMPLETE YOUR RENEWAL AND PAY THE RENEWAL FEE.

RENEWAL QUESTIONNAIRE UPDATED 03-2024





## NAME AHMED MOHAMMED

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) QUESTIONS YES NO Have you failed any part of the USMLE exam (not previously disclosed)? X. Have you been the subject of investigation or disciplinary action (including probation) by a hospital or X training program? Have you had any adverse judgment or settlement against you rising from a professional liability claim? X Х Have you been reported to the National Practitioner Data Bank (NPDB)? Х Have you ever been denied, had removed, or suspended hospital privileges? X 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? X Х 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)? Х Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol? X Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic X violation? Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any X drug or chemical substance? П X 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? 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. Date 4/09/24 Ahmed Mohammed Signature

## Oklahoma State Board of Medical Licensure and Supervision PAGE 92 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/03/2022

### Foreign Graduate

Applicant Name: MOHAMMED, AHMED

MD 39459

Date Of Birth:

Place Of Birth (City, State): KANO, NIGERIA

Sex: M Race: Black

Educ	Education									
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri		
UG	BAYERO UNIVERSITY KANO	KANO	NIGERIA	1/2001	3/2005	MICROBIOLOGY		NAMES OF THE PARTY		

Medical School Name	City	State Country	Comments	From	То
Bayero Univ, Fac Of Med, Kano, Nigeria	Kano	Nigeria		1/2006	12/2011
Bayero Univ, Fac of Med, Kano, Nigeria	Kano	Nigeria		1/2006	12/2011

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
AMINU KANO TEACHING HOSPITAL	KANO	NIGERIA	INTERNAL MEDICINE, SURGERY, PEDIATRICS AND OBGYN		3/2012	3/2013

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	То	Verif
CEDAR RIDGE BEHAVIORAL HOSPITAL	MENTAL HEALTH TECHNICIAN II		OKLAHOMA CITY	ОК		1/2019		
OKLAHOMA ISLAMIC ACADEMY	VOLUNTEER		OKLAHOMA CITY	OK		1/2017	1/2019	
NONE	NONE		OKLAHOMA CITY	OK		9/2016	1/2017	
NAMERAH GENERAL HOSPITAL	MEDICAL OFFICER		NAMERAH		SAUDI ARABIA	10/2015	9/2016	
AMINU KANO TEACHING HOSPITAL	MEDICAL OFFICER	70.1	KANO		NIGERIA	4/2013	9/2015	

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 PAGE 93 of 512

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/03/2022

### Foreign Graduate

Que	estions Answered 04/02/2022	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
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
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
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 PAGE 94 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/03/2022

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: Griffin Memorial Hospital
If so, Please identify with which category:  Mental Health Facility
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 above information is accurate as of April 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 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 notaxy)

APR 04 2022

Mohammed, Ahmed

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

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

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 3 day of

Notary Public Signature

My Notary Commission Expires

Form 1 (MD)

## Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street

Oklahoma City, OK 73105

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

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

RECEIVED

APR 07 2022

Applican	t's Name	Ahmed Mohammed	****			
mstitutio	Bay	ero University Kano Medical School	City/State Kano, N	igeria		
Ourreco	rds indicat	that the above named applicant attended our medical school of	n the following dates:			
11011	onth Day	Year Month Day Year	rded the degree Bachelor	of Medicine, Bacho	elor of Surge	ery (MBBS)
1 Doe		dual's official record reflect (an) interruption(s) or extension(s)	n his/her medical educatio	n? If yes, please	☐ YES	Ø NO
2 Doe	s this indiv	dual's official record reflect that he/she was ever placed on acar education? If yes, please explain.	demic or disciplinary proba	tion during	☐ YES	Ø NO
3. Doe an ir	s this indiv	dual's official record reflect that he/she was ever the subject of by the medical school or parent university? If yes, please expla	in below.		☐ YES	MNO
		dual's official record reflect that he/she was ever disciplined for medical school or parent university? If yes, please explain below		shavioral	☐ YES	RY NO
Doe:	s this indiv	dual's official record reflect that there were any limitations or space of questions of academic incompetence, disciplinary problem	necial requirements impose		☐ YES	₽ NO
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## BAYERO UNIVERSITY, KANO

KANO-NIGERIA

ACADEMIC TRANSCRIPT

FACULTY OF MEDICINE

OFFICIAL COPY

QUALIFICATION OBTAINED: MBBS

REASON FOR LEAVING: CRADUATED

SERIAL NO: 0066112013
DEGREE CLASS: UNCLASSIFIED

NAME OF THE OWNER, WHEN PERSONS ASSESSED.		i.
DATE OF BIRTH:		4
SEX	MALE	Ì
DATE OF LEAVING	2011/2012	ŝ

#### VEAR ONE

DATE OF ENTRY:

NAME

NUMBER

DEPARTMENT	DEPARTMENT OF MEDICINE			
CODE	COURSE NAME	CV	1.G	GP
	ANATOMY	11	C	
	BIOCHEMISTRY COMMUNITY BASED MEDICAL EDUCATION	10	c	
	AND SERVICE PROGRAMME		C	1
	PHYSIOLOGY		C	
		1		

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ATED/05/ATBBS/00804

2005/2006

#### YEAR TWO

EPARTMENT DEPARTMENT OF MEDICINE				
CODE	COURSE NAME	Tev	LG	Tai
	ANATOMY	1	1 11	1
	BIOCHEMISTRY COMMUNITY BASED MEDICAL EDUCATION		f.	
	AND SERVICE PROGRAMME		C	1
	PHYSIOLOGY	1	C	1
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EPARTMENT	DEPARTMENT OF MEDICINE			
ODE	COURSE NAME	ev	LG	GI
	PATHOLOGY		C	T
	PHARMACOLOGY		e	
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#### YEAR FOUR

SESSION: 2009	/2010 LEVEL 500					
DEPARTMENT	DEPARTRMENT OF MEDICINE					
CODE	COURSE NAME	(1	L/	16.		
	OBSTETRICS AND GYNAECOLOGY PAEDIATRICS		C			

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

PRIMARY

Director Mgt, Information System Eayero U vers.ty, K.a.i.)

### YEAR FIVE

SESSION: 2010	2011 LEVEL 600	
DEPARTMENT	DEPARTMENT OF M	EDICINE
CODE	COURSE NAME	CV LG GP
	COMMUNITY MEDICINE	C .
	MEDICINE	C
	SURGERY	Ċ
1		
	4	111

DEAN FACULTY OF MEDICINE

DIRECTOR ACADEMIC AFFAIRS .....END OF TRANSCRIPT.....

DEAN'S OFFICE FACULTY OF MEDICINE BAYEN: UNIVERSITY KANO.

· Director Directorate Of Academic Arian. Bayero University, Kanc



Director Mgt. Information System Eayero U., versity, Kana.



## BAYERO UNIVERSITY, KANO

## ABOUT THE GRADING SYSTEM

Bayero University, Kano, operates the Course Unit System. Consequently, the University uses the GPA/CGPA grading system. The following are some of the important features of the system.

- 1. Letter Grades: Each course is assessed by a letter grade using the letters A, B, C, D, E, F and I. Each letter, except I, corresponds to a range of marks as follows: A for 70-100%; B for 60-69%; C for 50-59%; D for 45-49; E for 40-44% and for 0-39%. The grades A to E denote pass, with grade A being the best; the grade F denotes failure in the course while the grade I is explained below.
- 2. Incomplete Grade: The Incomplete grade 'I' is awarded to a student who has completed all aspect of a course except the end-of-semester examination, and Senate has accepted as valid his/her reason(s) for not sitting the examination. The student would not carry over the course. Rather, he/she will only sit for the examination when it is offered next. His/Her continuous assessment is carried forward and added to the examination marks.
- 3. Grade Points (GP): Each letter grade, except 1, is assigned a Grade Point as follows: A=5, B=4, C=3, D=2, E=1 and F=0. A grade "ABS" of point 0 is assigned to a course which the student failed to sit for its examination without valid reasons. No grade point is assigned to 1.
- 4. **Points**: The points obtained in a course are the product of the credit value of the course and the grade point obtained in the course. Thus, if a student obtains a 'B' grade in a 3-credit course, the points are 4x3=12.
- 5. **Grade Point Average (GPA)**: The semester Grade Point Average (GPA) is defined as the weighted average of all the grade points obtained in the semester, with the credits as the weights. It is an indication of student's (average) performance in the semester. In computing the GPA, credit values of course(s) graded incomplete are not counted. Thus

 $GPA = \frac{Total\ Semester\ Po\ int\ s}{Total\ Semester\ Credits}$ 

Where credits for incomplete course(s) are not counted in totaling the credits.

6. Cumulative Grade Point Average (CGPA): The Cumulative Grade Point Average (CGPA) is defined as the weighted of all the grade points obtained by the student from the time he\she joined the program of study up to the time of computation. Thus, the CGPA gives an indication of the student's overall performance in the program of study. The CGPA is computed as follows;

 $CGPA = \frac{Total\ Semester\ Po\ \text{int}\ s\ for\ ALL\ Semesters}{Total\ Semester\ Credits\ for\ ALL\ Semesters}$ 

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APR 07 2022

Where credits for incomplete course(s) are not counted in totaling the credits. Roughly, the GPA/CGPA values are interpreted as follow: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



GPA/CGPA	INTERPRETATION		
	For Degree Students	For Diploma Students	
4.50-5.00	First Class Honours (Excellent)	Distinction	
3.50-4.49	Upper Second Class Honours (Very Good)	Credit	
2.40-3.49	Lower Second Class Honours (Good)	Merit	
1.50-2.39	Third Class Honours (Fair)	David	
1.00-1.49	Pass Degree Honours (Satisfactory)	Pass	
0.00-0.99	Fail	Fail	



#### WWW.WES.ORG

P.O. Box 5087, Bowling Green Station New York, NY 10274-5087

Tel: +1 212-966-6311 Fax: +1 212-739-6100

Email: www.wes.org/contact-us

05-Apr-2022

Oklahoma state medical board Licensure and Supervision Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105Reference#: 2529768/ssb MOHAMMED, Ahmed



The enclosed evaluation report is sent to you at the request of the applicant named above.

WES is prepared to answer any questions that you may have regarding the evaluation. Please contact our Academic Services staff by e-mail at www.wes.org/contact-us or by phone at +1 212-966-6311

WES evaluations can be accessed online via AccessWES. Please visit <a href="https://applications.wes.org/accesswes/Pages/Logon.aspx">https://applications.wes.org/accesswes/Pages/Logon.aspx</a> for more information.

Sincerely,

World Education Services

Cc:

Ahmed MOHAMMED

Attachments

TMP 39459

#### WORLD EDUCATION SERVICES (WES) EVALUATION TERMS

**Evaluation Scope:** World Education Services (WES) evaluates formal educational credentials. WES does not evaluate trade, occupational, or professional experience. WES evaluations are based upon the best information and resources available to professional evaluators. WES evaluations are offered as non-binding advisory opinions.

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- "F\*" indicates a course that was failed initially, but passed on a subsequent attempt. It is not included in the GPA calculation.
- "R\*" indicates a course that was passed initially, but was retaken for grade improvement. It is not included in the GPA calculation.
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For questions or comments about this evaluation report, please visit wes.org/contact



## CREDENTIAL EVALUATION AND AUTHENTICATION REPORT

Name: Date of Birth: MOHAMMED Ahmed

Date: April 05, 2022 Ref#: 2529768/ssb Page: 1 of 5

### U.S. EQUIVALENCY SUMMARY

Bachelor's degree and first professional degree in medicine (Doctor of Medicine) from a regionally accredited institution

Duplicate Evaluation Report (original completed on May 05, 2014)

#### **CREDENTIAL ANALYSIS**

1. Credential Authentication: Documents were verified by the institution

Country or Territory: Nigeria

Credential: Bachelor of Science

Year: 2005

Awarded By: Bayero University
Status: Accredited Institution

Admission Requirements: West African School Certificate

**Length of Program:** Four years Major: Microbiology

U.S. Equivalency: Bachelor's degree







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For questions or comments about this evaluation report, please visit wes.org/contact



## CREDENTIAL EVALUATION AND AUTHENTICATION REPORT

Name:

MOHAMMED, Ahmed

Date of Birth:

Date: April 05, 2022 Ref#: 2529768/ssb

Page: 2 of 5

2. Credential Authentication:

Country or Territory:

Credential:

Year:

Awarded By:

Status:

Admission Requirements: Length of Program:

U.S. Equivalency:

Major:

Documents were verified by the institution

Nigeria

Bachelor of Medicine, Bachelor of Surgery

2011

**Bayero University** 

Accredited Institution

West African School Certificate

Six years Medicine

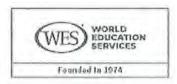
First professional degree in medicine (Doctor of Medicine)

Remarks: Mr. Mohammed was exempted from part of the program on the basis

> of study previously completed (see #1, above). The Bachelor of Medicine, Bachelor of Surgery is the first professional degree in

medicine in Nigeria and entitles the holder to practice.

OKLAHOMA STATE BUALD OF AND SUCLIS VISITIN



#### WORLD EDUCATION SERVICES (WES) EVALUATION TERMS

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## **COURSE-BY-COURSE ANALYSIS**

Name: Date of Birth: MOHAMMED, Ahmed

Date: April 05, 2022 Ref#: 2529768/ssb Page: 3 of 5

INSTITUTIONS - DATES - SUBJECTS	U.S. Semester Credits	U.S. Grades
Bayero University		
2000-2001		
(L) General Biology III	2.0	В
(L) Organic Chemistry	2.0	C
(L) General Biology I	2.0	A
(L) Practical Physics	1.0	B+
L) Mechanics	2.0	B+
L) Electricity and Magnetism	2.0	B+
(L) Elementary Mathematics I	3.0	B+
L) Study Skills	2.0	Α
(L) Practical Chemistry	2.0	C
(L) Elementary Mathematics III	3.0	В
L) Practical Physics	1.0	Α
(L) General Biology IV	2.0	B+
(L) General Biology II	2.0	Α
L) Inorganic Chemistry	2.0	Α
(L) Behavior of Matter	2.0	B+
2001-2002		
(L) General Microbiology I	2.0	В
(L) General Biochemistry	3.0	B+
(L) Introduction to Computer Science	2.0	Α
(L) Organic Chemistry	2.0	В
(L) Genetics	2.0	B+
(L) Nigerian Government and Economy	2.0	B+
L) General Physiology	2.0	B+
(L) Invertebrata	3.0	В
(L) General Microbiology II	2.0	A
(L) Biological Techniques	2.0	В
(L) Biostatistics	2.0	B+
(L) General Biochemistry II	3.0	C
(L) Inorganic Chemistry	2.0	B+
(L) Physical Chemistry	2.0	Α
(L) Foundations of Nigerian Culture	2.0	Α
(Continued on next page)		







### WORLD EDUCATION SERVICES (WES) EVALUATION TERMS

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3



## **COURSE-BY-COURSE ANALYSIS**

Name: Date of Birth: MOHAMMED, Ahmed

Date: April 05, 2022 Ref#: 2529768/ssb Page: 4 of 5

INSTITUTIONS - DATES - SUBJECTS	U.S. Semester Credits	U.S. Grades
2002-2003		
(U) Protozoology	3.0	B+
(U) Microbial, Physiology and Metabolism	3.0	B+
(U) Pathogenic Bacteriology	3.0	B+
(U) Microbial Genetics and Molecular Biology	3.0	B+
(U) Biosystematics	2.0	В
(U) Food Microbiology	2.0	B+
(U) Environmental Microbiology	2.0	C+
(U) SIWES	3.0	B+
(U) Immunology and Chemotherapy	3.0	В
(U) Molecular Biology	2.0	B+
(U) Field Course I	1.0	B+
(U) Pathogenic Mycology	2.0	B+
2004-2005		
(U) Field Course II	2.0	A
(U) Review Essay	2.0	A
(U) Analytical Microbiology	2.0	В
(U) Microbial Ecology	3.0	В
(U) Parasitology	3.0	A
(U) Industrial Microbiology	2.0	В
(U) Principles of Epidemiology	3.0	C+
(U) Project	6.0	Α
(U) Plant Pathology	3.0	B+
(U) Virology	2.0	B+
Bayero University		
2005-2006	19.3	2.
Anatomy	10.0	В
Biochemistry	10.0	В
Community Based Medical Education and Service Program	10.0	В
Physiology	10.0	В
2006-2007	7.0	20.0
Anatomy	10.0	B+
Biochemistry	10.0	В
Community Based Medical Education and Service Program	10.0	В
(Continued on next page)		







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 We require that relevant government authorities (for example, Ministry of Education) authenticate official transcripts and send them directly to WES.

OR

 We send documents submitted by individuals back to the issuing institution/examination bodies for verification and obtaining a written confirmation of authenticity.

Detailed document requirements can be viewed at wes.org/required.

**Grades/Quality Points:** WES uses an alphabetic system to identify grades. The standard WES conversion of letter grades into a numerical scale/quality points is as follows: A = 4.00; A = 3.67; B + = 3.33; B = 3.00; B = 2.67; C + = 2.33; C = 2.00; C = 1.67; C = 1.6

- "F\*" indicates a course that was failed initially, but passed on a subsequent attempt. It is not included in the GPA calculation.
- "R\*" indicates a course that was passed initially, but was retaken for grade improvement. It is not included in the GPA calculation.
- "Pass" is not included in the cumulative GPA. For study completed at the undergraduate level, it corresponds to at least a "C" in the United States. For graduate and professional study, "Pass" corresponds to at least a "B."

**Grade Point Average (GPA)** is calculated by multiplying the number of course credits for each course by the quality points for the grade received in that course. The calculation is repeated for each course. The total of the credit hour quality points are then divided by the total number of course credits.

Course Level Designation: The designation "U" (upper) or "L" (lower) for a course at the undergraduate level is an indication of its level.

**Credit Recognition and Transfer:** The Course-by-Course analysis represents a breakdown of post-secondary study in terms of U.S. semester credit and grade equivalents. The number of credits accepted for transfer to a degree program or towards a professional license in the U.S. may vary from those listed in this report in accordance with the policies of the receiving educational institution or professional licensing body.

**Evaluations for Professional Licensing/Certification:** Only authorities qualified in the profession can determine whether an individual meets the requirements for licensing or to practice the profession in the U.S.

For questions or comments about this evaluation report, please visit wes.org/contact

2



#### **COURSE-BY-COURSE ANALYSIS**

Name: Date of Birth: MOHAMMED, Ahmed

Date: April 05, 2022 Ref#: 2529768/ssb

Page: 5 of 5

INSTITUTIONS - DATES - SUBJECTS	U.S. Semester Credits	U.S. Grades
Physiology	10.0	В
2008-2009		
Pathology	10.0	B B
Pharmacology	10.0	В
2009-2010		
Obstetrics and Gynecology	10.0	В
Pediatrics	10.0	В
2010-2011		
Community Medicine	10.0	В
Medicine	10.0	B B
Surgery	10.0	В

#### SUMMARY

Total Undergraduate Semester Credits: Total Professional Semester Credits: 120.0 GPA: 3.31 150.0 GPA: 3.02





#### WORLD EDUCATION SERVICES (WES) EVALUATION TERMS

**Evaluation Scope:** World Education Services (WES) evaluates formal educational credentials. WES does not evaluate trade, occupational, or professional experience. WES evaluations are based upon the best information and resources available to professional evaluators. WES evaluations are offered as non-binding advisory opinions.

**Accredited Institution or Program:** The status of a nationally recognized institution or program in another country is comparable to that of a regionally accredited institution in the United States.

**Credential Authentication:** Evaluations prepared by WES specify the manner in which each document was authenticated. The WES method used to authenticate academic documents depends on what is appropriate for the specific country and level of education. WES authenticates academic documents using one of the following methods:

· We require that official transcripts be sent to WES directly by the issuing institutions or examination bodies.

OR

 We require that relevant government authorities (for example, Ministry of Education) authenticate official transcripts and send them directly to WES.

OR

 We send documents submitted by individuals back to the issuing institution/examination bodies for verification and obtaining a written confirmation of authenticity.

Detailed document requirements can be viewed at wes.org/required.

**Grades/Quality Points:** WES uses an alphabetic system to identify grades. The standard WES conversion of letter grades into a numerical scale/quality points is as follows: A = 4.00; A = 3.67; B + = 3.33; B = 3.00; B = 2.67; C + = 2.33; C = 2.00; C = 1.67; C = 1.6

- "F\*" indicates a course that was failed initially, but passed on a subsequent attempt. It is not included in the GPA calculation.
- "R\*" indicates a course that was passed initially, but was retaken for grade improvement. It is not included in the GPA calculation.
- "Pass" is not included in the cumulative GPA. For study completed at the undergraduate level, it corresponds to at least a "C" in the United States. For graduate and professional study, "Pass" corresponds to at least a "B."

**Grade Point Average (GPA)** is calculated by multiplying the number of course credits for each course by the quality points for the grade received in that course. The calculation is repeated for each course. The total of the credit hour quality points are then divided by the total number of course credits.

Course Level Designation: The designation "U" (upper) or "L" (lower) for a course at the undergraduate level is an indication of its level.

**Credit Recognition and Transfer:** The Course-by-Course analysis represents a breakdown of post-secondary study in terms of U.S. semester credit and grade equivalents. The number of credits accepted for transfer to a degree program or towards a professional license in the U.S. may vary from those listed in this report in accordance with the policies of the receiving educational institution or professional licensing body.

**Evaluations for Professional Licensing/Certification:** Only authorities qualified in the profession can determine whether an individual meets the requirements for licensing or to practice the profession in the U.S.

For questions or comments about this evaluation report, please visit wes.org/contact

5



3624 Market Street Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 02 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: 0-856-491-6

Applicant's Name: Ahmed Mohammed Applicant's Date of Birth:

**ECFMG Certified:** Yes

Certificate Issue Date: 03 Aug 2021 English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

RECEIVED

APR 0 4 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score	
USMLE Step 1	17 Mar 2020	*	*	
USMLE Step 2 CK	20 Mar 2021	*	*	

#### Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date	
ECFMG Clinical Skills Pathway **	N/A	

<sup>\*\*</sup> 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: Bayero University Faculty of Medicine, Kano, NIGERIA

Degree Year: 2011

Medical Education Credentials Statust: Complete

PRIMARY 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: F4J92FFNKH

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.

037 Form 282 B - 6/21

1M039456



# **AMA Physician Profile**

PREPARED FOR

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

Name and Mailing Address

AHMED MOHAMMED

**Primary Office Address** 

3918 NW 58TH TER OKLAHOMA CITY, OK 73112-1613

Phone UNKNOWN

Birth date

SOURCE

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
1649913401	04/19/2022	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: BAYERO UNIVERSITY FACULTY OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD



**Enrollment Date:** 

NOT REPORTED

Degree Date:

2011

#### 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:

OSTEOPATHIC MEDICAL EDUCATION CONSORTIUM OF OKLAHOMA

INC (OMECO) PROGRAM

Specialty:

PSYCHIATRY

Training Type:

SPECIALTY

Dates:

07/01/2022 - 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
39459	MD	ОК	07/01/2022	09/30/2024	1	ACT	RES	05/06/2024	AHMED MOHAMMED



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

#### 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: 08564916

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 <a href="https://cvsonline2.ecfmg.org/">https://cvsonline2.ecfmg.org/</a>

#### 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 Data<sup>TM</sup>, 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<sup>st</sup> STREET

#### **OKLAHOMA CITY OK 73105**

#### **EVIDENCE OF STATUS - PART A**

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Full	Legal Name:	Ahmed			Mohammed	
		Fleet		Middle	Last	Malden (if applicable)
Mal	ling Address:					
	17,000		Street Address	or Post Office Box		
					Social Security #:	
	City	State	Zip Code	Telephone Number		
			PRIMA	ARY EVIDENCE OF CITI	ZENSHIP	
		(FOR US C			ENT LEGAL RESIDENT ALIEN	s)
				legal resident allen, pl indicate the documen	ease attach a photocopy of nt that is attached.	one of the following
0	Virgin Islands		7, 1917), American		ola, Puerto Rico (on or after Jan or the Northern Mariana Islands	
				ich are issued for periods	of less than five years)	
	Report of birt	h abroad of a U.S. cit	izen (FS-240) (issue	ed by the Department of	State to U.S. citizens)	
		birth (FS-545) (Issued le from the Departme		e post) or Certification o	of Report of Birth (DS1350) (Issu	ed by the Department of State
0	after Decembe		who are Individua	lly naturalized; the N570	deral or State court, or through is a replacement certificate iss	
					no derive U.S. citizenship throug he individual's name has been o	
					7, 1983 to U.S. citizens living new Issued in February 1974)	ar the Canadian or Mexican
П	The state of the s	iana Identification Co ds before November		NS to a collectively natur	ralized citizen of the U.S. who w	vas born in the Northern
				ing that the Individual is s not have an FS-240, FS-	a U.S. citizen (This is given to a 545 or DS-1350);	n Individual born outside the
		an Card with a classi		and a statement on the	back (identifying U.S. citizen n	nembers of the Texas Band of

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

Subscribed and sworn before me this

Allen Lawfully Admitted for Permanent Residence:

Alien Lawfully Admitted for Permanent Residence:

INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")

Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94

**Notary Public** 

Commission Number

NOTARY

My commission expires

SEAL



## OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE $51^{\rm ST}$ STREET



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



APR 04 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

To Request Ex	tamination Scores	
For National Board Scores	For FLEX or USMLE Scores	William.
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;
  - 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.

Ahmed Mohammed

2020 Harmes

4/03/2022

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.

Kings

#### Kenna L. Shaw

From:

BillPay Webmaster <donotreply@www.ok.gov>

Sent:

Tuesday, April 9, 2024 3:01 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

AHMED MOHAMMED has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/09/2024 03:04:00pm for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 39459** 

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

X 39USA

#### TIME DEFICIENCY

Name:	AHMED MOHAMMED	Application #	39459	
	THINLE MOTH WINE	7.19.01.01.01		

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.

NOITA			,				
Start Year	End Month	End Year	Name of Institution	City	State	Degree	
August 2000 Jan 2001		2001	Bayero University Kano Faculty of Science	Kano	Nigeria	Pre degree	
DYME	NT						
Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
						1	
3							
Start Year	End Month	End Year	Other (Unemployed, Stay at home parent, etc.	)	City	State	
2005	Jan	2006	Transition from Pre med to medical	school	Kan	o Nigeria	
2011	March	2012	Transition from medical school to internship		Kan	o Nigeria	
					1		
	Start Year 2000  OYMEI Start Year  R Start Year 2005	Start Year Month  2000 Jan  DYMENT  Start End Year Month  R  Start End Year Month  2005 Jan	Start Year Month Year  2000 Jan 2001  DYMENT  Start End End Year  Month Year  Start End Year  Start End Year  Start End Year  Start Year Month Year  2005 Jan 2006	Start Year Month Year Name of Institution  2000 Jan 2001 Bayero University Kano Faculty of Science  DYMENT  Start Year Month Year Name of Employer  R  Start Year Month Year Other Year Month Year (Unemployed, Stay at home parent, etc.  2005 Jan 2006 Transition from Pre med to medical	Start Year Month Year Name of Institution City  2000 Jan 2001 Bayero University Kano Faculty of Science Kano  DYMENT  Start Year Month Year Name of Employer City  R  Start Year Month Year University Kano Faculty of Science Kano  DYMENT  Transition from Pre med to medical school	Start Year   End Year   Name of Institution   City   State	

8/2000-1/2001 3/2005-1/2004 4 12/204-3/2012

MAY 19 2022



04/14/2022

AHMED MOHAMMED

RE: MD Application #39459

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP21886879
Password:Last 4 SSN

Dear AHMED MOHAMMED.

# 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:

Extended Background Check

Time DEFICIENCIES: 8/2000-1/2001, 3/2005-1/2006, 12/2011-3/2012(PLEASE USE TIME

**DEFICIENCY FORM FOR EXPLANATIONS)** 

OTHER DEFICIENCIES: \*\*\*DO NOT NEED FORM2, USMLE STEP3, FED, AMA OR NPDB\*\*\*

PostGrad - Form 2 GRIFFIN MEMORIAL HOSPITAL

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: <a href="http://www.okmedicalboard.org/resources">http://www.okmedicalboard.org/resources</a>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP21886879 (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

PAGE 122 of 512

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type

Number

Name

OTHER DEFICIENCIES: MA Profile Not Received ederation Clearance Not IPDB Profile Not Receive	***DO NOT NEED FORM2, USMLE  (to be completed by OSBMLS State  Received (to be completed by OSB  ed (to be completed by OSBMLS State  FIN MEMORIAL HOSPITAL	aff) BMLS Staff)
ast Medical School Atte 90-11 Bayero Univ, Fac	Of Med, Kano, Nigeria	
and the same of the same	nt Full License	ed to Graduates of this Medical School:0  Reinstatement
he Secretary of the Boa	ard has reviewed this application	and:
ne occitaty of the Boa	na nas reviewed ans application	unu.
1) AUTHORIZED CIR	CULARIZATION TO OTHER BOA	RD MEMBERS
	IA HAVE BEEN MET [Fast Track]	
<ul> <li>Passed USMLE</li> <li>No DUIs or Legal</li> </ul>	Issues	
<ul> <li>No Significant Ma</li> <li>US Graduate</li> </ul>	Ilpractice Issues	
- Graduated Medica	al School on time	
3) HAS ISSUED A TE	MPORARY LICENSE THROUGH	
4) HAS ISSUED A SP	PECIAL PGY-1 TRAINING LICENS	E AH 5-26.22
5) REQUESTS SPEC	IFIC CONSIDERATION OF:	
7		
-		
-		

#### ATTACHMENT 1

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



JUN 0 6 2023

OKLAHOMA STATE BOARD OF MEDIGAL 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) 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

MOHAMMED

ON DD	RESS		CEL PHO CITA ZIP	ONE Y/ST	TATE	
	GRAM Clayton Morris, MD		SPE	CIAI	LTY Psychiatry	
	DOCUM	ENTA	TION T	TO /	ATTACH	
	PAY	MENT	COM	?UET	īED)	
29	\$150 payment made on Billpay for RENEWAL of training license		\$250 payment made on Billpay for UPGRADE of training license			
	DOCUIV	IENTA	TION	REO	(UIRED)	
]	Form 2 (must be received directly from program) **ONLY FOR UPGRADE - ATTACHMEN	37-14, 3723.77		Ev	valuation (must be received directly from program) -	
2	USMLE Step 3 (must be received directly from USMLE)			Answer confidential questions (on back of this form)		
	FOREIG	N) TR/A	INFINS	Till	DENTS:	
	Current visa			Ø	Social Security Number **If not provided at initial application	
	Background Check **if not done at initial application					

T39459

AND PAY THE RENEWAL FEE.

FIRST

NAME

HMED



#### JUN 0 6 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## NAME AHMED MOHAMMED

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	most r	scent)
QUESTIONS	YES	NØ
Have you failed any part of the USMLE exam (not previously disclosed)?		网
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		(ZŠ
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		匈
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	j⊠
Have you ever been denied, had removed, or suspended hospital privileges?		网
Have you surrendered hospital privileges while under investigation or to avoid investigation?		团
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		1521
Has your application for licensure ever been denied?		Z
Have you surrendered a license or had any disciplinary action taken on any license?		IX)
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)?		23
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		· Ki
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		123
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		図
Have you been addicted to or abused any drug or chemical substance including alcohol?		180
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		ĽΣĐ
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		如

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 warmanum

Date 6/5/23

RENEWAL QUESTIONNAIRE UPDATED 01-2023

#### 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

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

MAY 1 7 2023

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	Spec Mem layl ris@ according PROVIDE POOR  D  D  D	Specialty	Specialty Payon  Memoria Hos  Layton Morri  Tis@odmhsas.c  according to the scale below.  PROVIDE WRITTEN DOCUMEN  POOR FAIR AVERAGE  DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Specialty Psychiatry Memoria Hospital layton Morris ris@odmhsas.org  according to the scale below. If the score PROVIDE WRITTEN DOCUMENTATION RE-  POOR FAIR BELOW AVERAGE  DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD	Specialty Paychialry  Memorial Hospital  ayton Morris  ris@odmhsos.org  according to the scale below. If the score is rated in the provide written documentation regarding the provide average average    Poor Fair Berow Average Average   D D D D D D D D D D D D D D D D D D

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

Type

Number

Name

MD 41660 MARA ROSE LANGAMIN MONTENEGRO MEDICAL DOCTOR	
Incomplete Information (due to space limitations on this page, this may not be a complete list)	
OTHER DEFICIENCIES: NEED EVALUATION PostGrad - Form 2 SSM HEALTH	
E	
	-
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	_
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:	3 200
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	9 30

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

Type MD

Number

Name

41660

MARA ROSE LANGAMIN MONTENEGRO

MEDICAL DOCTOR

**Practice Address:** 

April 28, 2023

SSM HEALTH MEDICAL GROUP- FAMILY MEDIC

1110 N LEE AVE, 300,

OKLAHOMA CITY, OK 73103

**OKLAHOMA** 

Status:

Res: MD

Received: 04/28/2023

Entered: 04/28/2023

Temp Issued:

Temp Expires:

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

Fed Rec: 06/04/2024 AMA Rec: 06/04/2024

**Board Action:** 

License #: 41660

Sex: F

Ethnic Origin: 6

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	01/26/24	6/6/24	1
Test 2: USMLE 1	PASS	6/17/21	5/2/23	1
Test 3: USMLE 2	PASS	7/29/22	5/2/23	1

Note: PASS means higher than 75

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

**Total Score:** 

PR	RE-N	/IED	EDU	CAT	ION
----	------	------	-----	-----	-----

School Name: THE UNIVERSITY OF OKLAHOMA

City: NORMAN

Degree:

State: OK Country: UNITED STATES

From: 8/2014 To: 5/ 2018 Verified:

School Name: VALLIANT HIGHSCHOOL

City: VALLIANT

Degree:

State: OK Country: UNITED STATES

From: 8/2010 To: 5/ 2014 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:

From:

8 / 2019 **To**: 5 / 2023

Diploma Ver'd:

Y

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

Type

Number

Name

MD 41660 MARA ROSE LANGAMIN MONTENEGRO

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: SSM HEALTH

Specialty: FAMILY MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

From: 7 / 2023

To:

State: OK Country: UNITED STATES OF AN

Verified: ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: OU COLLEGE OF MEDICINE DEPARTMENT Supervisor:

OF ANESTHESIOLOG

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Specialty: ANESTHESIOLOGY EXTERN From: 7/2021 To: 11/2022 Verified: Comments: FUNCTION AS PART OF THE ANESTHESIOLOGY TEAM TO GAIN EXPERIENCE IN

**OPERATING ROOM** 

Employed: TRAVEL

City: OKLAHOMA CITY

Supervisor: State: OK Country: UNITED STATES

Specialty: TRAVEL From: 7/2019 To: 8/2019 Verified:

Comments: HOMEMAKER

Employed: MIDFIRST BANK

Supervisor:

City: OKLAHOMA CITY State: OK Country: UNITED STATES Specialty: BANK TELLER From: 11/2018 To: 7/2019 Verified:

Comments: PROCESSING CUSTOMER TRANSACTIONS, MAINTAINING A CASH

DRAWER, CROSS-SELLING BANK PRODUCT AND SERVICES

**Employed:** TRAVEL

City: NORMAN

Supervisor: State: OK Country: UNITED STATES

Specialty: TRAVEL From: 8/2018 To: 11/2018 Verified:

Comments: TRAVELED

Employed: UNIVERSITY OF OKLAHOMA

Supervisor:

State: OK Country: UNITED STATES City: NORMAN Specialty: STUDENT PEER LEARNING From: 8/2016 To: 8/2018 Verified:

ASSISTANT TUTOR

Comments: PROVIDE ACADEMIC ASSISTANCE FOR STUDENTS ENROLLED IN COURSES, MANAGED

TUTORING SESSIONS.

Employed: UNIVERSITY OF OKLAHOMA

Supervisor:

State: OK Country: UNITED STATES City: NORMAN From: 3/2015 To: 8/2018 Verified: Specialty: STUDENT TOUR GUIDE

Comments: LEAD PROSPECTIVE STUDENTS AND THEIR FAMILIES ON CAMPUS TOURS AND ENTER

STUDENT RECORDS INTO COMPUTER

**Employed: SUMMER BREAK** 

Supervisor:

City: VALLIANT State: OK Country: UNITED STATES

Specialty: SUMMER BREAK

Comments:

From: 5/2014 To: 8/2014 Verified:

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

Type Number MD

Name

41660

MARA ROSE LANGAMIN MONTENEGRO

MEDICAL DOCTOR

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

**DEFICIENCIES** 

OTHER DEFICIENCIES: NEED EVALUATION

PostGrad - Form 2 SSM HEALTH

# 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.

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

LAST

NAME

FIRST

NAME

**EMAIL** 

AND PAY THE RENEWAL FEE.

RENEWAL QUESTIONNAIRE

**UPDATED 03-2024** 

HON ADD PRO	MBER 41/0/00	, ho	CITY	HONE ITY/STATE IP CODE
ATT				PECIALTY Family Medicine
57	P	AYMENT	COM	MPLETED
	\$150 payment made on Billpay for RENEWA of training license	L 🗵	\$250 licen	50 payment made on Billpay for <b>UPGRADE</b> of training ense
75	DOC	UMENTA	TION	N REQUIRED
	Form 2 (must be received directly from presented the second secon			
	USMLE Step 3 (must be received directly to USMLE)	irom		Answer confidential questions (on back of this form)
	FOR	FIGN TRA	INFD	D STUDENTS
	Current visa	LIGIT HIN		Social Security Number **if not provided at initial application
	Background Check **if not done at initial	application	on	

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

RECEIVED 6/5/2024

T41660

NAME Mara Rose Montenegro

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (which recent)	ver is n	nost
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		50
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	0	-
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)?	0	
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?		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	(a)
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	0	Ø
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		因
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?		Ø
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		Ø

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 More Page Morteney

Date 6-5-24

RENEWAL QUESTIONNAIRE UPDATED 03/2024

## Oklahoma State Board of Medical Licensure and Supervision 32 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/28/2023

Applicant Name: MONTENEGRO, MARA ROSE

MD 41660



Date Of Birth:

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

Sex: F

Race: Asian/Pacific Islander

Educ	ation							Action of Athensis to the second
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	THE UNIVERSITY OF OKLAHOMA	NORMAN	ОК	8/2014	5/2018			
HS	VALLIANT HIGHSCHOOL	VALLIANT	ОК	8/2010	5/2014			

Medical School Name	City	State Country	Comments	From	To
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
OU COLLEGE OF MEDICINE DEPARTMENT OF ANESTHESIOLOG	E ANESTHESIOLOGY EXTERN		OKLAHOMA CITY	OK	7/2021	11/2022	
NONE	TRAVEL		OKLAHOMA CITY	OK	7/2019	8/2019	
MIDFIRST BANK	BANK TELLER		OKLAHOMA CITY	OK	11/2018	7/2019	
NONE	TRAVEL		NORMAN	OK	8/2018	11/2018	
UNIVERSITY OF OKLAHOMA	STUDENT PEER LEARNING ASSISTANT TUTOR		NORMAN	OK	8/2016	8/2018	
UNIVERSITY OF OKLAHOMA	STUDENT TOUR GUIDE		NORMAN	OK	3/2015	8/2018	

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

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

Received:04/28/2023

Que	stions Answered 04/26/2023	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
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
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
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
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
Э.	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
<b>Q</b> .	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
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 134 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/28/2023

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?
If 'Yes', Name of practice:
If so, Please identify with which category:
Name of Previous Carrier and Policy Holder Not applicable
Name of Current Carrier and policy Holder SSM St Anthony
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 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

#### 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 sign	hature (must be signed in the	presence of a notary)	APR 2 9 2023  OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
	Applicants prin	negro, Mara ted last name, first name, m 20, 2023 re (must correspond to the c	iddle initial, and suffix (e.g., Jr.)	
State of Oklahoma	, County of	NOTARY  Oklahoma	SAMANTHA WOI Notary Public - State of Commission Number 2 My Commission Expires	Oklahoma 20009422
applicant by (a) comparing his/	her physical appear aph affixed hereto,	rance with the photograph of and (b) comparing the appli	ear personally before me and that on the identifying document pres cant's signature made by my pre	sented by the
	at are subscribed and		pplicant on this $\frac{27\text{th}}{\text{day of}}$ day of $\frac{A}{\text{tary Commission Expires}}$	pril, 20 <u>23</u>



# 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: 06/05/2024

Examinee: Montenegro, Mara Rose Langamin Alt Name(s): Langamin Montenegro, Mara Rose Examinee ID: 5-476-328-9
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 06/17/2021	Pass/Fail Pass	Score 205	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)		HE TO PAGE	
Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/29/2022	Pass	226	(214)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
01/26/2024	Pass	218	(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: Montenegro, Mara Rose Langamin

Examinee ID: 5-476-328-9
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

# Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street

Oklahoma City, OK 73105

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

nstitution: U	niversi	ty of Okla	ahoma	College	e of Me	dicine	City/State	Okla	ahoma C	City, Ok	(	
our records ind	dicate that	the above na	med app	licant attend	led our med	lical school o	on the follow	ving date	es:			
rom_ 8 /	19 ,2	019	To_5	<sub>/</sub> 20	2023	and was awa	rded the de	gree Do	octor of M	edicine		
Month	Day Y	ear	Mo	nth Day	Year							
Does this explain.	individual	s official reco	rd reflect	(an) interru	ption(s) or e	extension(s)	in his/her m	nedical e	ducation? If ye	es, please	YES	1 NO
		s official reco			was ever p	laced on aca	demic or dis	sciplinar	y probation du	uring	YES	V N
Does this	individual		rd reflect	that he/she				eports fo	r behavioral re	easons or	YES	V NO
Does this	individual	's official reco	rd reflect	that he/she	was ever d	isciplined fo	r unprofessi	ional cor	nduct/behavio	ral	YES	1 No
Does this	individual l because o		rd reflect	that there v	were any lin	nitations or s	pecial requi		s imposed on t ason? If yes, p	7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	YES	✓ NO
				at the inform	nation abov					ecords and i	s true and	l correct.
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Official Transcript

PAGE 439 of 51207-JUN-2023

Page No. 1

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

Oklahoma City, OK 731260901 United States

JUN 0 8 2023 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name : Mara Rose Montenegro

Student ID: 1798905

Birthdate :

Degrees Awarded

Doctor of Medicine

Confer Date 2023-05-20 Plan Medicine

Degree

ō

External Degrees

University of Oklahoma

2018-05-11 Bachelor of Science

Field of Study : Biology

Academic Program History

: Medicine MD

Program 2019-07-01 : Active in Program

2019-07-01 : Medicine - MD Major

2023-05-20 : Completed Program

Beginning of Medicine Record

Fall 2019

Attempted

Earned

Description 8110 ידתאד Design/Analysis Clin Res 16.00 16.00 S INDT 8122 Clinical Medicine I 111.50 111.50 S INDT 8124 The Human Structure 130.00 130.00 S INDT 8125 Foundations of Medicine 151.00 151.00 S INDT 8244 87.00 87.00 S INDT 8555 Req Orientation Documents I 0.00 CE 9100 Proloque 24.00 S INDT 24.00 0.000 TERM GPA : 0.000 GPH: TOTALS 519.50 519.50 0.000 OUHSC GPA : 0.000 GPH: 0.00 TOTALS 519.50 519.50

Course		Descr	iption			Attempted	Earned	Grade	Points
INDT	8132	IMI				68.00	68.00	S	
INDT	8140	Gastr	ointest	inal &	Hepatobi	1 85.00	85.00	S	
INDT	8148	Endo	Metab	& Nutri	Biochem	85.00	85.00	S	
INDT	8156	Blood	i, Hemat	copoiesi	s & Lymp	oh 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

Spring 2020

Fall 2020

Cours	<u>e</u>	Description	Attempted	Earned	Grade	Points
INDT	8264	Cardiovasc, Resp, Renal	164.00	164.00	s	
INDT	8266	PPS II: Clinical Ethics	35.00	35.00	S	
INDT	8272	Neurosciences	166.00	166.00	S	
INDT	8275	Clinical Medicine II	99.00	99.00	S	
INDT	8301	Enrichment Program: Humanitie	es 16.00	16.00	S	
	Course Topic	c(s): Storytelling in Medicine				
		Storytelling in Medicine				

480.00 480.00 0.000 TERM GPA : 0.000 GPH: TOTALS : 0.000 0.00 1314.50 1314.50 OUHSC GPA : 0.000 GPH: TOTALS :

Spring 2021

Course			De	scription			A	ttempted	Earned	Grade	Points
INDT	82	280	Re	productio	n			98.00	98.00	s	
INDT	92	200	MS	2 Capston	e			70.00	70.00	S	
INDT	92	201	Jo	int, Skin	, and Bo	ne		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

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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 140 of **542** (405) 271-2480 www.ouhsc.edu

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Fall (Graduate) = 9 semester hours
Spring (Undergraduate) = 12 semester hours
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Summer II = 7-8 weeks in length
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Spring = 16 weeks in length

#### TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics Combined statistics

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Undergraduate level courses

7000 - 9999 = Professional degree courses

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Distinction Special Distinction Outstanding Distinction

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# THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

#### Official Transcript

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

United States

Name : Mara Rose Montenegro

Student ID: 1798905

Birthdate :

Summer II 2021

Summer II 2022

Description	Attempted	Earned Grade	Points	Course	Description	Attempted	Earned Grade	Points
Clinical Transitions	40.00	40.00 s		INDT 9300	Capstone	160.00	160.00 s	
Psychiatry Clerkshp	240.00	240.00 B	720.000	INDT 9403	Subinternship Elective	160.00	160.00 A	640.000
EM Selective	80.00	80.00 S		Course To	pic(s): FM Subinternship Electi	ve		
3.000 GPH: 240.00 TOTALS	: 360.00	360.00	720.000	TERM GPA :	4.000 GPH: 160.00 TOTAL	s : 320.00	320.00	640.000
3.000 GPH: 240.00 TOTALS	: 1882.50	1882.50	720.000	OURSC GPA :	3.174 GPH: 1840.00 TOTAL	s: 3802.50	3802.50	5840.000
Fall 2021	1				Fall 20	22		
Description	Attempted	Earned Grade	Points	Course	Description	Attempted	Earned Grade	Points
Surgery Clerkship	320.00	320.00 B	960.000	INDT 9403	Subinternship Elective	160.00	160.00 A	640.000
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3.000 GPH: 880.00 TOTALS	: 2522.50	2522.50	2640.000	Course To				
Spring 202	22							
opizing ava				TERM GPA :	4.000 GPH: 160.00 TOTAL	480.00	480.00	640.000
Description	Attempted	Earned Grade	Points	, , , , , , , , , , , , , , , , , , , ,				
DESCRIPCION	AL CEMP CCG	Darnes Orace	TOTHES	OTHSC GPA .	3 240 GPH: 2000 00 TOTAL	4282 50	4282.50	6480.000
Pediatric Clerkship	240.00	240.00 B	720.000	ounce our .	5.240 0211. 2000.00 20110			
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		200 0 0 0		Course	Description	Attempted	Earned Grade	Points
		77400000	480 000					
		777777	(ET) T (1) E(T) E(T)	INDT 9406	Special Studies Elective	160.00	160.00 S	
	200.00	-00.00			pic(s): INDT Special Studies Ele	4 2 2 4 202		
3.200 GPH: 800.00 TOTALS	: 960.00	960.00	2560.000	INDT 9402	Mixed In/Outpatient Elect:	ve 160.00	160.00 S	
3.200 GPH: 800.00 TOTALS	: 960.00	960.00	2560.000	INDT 9402 Course To	Mixed In/Outpatient Elect: pic(s): RADI Mixed In/Outpatien		160.00 S	
3.200 GPH: 800.00 TOTALS 3.095 GPH: 1680.00 TOTALS			2560.000 5200.000		Mixed In/Outpatient Elect: pic(s): RADI Mixed In/Outpatien Fourth Year Selective		160.00 S	
	Clinical Transitions Psychiatry Clerkshp EM Selective  3.000 GPH: 240.00 TOTALS  3.000 GPH: 240.00 TOTALS  Fall 202  Description  Surgery Clerkship Medicine Clerkship Medicine Clerkship  3.000 GPH: 640.00 TOTALS  3.000 GPH: 880.00 TOTALS	Clinical Transitions	Clinical Transitions	Clinical Transitions	Clinical Transitions	Clinical Transitions	Clinical Transitions	Clinical Transitions

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Lou Klen

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REGISTRAR, OUHSC

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PHONE (405) 271-2359 PAGE 142 of 512(405) 271-2480 www.ouhsc.edu

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= 9 semester hours Spring (Undergraduate) = 12 semester hours

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Page No. 3

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

Oklahoma City, OK 731260901

United States

: Mara Rose Montenegro

Student ID: 1798905

Birthdate :

Spring 2023 (cont.)

TERM GPA : 0.000 GPH: 560.00 0.000 560.00

OUHSC GPA : 4842.50 4842.50 6480.000 3.240 2000.00 TOTALS :

Medicine Career Totals

OUHSC GPA : GPH: 2000.00 TOTALS: 6480.000

Post-Baccalaureate Career Totals

OUHSC GPA : 3.240 GPH: 125.00 TOTALS: 302.65 302.65 405.000

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

- - End Of Transcript - - - -

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# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

MARA ROSE LANGAMIN MONTENEGRO

Birth date

**Primary Office Address** 

OKLAHOMA STATE BOARD

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: UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Enrollment Date: 08/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 06/4/2024 09:52:26 AMA Physician Profile for Mara Rose Langamin Montenegro, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3 60



#### 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: ST ANTHONY HOSPITAL

Sponsoring State: OKLAHOMA

Program name: SSM HEALTH ST ANTHONY HOSPITAL PROGRAM

Specialty: FAMILY MEDICINE

Training Type: SPECIALTY

**Dates:** 06/23/2023 - 06/30/2026 **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 Data<sup>TM</sup>, 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 2 9 2023

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG AND SUPERVISION

Full	Legal Name: Mara Rose Langarin Mortenegro
	Flest D Middle Tast O Maiden (if applicable)
iviai	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.
×	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
Sign	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 4-27-23  scribed and sworn before me this 20 day of 4 pri 20 23.
	ary Public Samartha Wey NOTARY
Con	nmission Number 20009422 SEAL SAMANTHA WOLF
Му	commission expires 8/5/2024 Notary Public - State of Oklahoma Commission Number 20009422



### 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

- 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.
  - 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.

Mara Rose Langamin Montenegro

Name of Applicant (type or print)

Name of Applicant (type or print)

Name 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.

APP 2 9 2023

05/11/2023

MARA ROSE MONTENEGRO

RE: MD Application #41660

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP17598483
Password:Last 4 SSN

Dear MARA ROSE MONTENEGRO,

# 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: WHAT IS FULL LEGAL NAME?

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 ST ANTHONY HOSPITAL

**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: <a href="https://secure.okmedicalboard.org/applicant/signin">https://secure.okmedicalboard.org/applicant/signin</a>

Your user name is <u>AP17598483</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

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

am	ete Information (due to space limitations on this page, this may not be a complete list) verification date
	Frad - Form 2 ST ANTHONY HOSPITAL
ML	E Exams Incomplete
	Medical School Attended: D1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190  Number of Licenses Previously Granted to Graduates of this Medical School:7  cation for: Resident Full License Reinstatement  Secretary of the Board has reviewed this application and: AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS  ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]  - Passed USMLE - No DUIs or Legal Issues
st	Medical School Attended:
_	Number of Licenses Previously Granted to Graduates of this Medical School:7,275
plic	cation for: Resident V Full License Reinstatement
263	
e S	ecretary of the Board has reviewed this application and:
-	out of the Board had fortoned this approaches unan
11	AUTHORIZED CIRCUL ARIZATION TO OTHER BOARD MEMBERS
1)	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
2)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
2)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE - No DUIs or Legal Issues
2)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues
2)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE - No DUIs or Legal Issues
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
2)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track] Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduate - Graduated Medical School on time  HAS ISSUED A TEMPORARY LICENSE THROUGH / /
2)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
2) 3) 4)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
3)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
2) 3) 4)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
2) 3) 4)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
2) 3) 4)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
3)	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]

#### Lisa Cullen

From:

**OK Training** 

Sent:

Thursday, May 18, 2023 7:44 AM

To:

Subject:

RE: [EXTERNAL] Deficiencies Inquiry MD Application #41660 Mara Rose Montenegro

No you don't need to fill out a separate form. Everything you have provided is correct.

Please be advised, due to high volumes of emails and documents received, processing time is approximately 30 days.

#### Lisa K. Cullen, Director of Licensing

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 Licensing (405) 962-1470 <u>licensing@okmedicalboard.org</u> Direct (405) 962-1453 Visit our website www.okmedicalboard.org



From: Mara Montenegro

Sent: Monday, May 15, 2023 2:27 PM

To: OK Training < OKTraining@okmedicalboard.org>

Subject: [EXTERNAL] Deficiencies Inquiry MD Application #41660 Mara Rose Montenegro

Kecenaed

MAY 15 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### To Whom It May Concern:

I am emailing to inquire about my incomplete application. The specific deficiencies I have questions regarding are as follows "OTHER DEFICIENCIES: WHAT IS FULL LEGAL NAME?, Exam verification date, USMLE Exams Incomplete."

My full legal name is Mara Rose (first name), Langamin (middle name), Montenegro (last name). I have attached a copy of my birth certificate.

I looked on the website to find a form to complete for these and was unable to find the document. I have previously submitted my USMLE transcript and the website shows they were delivered on (Delivered 05/01/2023).

I have a screenshot of my USMLE transcript order that shows it was delivered.

Is there a separate form I need to fill out?

I appreciate your assistance in this matter.

Thank you,



### TIME DEFICIENCY FORM

Name:	Mara	Rose	Langemin	Montenesso	Application #	
	1 001		Cod istraction	11101010		

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.

Year 2010 2014	Month		Name of Institution	City	State	Degr	ee
2014	HUY	2014	Valliant Highschool	Valliant	OK		
V	May	2018	The University of Oklahama	Noman	OK	Bachelo	n of Science
2019	May	2023	The University of Oklahoma medicine	OKlahoma City	ok	Docker	of Medicine
YMEI	NT IF NE	EDED	TO FILL TIME GAP				
Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
2015	August	2018	The University of OKlahoma	Norman	OK	Tour	- Guide
2018	July	2019	MidFirst Bank Oklahoma City		OK	Bank.	Teller
t - UN	_			R BREAK, TRA	VELING	ì	
Start Year	End Month	End Year	Other		City		State
2014	August	2014	Summer break		Valliant		OK
2018		100	Traveling				OK
2019	August	August 2019 Unemployed				OK	
	Start Year 2015 Qolg R - UN Start Year	Start End Month  2015 August 2018 July  R-UNEMPLO  Start End Year Month  2014 August  2018 Nowmber	Start End End Year Month Year 2018 2019 2019  R-UNEMPLOYED, S Start End Year Month Year 2014 2014 2014 2014 2014 2018 2018	Start End Month Year Name of Employer  2015 August 2018 The University of OKlahoma  2018 July 2019 MidFirst Bank  R-UNEMPLOYED, STAY AT HOME PARENT, SUMME  Start End End Month Year  2014 August 2014 Summer break  2018 November 2018 Traveling	Start End Month Year Name of Employer City  2015 August 2018 The University of Oklahoma Norman  2018 July 2019 Mid First Bank Oklahoma City  R-UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRA  Start End Year Month Year  2014 August 2014 Summer break  2018 Noxmber 2018 Traveling	DYMENT IF NEEDED TO FILL TIME GAP  Start End Month Year Name of Employer City State  2015 August 2018 The University of Oklahoma Norman Ok  2018 July 2019 Mid First Bank Oklahoma City Ok  R-UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING Start End End End Other City  2014 August 2014 Summer break Vallian  2018 November 2018 Traveling Norma	Start End Month Year Name of Employer City State Job Title  2015 August 2018 The University of OKlahoma Norman OK Tour  2018 July 2019 Mid First Bank Oklahoma City OK Bonk  R-UNEMPLOYED, STAY AT HOME PARENT, SUMMER BREAK, TRAVELING  Start End Month Year Other  2014 August 2014 Summer break Vallant  2018 November 2018 Traveling

BECHNAND

APR 29 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



#### Kenna L. Shaw

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

Sent: Wednesday, June 5, 2024 11:22 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

MARA ROSE LANGAMIN MONTENEGRO has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 06/05/2024 11:06:21am for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41660** 

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 Application Summary

Type Number Name MD 41629 CADE AUSTIN MORRIS MEDICAL DOCTOR	
ncomplete Information (due to space limitations on this page, this may not be a complete list)	
OTHER DEFICIENCIES: NEED EVALUATION	
PostGrad - Form 2 COLLEGE OF MEDICINE OKC	
TOSTOTAL - TOTAL 2 GOLLEGE OF MEDICINE ONG	
Last Medical School Attended:	
039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	
009-01 Office Coll of Med, Oklahoffia Oily Ok 70190	
Number of Licenses Previously Granted to Graduates of this Medical School:7,358	3
Application for: Resident Full License Reinstatement	
Application for: Resident Full License Reinstatement	
Application for: Resident Full License Reinstatement	<del></del>
Application for: Resident Full License Reinstatement	_
Application for: Resident Full License Reinstatement	
	<del></del>
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:	
The Secretary of the Board has reviewed this application and:  1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS	
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]	
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	
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	
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	
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	
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	
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	
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	
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	
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	

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

Type

MD

Number Name

41629 CADE AUSTIN MORRIS

MEDICAL DOCTOR

Practice Address:

May 03, 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: 05/24/2024 AMA Rec: 05/24/2024

**Board Action:** 

License #: 41629

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	01/26/24	5/20/24	1
Test 2:	USMLE 1	PASS	07/07/20	4/27/23	1
Test 3:	USMLE 2	PASS	07/30/21	4/27/23	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: NUTRITIONAL SCIENCES From: 8/2014 To: 5/2018 Verified:

School Name: CHICKASHA HIGH SCHOOL

City: CHICKASHA State: OK Country: UNITED STATES From: 8/2010 To: 5/2014 Verified: Degree:

#### 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: From: 8 / 2018 To: 5 / 2023 Diploma Ver'd: Υ

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

Type Number Name

MD 41629 CADE AUSTIN MORRIS

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC Specialty: ORTHOPAEDIC SURGERY

Res. Fellowship: Residency

City: OKLAHOMA CITY State: OK Country: UNITED STATES OF AM

Verified: From: 7 / 2023 To: /

ACGME Ver'd: Comments:

PRACTICE HISTORY

Employed: VANDERBILT UNIVERSITY MEDICAL Supervisor:

CENTER

City: NASHVILLE State: TN Country: UNITED STATES

Specialty: ORTHOPAEDIC TRAUMA From: 6/ 2022 To: / Verified:

RESEARCH

Comments: RESEARCH FELLOW AT VANDERBILT UNIVERSITY MEDICAL CENTER

Employed: SELF-EMPLOYED Supervisor:

City: OKLAHOMA CITY

Specialty: WELDING AND

State: OK

Country: UNITED STATES

From: 1/ 2022 To: 4/ 2022 Verified:

**FABRICATION** 

Comments: SELF-EMPLOYED, CONTRACTED WORKER

Employed: NONE Supervisor:

City: OKLAHOMA CITY State: OK Country: UNITED STATES

Specialty: SUMMER BETWEEN From: 5/ 2018 To: 7/ 2018 Verified:

UNDERGRADUATE SCHOOL

AND MEDICAL SC

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

## MAY 19 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 – **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 Morris Cade NAME NAME **EMAIL ADDRESS** CELL LICENSE 41629 PHONE NUMBER CITY/STATE HOME ZIP CODE **ADDRESS PROGRAM** Orthopedic Surgery Charles Pasque, MD ATTENDING SPECIALTY

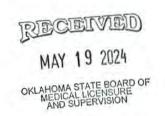
#### **DOCUMENTATION TO ATTACH**

	PAY	MENT	COMP	LET	ED
	\$150 payment made on Billpay for RENEWAL of training license	\$250 licen		yment made on Billpay for <mark>UPGRADE</mark> of training	
	DOCUM	IENTA	TION	REQ	UIRED
	Form 2 (must be received directly from progr **ONLY FOR UPGRADE	ram)		Ev	aluation (must be received directly from program)
V				An	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	on		•	

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

T41629

RENEWAL QUESTIONNAIRE UPDATED 03-2024



NAME	Cade Morris	
INMINIE		

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whicher recent)  QUESTIONS	yer is m	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?		Ø
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)?	0	Ø
Have you ever been denied, had removed, or suspended hospital privileges?		Ø
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?		
Has your application for licensure ever been denied?		
Have you surrendered a license or had any disciplinary action taken on any license?		V
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)?		V
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		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?		
Have you been addicted to or abused any drug or chemical substance including alcohol?		V
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		V
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 idense procured or obtained by fraud or misrepresentation will result in disciplinary action taken again pursuant to the provisions of 59 O.S. § 508.    Add	st the I	

## Oklahoma State Board of Medical Licensure and Supervision 161 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/26/2023

Applicant Name: MORRIS, CADE AUSTIN

MD 41629



Date Of Birth:

Place Of Birth (City, State): OKLAHOMA CITY, OK

Race: Caucasian

Educ	Education										
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri			
UG	OKLAHOMA STATE UNIVERSITY	STILLWATER	ОК	8/2014	5/2018	NUTRITIONAL SCIENCES					
HS	CHICKASHA HIGH SCHOOL	CHICKASHA	OK	8/2010	5/2014						

Medical School Name	City	State Country	Comments	From	To
Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	Oklahoma City	OK United States		8/2018	5/2023

Post-Graduate						
Facility	City S	t Country	Specialty	Comments	From	То
COLLEGE OF MEDICINE OKC	OKLAHOMA CITY C	K UNITED S	ORTHOPAEDIC SURGERY		7/2023	$T_{-}$

Practice History Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
VANDERBILT UNIVERSITY MEDICAL CENTER	ORTHOPAEDIC TRAUMA RESEARCH		NASHVILLE	TN	6/2022	0/0	
SELF-EMPLOYED	WELDING AND FABRICATION		OKLAHOMA CITY	ОК	1/2022	4/2022	
NONE	SUMMER BETWEEN UNDERGRADUATE SCHOOL AND MEDICAL SC		OKLAHOMA CITY	OK	5/2018	7/2018	

Other/ Out-Of-State L	icenses					
State License#	Profession		Status	Issue Date	Exp Date	
MD Exam	- n-n		97.0			
Exam	State	Score	Date Taken	#_		
USMLE						



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

Received:04/26/2023

Que	stions Answered 04/25/2023	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
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
l.	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
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 163 of 512

### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/26/2023

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 Sciences Center
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder As student, provided by University of Oklahoma College of Medicine
Name of Current Carrier and policy Holder  Malpractice insurance provided by 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 25, 2023:(Signed Online)

If licensed, where do you intend to locate?

OK



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)	APR 2 7 2023
90		
M Ga 1	Morris Cade A Applicants printed last name, first name, middle initial, and suffix (e.g., J.	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
	Applicants printed last name, first name, middle initial, and suffix (e.g., J	r.)
Course.	Date of signature (must correspond to the date of notarization)	
AARCUS, 4	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]
IENNESSEE	NOTARY	
PUBLIC Tennessee	, County of Summer	
Ciamonian		of supplies the state of the state of
CHAN Will out the date set	forth below, the individual named above did appear personally before me and the ysical appearance with the photograph on the identifying document presented b	at I did identify this applicant  or the applicant and with the
	nd (b) comparing the applicant's signature made by my presence on this form wi	ith the signature on his/her
hotograph affixed hereto, a		
hotograph affixed hereto, a lentifying document.		1. 1
hotograph affixed hereto, a lentifying document.	ment are subscribed and sworn to before me by the applicant on this $2$ day of	April , 20 23
otograph affixed hereto, a entifying document.	ment are subscribed and sworn to before me by the applicant on this 21 day of  My Notary Commission Expires_	



SURARY



### 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: 05/19/2024

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Examinee:

Morris, Cade Austin

Alt Name(s):

Examinee ID: 5-451-479-9 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 I examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1			
Test Date 07/07/2020	Pass/Fail Pass	Score 238	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	eledge (CK)		4.6	
Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/30/2021	Pass	261	(209)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
01/26/2024	Pass	210	(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: Morris, Cade Austin

Examinee ID: 5-451-479-9

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

## Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105 This form must be completed by the institution and mailed directly from the institution.

nstitution:	Unive	ersity of Ok	lahoma C	ollege	e of Med	icine	City/State	Okla	ahoma	City,	OK		
ur records	indicate	that the above n	amed applican	t attend	ed our medic	al school o	n the follov	wing date	es:				
om_8	,7	/ 2018 Year	To May	,20	/2023 ar	d was awa	rded the de	egree D	octor of	Medicii	ne		
Mont	h Day	Year	Month	Day	Year								
Does t		dual's official rec	ord reflect (an	) interru	ption(s) or ex	tension(s)	in his/her n	nedical e	ducation?	f yes, plea	se 🗸	YES	NO
Does t	his indivi	dual's official rec			was ever pla	ced on aca	demic or di	isciplina	y probation	during		YES	V NO
		dual's official rec by the medical						eports fo	r behavior	al reasons	or	YES	√ NO
Does t	his indivi	dual's official red medical school o	ord reflect tha	t he/she	was ever dis	ciplined fo	runprofess	ional co	nduct/beha	vioral		YES	NO
Does to	his indivi	dual's official red use of questions	ord reflect tha	t there v	vere any limi	tations or s	pecial requ					YES	<b>√</b> NC
Т		ollowing is certil		e inforn	nation above			nt of this	individual'	s records a	and is true	e and	correct
lame:			. 5 Z. X	e va su	. A.C.	Signatu	re	ne	MA	ou	3		
itle of Sig	natory:	Associate [	Dean for S	tuden	t Anairs	_ Date of	Signature	=	S[31]2	275			
rel: 40	5-271-	2316	Fax: 405	5-271-	2287	E-Mail:	Teres	a-Sco	rdino@d	ouhsc.e	edu		
	Scho Sea			eal is av / Public	edith To	orres	be notarize	ed.					
			Comm	ission#	210048	A V							
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RECEIVED Official Transcript

JUN 08 2023

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Page No. 1

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

Oklahoma City, OK 731260901 United States

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

: Cade Morris Name Student ID: 1790331

Birthdate :

OUHSC GPA :

OUHSC GPA :

0.000

GPH:

0.000

0.000

Degrees Awarded

Doctor of Medicine

Confer Date 2023-05-20 Plan Medicine

TERM GPA : 0.000

GPH:

0.000

TOTALS : 519.50 519.50 0.00 TOTALS :

Fall 2018 (cont.)

519.50 519.50 0.000

Spring 2019

Oklahoma St Univ-Stillwater 2018-05-12 Bachelor of Science

SCIENCES CENTER

Field of Study : Nutritional Sciences

Academic Program History

External Degrees

Program : Medicine MD

Program 12018-07-09 2022-05-13 2018-07-09 : Active in Program

2018-07-09 : Medicine - MD Major

: Leave of Absence

2022-08-02 : Active in Program

Beginning of Medicine Record

Fall 2018

Attempted Earned Grade 100.00 Molec & Cellular Systems 100.00 S Design/Analysis Clin Res 16.00 16.00 S Princ Phys, Pharm & Path 76.00 76.00 S INDT 8122 Clinical Medicine I 111.50 111.50 S INDT 8124 The Human Structure 105.00 105.00 S INDT 8244 PPSI 87.00 87.00 S INDT 8555 Req Orientation Documents I 0.00 CE INDT 24.00 S 9100 Prologue 24.00

Course		Des	cription			Attempted	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	Biochem	85.00	85.00	s	
INDT	8156	Bloc	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
OURSC	GPA :	0.000	GPH:	0.00	TOTALS	: 834.50	834.50		0.000

Fall 2019

Course	<u>e</u>	Description		Attempted	Earned	Grade	Points
INDT	8264	Cardiovasc, I	Resp, Renal	164.00	164.00	s	
INDT	8266	PPS II: Clini	ical Ethics	35.00	35.00	S	
INDT	8272	Neurosciences		166.00	166.00	S	
INDT	8275	Clinical Medi	cine II	99.00	99.00	S	
INDT	8556	Req Orientati	ion Documents II		0.00	CE	
INDT	8301	Enrichment Pr	cogram: Humaniti	es 16.00	16.00	S	
	Course Top	ic(s): On the Ward On the Ward	is: Hands on Hum is: Hands on Hum				
TERM	GPA :	0.000 GPH:	0.00 TOTALS :	480.00	480.00		0.000

Spring 2020

0.00 TOTALS :

Course		Description	Attempted	Earned	Grade	Poir
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	

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

1314.50 1314.50

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 169 0(5(42)5) 271-2480
www.pubsc.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

= 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

### JUN 0 8 2023

Career totals

Transfer statistics (if posted)

TRANSCRIPT SUMMARY:

OUHSC 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!

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Official Transcript

PAGE 1767542: 07-JUN-2023 Page No. 2

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

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Name : Cade Morris Student ID: 1790331

Birthdate :

Spring 2021

				St	oring 200	20 (cont.)													
100				-		1 7507775				Course		Des	cripti	on		Attempted	Earned	Grade	Points
TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 208.00	208.0	0	0.000										
20										SURG	9760	Sur	gery C	lerkship		240.00	240.00	B	720.000
OUHSO	GPA :	0.000	GPH:	0.00	TOTALS	: 1522.50	1522.5	0	0.000	PSBS	9520	Psy	chiatr	y Clerksh	P	240.00	240.00	A	960.000
										MED	9250	Med	icine (	Clerkship		240.00	240.00	) B	720.000
				Sumr	mer II 20	020				ORSG	9101	Ort	hopedi	c Selecti	ve	80.00	80.00	) S	
										FM	9540	Fam	ily Med	dicine Cl	erkship	160.00	160.00	B	480.000
Course	2	Des	cription			Attempted	Earned	Grade	Points										
										TERM	GPA :	3.273	GPH:	880.00	TOTALS	: 960.00	960.00	)	2880.000
INDT	9301	Cli	nical Tr	ansition	as	40.00	40.00	S											
INDT	9407	Fou	irth Year	Selecti	ive	80.00	80.00	s		OURSC	GPA :	3.421	GPH:	1520.00	TOTALS	: 3482.50	3482.50	)	5200.000
	Course To	pic(s): P	Prin of I	nternal	Med & St	irg I													
		P	Prin of I	nternal	Med & St	irg I								Sum	mer II 20	21			
Course	2	Des	cription			Attempted	Earned	Grade	Points										
										Course		Des	criptio	on		Attempted	Earned	Grade	Points
INDT	9407	Fou	irth Year	Selecti	ive	80.00	80.00	) S											
	Course To	pic(s): P	rin of I	nternal	Med & St	irg II				INDT	9300		stone			160.00	77777		
		P	rin of I	nternal	Med & St	irg II				INDT	9403			ship Elec		160.00	160.00	A	640.000
Course	2	Des	cription			Attempted	Earned	Grade	Points	C	ourse Top	pic(s): 0	RSG Sul	binternsh	ip Electi	ve			
ANES	9110	Ane	esthesiol	ogy Sele	ective	80.00	80.00	s		TERM	GPA :	4.000	GPH:	160.00	TOTALS	: 320.00	320.00	)	640.000
TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 280.00	280.00	)	0.000	OUHSC	GPA :	3.476	GPH:	1680.00	TOTALS	: 3802.50	3802.50	).	5840.000
OUHSO	GPA :	0.000	GPH:	0.00	TOTALS	: 1802.50	1802.50	)	0.000						Fall 2021				
					Fall 2020	)				Course		Des	criptio	on		Attempted	Earned	Grade	Points
Course	2	Des	cription			Attempted	Earned	Grade	Points	INDT	9405			s Electiv		160.00	160.00	s	
									2020022			pic(s): 0		0.100		0.18 (0.0	and and		
NEUR	9370		rology C	LOCAL CONTRACTOR		160.00		7	640.000	INDT	9405			s Elective		160.00	160.00	S	
PEDI	9650		liatric C			240.00			960.000			pic(s): S				20.30	1000		
OBGY	9210		Gyn & Gy		Clerksh		240.00		720.000	INDT	9407			ar Select		80.00	80.00	S	
NRSG	9101	Neu	rosurger	У		80.00	80.00	S		c	ourse Top	pic(s): E		als of the	A				
TERM	GPA :	3.625	GPH:	640.00	TOTALS	: 720.00	720.00	)	2320.000	Course		Des	criptio	on .	CONTRACTOR	Attempted	Earned	Grade	Points
OUHSO	GPA :	3.625	GPH:	640.00	TOTALS	: 2522.50	2522.50	)	2320.000	INDT	9407			ar Select	7.7	80.00	80.00	S	
										C	ourse Top	pic(s): E	ssentia	als of the	e Phys Ex	am 2			

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.



Essentials of the Phys Exam 2

Lan 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 171 of 5 (205) 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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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

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.

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5840.000

365.000

#### Official Transcript

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

Oklahoma City, OK 731260901

United States

CENTER

: Cade Morris Name Student ID: 1790331

Medicine Career Totals

Post-Baccalaureate Career Totals

Birthdate :

OUHSC GPA :

OUHSC GPA :

Fall 2021 (cont.)

TERM GPA : 0.000 GPH: 0.00 TOTALS : 480.00 480.00 0.000

OUHSC GPA : GPH: 1680.00 TOTALS: 4282.50 4282.50 5840.000

Spring 2022

Description Course Attempted Earned Grade

SHI INDT 9407 Fourth Year Selective 160.00 160.00 S

Course Topic(s): Directed Readings in PHARM Directed Readings in PHARM

Description Attempted Earned

9406 Special Studies Elective 160.00 160.00 S

Course Topic(s): INDT Special Studies Elective

9407 Fourth Year Selective 80.00 80.00 S

Course Topic(s): Directed Readings in PHARM

Directed Readings in PHARM

TERM GPA : GPH: 0.00 TOTALS : 400.00 400.00 0.000

GPH: 1680.00 TOTALS: 4682.50 4682.50 5840.000 OUHSC GPA : 3.476

Interprofessional Education Tier I-Completed

Fall 2022

H INDT COURSE INTERPLET INDT COURSE INDIVIDUAL INDT COURSE INDIVIDUAL INDT COURSE INDIVIDUAL INDIVI Description Attempted Points Earned Grade

9405 Off-Campus Elective 160.00 160.00 S

Course Topic(s): ORSG Off-Campus Elective

0.000 0.00 TOTALS : 160.00 160.00 TERM GPA : 0.000 GPH:

OUHSC GPA : 3.476 GPH: 1680.00 TOTALS: 4842.50 4842.50 5840.000

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IUN 08 2023 AHOMA STATE BOARD OF MEDICAL LICENSURE

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3.476 GPH: 1680.00 TOTALS: 4842.50 4842.50

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

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

3.476 GPH: 105.00 TOTALS: 302.65

Lou Klen

REGISTRAR, OUHSC

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

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PAGE 173 0(5)(42)5) 271-2480
www.pubsc.edu

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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 = Bachelor degree program in College of Pharmacy

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# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

CADE AUSTIN MORRIS

Birth date

**Primary Office Address** 

WP 2400 800 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104-5018

Phone UNKNOWN



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

MAY 24 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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	I Number Enumeration Deactivation Date Date		Reactivation Date	Replacement Number	Last Reported Date
1912594409	594409 12/30/2020 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 OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

AMA files checked 05/24/2024 12:41:24 AMA Physician Profile for Cade Austin Morris, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3



Enrollment Date: 08/2018 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

Program name: UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty: ORTHOPAEDIC SURGERY

Training Type: 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

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
41629	MD	ОK	07/01/2023	09/30/2024		ACT	RES	05/06/2024	CADE AUSTIN MORRIS



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

#### 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 Data<sup>TM</sup>, 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

APR 2 7 2023

#### OKLAHOMA CITY OK 73105 EVIDENCE OF STATUS – PART A

Full Legal Name: Calle Hustin Morris

Mailing Address:

Steet Address Part Office Box

Social Security #:

## 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.
M	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)
П	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)
D	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 ompanying documents provided to substantiate my Evidence of Status application are true and correct.  Date April 27 <sup>th</sup> , 2023
Sub	escribed and sworn before me this 27 day of April , 20 25
Not	tary Public Arm Arcus
Cor	nmission Number NA SEAME commission expires Public
Му	My Commission Expires March 25, 2025  My Commission Expires
	WIND 25, 2025

741645

## OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51<sup>ST</sup> 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 Buckground 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.
- 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

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.

ΔPR 2 7 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Page 4 of 4

Pi

#### Kenna L. Shaw

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

Sent: Sunday, May 19, 2024 10:39 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

CADE AUSTIN MORRIS has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 05/19/2024 10:05:38am for \$250.00.

OKLAHOMA MD LICENSE NUMBER 41629

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

login to your CMS account.



05/03/2023

CADE AUSTIN MORRIS

RE: MD Application #41629

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP28212065 Password:Last 4 SSN

Dear CADE MORRIS,

# 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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

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 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: <a href="https://secure.okmedicalboard.org/applicant/signin">https://secure.okmedicalboard.org/applicant/signin</a>

Your user name is <u>AP28212065</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

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

xam verification date ostGrad - Form 2 COLLEGE OF MEDICINE OKC	
JSMLE Exams Incomplete	
TOWER EXAMO INCOMPLETE	
ast Medical School Attended:	
039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190	
as a rain ar an aar ar maa, a manama an, an raina	
Number of Licenses Previously Granted to Graduate	s of this Medical School:7,275
application for: Resident V Full License	Reinstatement
pproduction for the testing the testin the testing the testing the testing the testing the testing the	
he Secretary of the Board has reviewed this application and:	
no occident of the Board has forthwest the approaches and	
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMB	FRS
TO ACTIONIZED ON COLANIZATION TO CITIEN DOWN MEMBER	
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]	
- Passed USMLE	
- No DUIs or Legal Issues	
<ul> <li>No Significant Malpractice Issues</li> <li>US Graduate</li> </ul>	
- Graduate - Graduated Medical School on time	
3) HAS ISSUED A TEMPORARY LICENSE THROUGH /	
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE	76-12-23
5) REQUESTS SPECIFIC CONSIDERATION OF:	
·	

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name MD 41511 NICHOLAS STEVEN MORSE
MEDICAL DOCTOR
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 FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM
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

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

Type

Number

Name

MD

41511

NICHOLAS STEVEN MORSE

MEDICAL DOCTOR

**Practice Address:** 

May 03, 2023

Status:

Res: TR

Received: 04/13/2023 Entered: 04/13/2023

Temp Issued: Temp Expires:

Train Issued: 07/05/2023 Train Expires: 09/30/2024 Fed Rec: 05/10/2024 AMA Rec: 05/10/2024

**Board Action:** 

License #: 41511

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
USMLE 3	PASS	01/19/24	4/19/24	1
USMLE 1	PASS	5/19/21	7/3/23	1
USMLE 2	<b>PASS</b>	6/25/22	7/3/23	1
	Test USMLE 3 USMLE 1 USMLE 2	USMLE 3 PASS USMLE 1 PASS	Test         Score         Taken           USMLE 3         PASS         01/19/24           USMLE 1         PASS         5/19/21	Test         Score         Taken         Verified           USMLE 3         PASS         01/19/24         4/19/24           USMLE 1         PASS         5/19/21         7/3/23

Note: PASS means higher than 75

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

#### PRE-MED EDUCATION

School Name: WASHBURN UNIVERSITY

City: TOPEKA

Degree: ASSOCIATE OF SCIENCE IN

RADIOLOGIC TECHNOLOGY

School Name: WASHBURN UNIVERSITY

City: TOPEKA

Degree: BACHELOR OF HEALTH SCIENCE

IN HEALTH ADMINISTRATION

School Name: ALLEN COUNTY COMMUNITY COLLEGE

City: IOLA

Degree: ASSOCIATE OF SCIENCE

State: KS Country: UNITED STATES From: 8/2011 To: 8/2016 Verified:

State: KS Country: UNITED STATES From: 8/2011 To: 5/2013 Verified:

State: KS Country: UNITED STATES From: 8/2009 To: 5/2011 Verified:

#### 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

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

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

Type

Number

Name

MD

41511

NICHOLAS STEVEN MORSE

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty: EMERGENCY MEDICINE

Res. Fellowship: Residency

City: TULSA

State:OK Country:UNITED STATES OF AM

Verified:

From: 7 / 2023

To: 1

ACGME Ver'd: Comments:

PRACTICE HISTORY

Employed: UNIVERSITY OF KANSAS MEDICAL CENTER

Supervisor:

City: KANSAS CITY

Specialty: RADIOLOGIC

State: KS

**Country: UNITED STATES** 

TECHNOLOGY

From: 7/ 2017 To: 12/ 2021

Verified:

Comments: WORKED AS A RADIOLOGIC TECHNOLOGIST

**Employed: UNIVERSITY OF KANSAS HEALTH SYSTEM** 

Supervisor:

ST. FRANCIS CAM

City: TOPEKA

State: KS

**Country: UNITED STATES** 

Specialty: RADIOLOGY TECHNOGIST From: 4/ 2013 To: 11/ 2020

Verified:

Comments: WORKED AS A RADIOLOGIC TECHNOLOGIST

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

DEFICIENCIES

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME

DIRECTLY FROM YOUR PROGRAM

RECEIVED

APR 2 4 2024

# OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### **RETURN FORM TO:** OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@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).

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

ном	1BER 41511		PHO	NE
	PANA	T. I.	_ ZIP C	
ATTE	NDING The University of Oklahoma-	/ulsa	SPEC	CIALTY Emergency Medicine
	DOCUME	NTA	TION TO	O ATTACH
	PAY	MENT	COMP	LETED
	\$150 payment made on Billpay for RENEWAL of training license		\$250 licens	payment made on Billpay for <b>UPGRADE</b> of training se
	DOCUM	IENTA	TION R	REQUIRED
	Form 2 (must be received directly from progr			Evaluation (must be received directly from program)
	USMLE Step 3 (must be received directly from USMLE)	n		Answer confidential questions (on back of this form)
	FOREIG	N TRA	UNED S	TUDENTS
	Current visa			□ Social Security Number **if not provided at initial application
	Background Check **if not done at initial app	olicati	on	

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

Vicholas

PAGE 187 of 512

APR 2 4 2024

NAME Wicholas Morse

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)?	0	Ø
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	_	Ø
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		D
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	¥
Have you ever been denied, had removed, or suspended hospital privileges?	0	12
Have you surrendered hospital privileges while under investigation or to avoid investigation?		138
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	12
Has your application for licensure ever been denied?		Ø
Have you surrendered a license or had any disciplinary action taken on any license?		図
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)?		29
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	0	[2]
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		V
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		D
Have you been addicted to or abused any drug or chemical substance including alcohol?		虚
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		KI
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		DX

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 4/24/24

RENEWAL QUESTIONNAIRE UPDATED 03/2024

#### Oklahoma State Board of Medical Licensure and Supervision 188 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/13/2023

Applicant Name: MORSE, NICHOLAS STEVEN

MD 41511



Date Of Birth:

Sex: M

Place Of Birth (City, State): PARSONS, KS

Race: Caucasian

Edu	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	WASHBURN UNIVERSITY	TOPEKA	KS	8/2011	5/2013	ASSOCIATE OF SCIENCE IN RADIOLOGIC TECHNOLOGY		
UG	WASHBURN UNIVERSITY	TOPEKA	KS	8/2011	8/2016	BACHELOR OF HEALTH SCIENCE IN HEALTH ADMINISTRATION		
UG	ALLEN COUNTY COMMUNITY COLLEGE	IOLA	KS	8/2009	5/2011	ASSOCIATE OF SCIENCE		

Medical School Name	City	State Country	Comments	From	То
Univ Of KS Sch Of Med, Kansas	Kansas City	KS United States		7/2019	5/2023
City Ks 66103					

Post-Graduate								
Facility	City	St Country	Specialty	Comments	From	То		
UNIVERSITY OF OKLAHOMA	TULSA	OK UNITED S'	EMERGENCY MEDICINE	123300000000000000000000000000000000000	1	1		

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
UNIVERSITY OF KANSAS MEDICAL CENTER	RADIOLOGIC TECHNOLOGY		KANSAS CITY	KS	7/2017	12/2021	
UNIVERSITY OF KANSAS HEALTH SYSTEM ST. FRANCIS CAM	RADIOLOGY TECHNOGIST		TOPEKA	KS	4/2013	11/2020	

Other/	Out-Of-State Lice	nses				
State	License #	Profession	Status	Issue Date	Exp Date	
KS	Radiologic Techn	Radiologic Technology	U	6/28/13	9/30/22	

MD Exam				W. W.
Exam	State	Score	Date Taken	#
USMLE				



### Oklahoma State Board of Medical Licensure and Supervision 189 of 512

#### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/13/2023

Que	estions Answered 04/08/2023	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
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
Ι.	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
<b>〈</b> .	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
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
ર્	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 190 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/13/2023

If licensed, where do you intend to locate?
OK 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 N/a
Name of Current Carrier and policy Holder I will have insurance provided by my residency 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 12, 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 0 7 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Morge, Vicholar Steven

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

4/28/23

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

State of County of Ohmon

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

11-

My Notary Commission Expires

MISTY BALLANTYNE
Notary Public - State of Kansas
My Appointment Expires

(415h)

Notary Public Signature\_



#### 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: 04/19/2024

Examinee:

Morse, Nicholas Steven

Examinee ID: 5-465-669-9

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.

T	IS	M	$\mathbf{LE}$	ST	TH.	P 1
·	11.	LYL		13		

Test Date	Pass/Fail	Score	Minimum Pass	Comments	
05/19/2021	Pass	213	(194)		

#### **USMLE STEP 2**

Clinical Knowledge (CK)

<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments

06/25/2022 255 (209)Pass

#### TIGATE D COURD 2

USWILE STEF 3						
Test Date	Pass/Fail	Score	Minimum Pass	Comments		
01/19/2024	Pass	224	(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.

Rev 2018



## 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: Morse, Nicholas Steven Examinee ID: 5-465-669-9
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



#### PRIMARY SOURCE

#### Medical Professional Information Profile

This report provides credentialing information for:

Name:

Morse, Nicholas Steven

Social Security Number:

Date of Birth:

FID#:

304796907

Recipient:

OK - Oklahoma State Board

of Medical Licensure &

Supervision

**Delivery Date:** 

06/29/2023

#### **RECEIVED 7/3/2023**

#### 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 compilation of information in this Profile, are the Federation's compilation of information in this Profile, are the Federation's compilation of information in this Profile, are the Federation's compilation of information in this Profile. The Profile and its contents 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.

TMD41511 SJ



#### **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.

Notary: Your seal (or stamp) must be partly upon the photo and partly upon the signature of the applicant.

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.

	Applicant's Signature (must be signed in the presence of a notary)  M8 Y5C	miniming
3 E	Applicant's Printed Last Name	MARA A HAMA
	Applicant's Printed First Name, Middle Initial, and Suffix (e.g., Jr.)	No. 22010102
	Date of Signature (must correspond to date of notarization)	IN AND FOR OKLANIA
te of OK In hom	county of Tulsa	William Che OKO
	below the individual named above did appear personally before me and trance with the photograph on the identifying document presented by the	
	the applicant's signature made in my presence on this form with the sign	
e statements on this document	are subscribed and sworn to before me by the applicant on this 6	
ary Public Signature:	1/2/0/2026	<i>V</i>
Autary Commission Expires.	Tize I izeliand	

© 2019 Federation of State Medical Boards

400 FULLER WISER ROAD

TEL (817) 868-5000

FID Number 304796907

EULESS, TX 76039

#### **CERTIFICATION OF IDENTIFICATION**

**Certification by Notary Public Is Required** 

Applicant Full Legal Name: Mo15e	Nicholag	Steven
Last	First	Middle
Applicant:		
<ol> <li>COMPLETE this document in the</li> <li>SELECT the identity document</li> </ol>		
☐ Birth Certificate		
Passport		
3. ATTACH a photocopy of the ide	entity document presented to the Notar	у.
Notary Public: Please complete the	e section below.	
	other officer completing this certificate venent to which this certificate is attached,	
State of OK Jahoma	County of TUSA	P P P P P P P P P P P P P P P P P P P
and presented one of the following for or Valid Passport). I further certify that appearance with the photograph on a paplicant.  (Day) of (Month)	) 10	dentity (Birth Certificate g his/her physical
	umra A. Kamura	<del>}</del>
Commission Expiration Date* (Month)	July (Day) 26th	J (Year) 2026
	date must be current and legible. If no e ovided. If you are in California, the nota ent form to this document.	
Notary Stamp Hereing A RAMINATION A RAMINATI		FID Number

304796907



**Credentials Analysis Information for Identity** 

#### Identity



Biographic Information	
Medical professional Name(s):	Morse, Nicholas Steven
Date of Birth:	
Place of Birth:	Parsons, Kansas, UNITED STATES
Contact Information	
Home Address:	UNITED STATES
Mobile Phone:	
Email:	

There is no Omission/Discrepancy/Miscellaneous information identified.



#### **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
07/22/2019	05/14/2023	Medical Education	University of Kansas School of Medicine Kansas City Kansas UNITED STATES

End of Chronology of Activities report for: Morse, Nicholas Steven



#### **Medical Education**



**Medical Education** 

Medical School: University of Kansas School of Medicine

Location:

Kansas City, KS

**UNITED STATES** 

**Credentials Analysis Information for Medical Education** 

There is no Omission/Discrepancy/Miscellaneous information identified.





Institution Name:	University	of	Kansas	School	of	Medicine
-------------------	------------	----	--------	--------	----	----------

city: Kansas City State/Province: Kansas Country: UNITED STATES

#### **Premedical Education:**

Years of education required for admission to your medical school: 4

Credential/degree presented by the applicant for admission to your medical school: Baccalaureate

#### **Enrollment and Participation:**

Our records indicate that	Marca	Michalac	Stavan
Jur records indicate that	MOLSE.	NICHOLAS	Preven

attended our medical school for a total of 144 weeks of medical education on the following dates:

From MM/DD/YYYY: 07/29/2019 (

To MM/DD/YYYY: 05/12/2023

This individual was awarded the degree of Doctor of Medicine

on 05/14/2023

CS

#### Unusual circumstances

1. Do this individual's official records reflect (an) interruption(s) in his/her medical education?	YES	NO	X	N/A	
If YES, please select the reason(s) for, indicate the dates of the interruption(s) or extension(s) a	nd check whethe	er the interrupt	ion/exte	ension was a	pproved
or unapproved.					

4,000			From MM/I	DD/YYYY:	To MM/D	D/YYYY:	
Personal/Family	Applicable	N/A	1	1	1	1	
Academic remediation	Applicable	N/A	-1	1	1	1	
Health	Applicable	N/A	1	1	1	1	
Financial	Applicable	N/A	1	1	1	1	
Participation in joint degree program (e.g., MD/PhD)	Applicable	N/A	1	I	1	1	
Other	Applicable	N/A	1	1	1	1	

Other Explanation:

Medical School Code: 017010

FID: 304796907

<ol><li>Do this individual's office during his/her medical</li></ol>		t that he/she was	ever placed on a	academic or disci	plinary pro YES	bation	NO	х	N/A
If YES, please select the	reason(s) for the								
			om MM/DD/YYY	Y:	To MM/I	DD/YYYY:			
Academic Probation	Applicable	N/A	/ /		/	/			
Probation for unprofessional conduct/behavior	Applicable	N/A	1 1		/	/			
Probation for other reason	Applicable	N/A	/ /		1	1			
Other Reason Explanat	tion:								
3. Do this individual's offi	cial records reflec	t that he/she was	ever disciplined	for unprofession	aal conduc	t/hahavid	oral reasons	: hy tha	medical
school or parent univer		t that he/she was	ever disciplined	tor unprofession	YES	i, benavio	NO	X	N/A
If YES, please provide de	etailed informatio	n about the circum	nstances and out	come(s):					
1. Do this individual's offi	cial records reflec	t that he/she was	ever the subject	of negative ren	orts for hel	navioral r	easons or a	n inves	tigation
by the medical school of			ever the subject	t of negative rep	YES	iaviorair	NO	X	N/A
If YES, please provide de			nstances and out	come(s):	177			^	2.58.1.5
5. Do this individual's offi	cial records reflec	t that there were	any limitations of	or special require	ments imp	osed on	the individ	ual beca	use of
questions of academic			177	53	YES		NO	X	N/A
If YES, please provide de	etailed informatio	n about the nature	e of the limitation	ns or special requ	irements:				
6. Attach Transcript	7. Attach Diplom			er to Attach? 9.	Would you	ı like to u			
		Y	ES X NO				YES	NO >	<
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				10					
(//				0//					
				L	J				
tation of Person completing		Medical Education	document: I her	eby attest that th	ne informat	ion conta	ined hereir	accura	tely reflects the tra
ds of the above-named ph	nysician.								
	,								
	Name	: Caroline S	cala						
EL ECTRONIA	_								
ELECTRONIC	Title:	Campus Regi	strar						
SEAL	102-0000	OocuSigned by	r						
VERIFIED	Signat	ure: Caroline	Scala						
	Date	of Signature: 6/	26/2023	Emails	eraab@	kumc e	du		
	Date	" Signature, U/	-01 -053	cmail:	c i adu	Nume . C	uu		

Medical School Code: 017010 FID: 304796907

Chancellor

# popy of the original diploma awarded to Nicholas S Morse for the Doctor of Medicine (May 14, 2023. l certify this to be a true and addol degree by The University of Kall

# The University of Kansas

By the authority of the Board of Regents of the State of Kansas and upon the recommendation of the faculty of the

SCHOOL OF MEDICINE

confers upon

# Aicholas S Morse

the degree of

DOCTOR OF MEDICINE

with all its rights, privileges, and responsibilities. Given under the seal of the University of Kansas this fourteenth day of May, two thousand and twenty-three.

Derondan Murgina Selec Dan Ester Shellain Khling

Kansas Board of Regents

#### ELECTRONIC SEAL VERIFIED

Shawe Banguster

Chair, Kansas Board of Regents

#### Official KU Academic Record

University of Kansas Lawrence, KS Name: Nicholas Morse Student ID: 2268372

Lawrence,	KS				8	tudent ID:	2268372						
Institution Info:	La	niversity of Kansas awrence, KS 66045								Attempted	Earned	GPA Units	Points
	CI	EEB: 06871 ACT: 1470	)				Term GPA		0.000 Term Totals	16.000	16.000	0.000	0.000
							Cum GPA		0.000 Cum Totals	35.000	35.000	0.000	0.000
SSN: Birthdate:		-**-2248 ug 01					P	Mar	2020 Su dicine Professional	ımmer			
							Program:	iviet		Attached	Formed	Crada	Dointo
Print Date:	06	5/26/2023					Course IDSP	800	<u>Description</u> Special Programs	Attempted 2.000	2.000	Grade P	<u>Points</u> 0.000
										Attempted	Earned	GPA Units	Points
							Term GPA		0.000 Term Totals	2.000	2.000	0.000	0.000
							Cum GPA		0.000 Cum Totals	37.000	37.000	0.000	0.000
									2020	Fall			
FCVS							Program:	Med	dicine Professional				
							<u>Course</u> ACED	825	Description Muscles and	Attempted 8,000	Earned 8,000	<u>Grade</u> P	Points 0.000
									Movement			Р	
							ACED	830	Brain, Mind and Behavior	8.000	8.000		0.000
							ACED	835	Reprod., Develpmnt & Sexuality	0.000	0.000	IP	0.000
							GSMC	502	Interprofessional Collab II	0.000	0.000	NE	0.000
		Beginning of Me	dicine Record							Attempted	Earned	<b>GPA Units</b>	<b>Points</b>
		2019	F-11				Term GPA		0.000 Term Totals	16.000	16.000	0.000	0.000
Program:	Med	dicine Professional	raii				Cum GPA		0.000 Cum Totals	53.000	53.000	0.000	0.000
Course		Description	Attempted	Earned	Grade	Points							
ACED	800	Introduction to	3,000	3.000	P	0.000	12	222	2021 S	pring			
ACED	805	Doctoring Molecular & Cellular	8.000	8.000	Р	0.000	Program:	Med	dicine Professional		_		
		Medicine					Course	925	<u>Description</u> Reprod., Development	Attempted 8.000	<u>Earned</u> 8.000	Grade P	Points 0.000
ACED	810	Infection, Blood & Immunity	8.000	8.000	P	0.000	ACED	835	& Sexuality				
		8-1400-2000-60	Attempted	Earned	<b>GPA Units</b>	Points	ACED IDSP	840 806	Medicine Capstone Prsnl Prfessonl	0.000	0.000	P NE	0.000
Term GPA		0.000 Term Totals	19.000	19.000	0.000	0.000	1001	000	Development	0.000	0.000		0.000
C CD4		0.000 Com Tatala	19.000	19.000	0.000	0.000				Attempted	Earned	<b>GPA Units</b>	<b>Points</b>
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
Program:	Med	2020 S dicine Professional	pring				Cum GPA		0.000 Cum Totals	69.000	69.000	0.000	0.000
Course		Description	Attempted	Earned	Grade	Points							
ACED	815	Respiration and	8.000	8.000	P	0.000							
ACED	820	Circulation Gastrointestinal and	8.000	8.000	Р	0.000							
GSMC	501	Renal Interprofessional	0.000	0.000	NE	0.000							

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To:

Casey J. Wallace University Registrar

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Page 2 of 3

#### Official KU Academic Record Name: Nicholas Morse

University of Kansas Lawrence, KS Name: Nicholas Student ID: 2268372

Program:	Me	dicine Professional					Buseasta	1500	distant Des	2023 St	oring			
Course		Description	Attempted	Earned	Grade	Points	Program:	Me	dicine Pro			WY 3		Sec.
GYNO	900	Obstetric/Gynecolog y Clerkship	0.000	0.000	IP	0.000	<u>Course</u> FAPR	900		scription ral Preceptorship	Attempted 4,000	Earned 4.000	Grade P	Points 0.000
ICM MED	900	Issues Clin Med Internal Medicine Clerkship	0.000 8.000	0.000	P	0.000 24.000	FAPR IDSP	901 806	Prs	m Med Subinterns anl Priessoni velopment	4.000 0.000	0.000	P NE	0.000
PED SURG	900	Pediatrics Clerkship Surgery Clerkship	8.000	8.000	P	24.000 24.000	IDSP	806	Prs	velopment snl Prfessonl velopment	0.000	0.000	NE	0.000
			Attempted	Earned	GPA Units	Points	MED SURG	907 929		nb Spec in Dermat t Care Surg ICU	4,000	2.000 4.000	P	0.000
Term GPA		3.000 Term Totals	24.000	24.000	24.000	72.000	491.5	4.5		1 49/6 64/3 104	Attempted	Eamed	GPA Units	Point
Cum GPA		3,000 Cum Totals	93.000	93,000	24,000	72.000	Term GPA		0.000	Term Totals	14.000	14.000	0.000	0.00
		2022 St	oring				Cum GPA		3.000	Cum Totals	147,000	147,000	48.000	144.000
Program:	Me	dicine Professional	7.11.2											
Course		Description	Attempted	Earned	Grade	Points								
FAPR	955	Family Medicine Clerkship	8.000	8.000	P	24.000	Medicine Caree	r Totals						
GSMC	503	Interprofessional Collab III	0.000	0.000	NE	0.000	Cum GPA:	, totals	3.000	Cum Totals	147,000	147,000	48.000	144.00
GYNO	900	Obstetric/Gynecolog v Clerkship	8.000	8.000	P	24.000	0.1.03		7.2	Non-Course N	Milestones			
ICM	900	Issues Clin Med	0.000	0.000	P	0.000	United States M Status:		nsure Exa Completed					
NEUR PYCH	900 955	Neurology Clerkship	4.000	4.000	P	12.000	Program:	A	Aedicine P	rofessional				
PTCH	900	Psychiatry Clerkship	4.000	4.000		12.000	Date Completed Date Attempted		7/07/2021	Completed				
2.020		City of Stay	Attempted	Earned	GPA Units	Points	Data Attempted		110112021	Completed				
Term GPA		3.000 Term Totals	24.000	24.000	24.000	72.000								
Cum GPA		3.000 Cum Totals	117.000	117.000	48,000	144.000	United States N Status:		Completed	2.3436				
		2022	Fall				Program: Date Completer		Medicine P 17/13/2022	rofessional				
Program:	Me	dicine Professional					Date Attempted			Completed				
Course		Description	Attempted	Earned	Grade	Points	4.00.20.40.			Carl Ton				
ERMD	919	Clinical Clerkship Emerg, Med	4.000	4.000	P	0.000								
ERMD	921	Emergency Ultrasound	4.000	4.000	P	0.000								
IDSP	806	Prsni Prfessoni Development	0.000	0.000	NE	0.000				End of Medicine Ac	ademic Record			
IDSP	806	Prsnl Prfessoni Development	0.000	0.000	NE	0.000				not include earned tra				
IDSP	806	Prsnl Prfessoni Development	0.000	0.000	NE	0.000	eligibility for gra	duation and	d total hou	rs; the transfer hours	earned and KU e	arned hours	could be comb	bined.
IDSP	900	Special Program	4.000	4.000	P	0.000				- Same	- de la			
NEUR	931	Clinical Neurology Elective	4.000	4.000	P	0.000	Degree: Confer Date:		octor of M 5/14/2023		varged			
			Attempted	Earned	GPA Units	Points	Plan:		octor of M					
		CATALON WAY	105.062	175 245	10700	0.000								
Term GPA		0.000 Term Totals	16.000	16.000	0.000	0.000								



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Page 3 of 3

University of Kansas Lawrence, KS Official KU Academic Record Name: Nicholas Morse

Student ID: 2268372

End of Official KU Academic Record

Casey J. Wallace University Registrar

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#### Medical Student Performance Evaluation

for

#### Nicholas "Nick" Morse

September 28, 2022

#### **Identifying Information**

Nicholas "Nick" Morse is a fourth-year student at the University of Kansas School of Medicine in Kansas City, Kansas.

#### **Noteworthy Characteristics**

- Nick continued to work as a radiologic technologist during his first two years of medical school
  including during the pandemic.
- Nick was one of the first members of the Socially Responsible Surgery chapter at KU and was elected
  to the executive board.
- Nick partook in a program that partnered him with an individual in the early stages of dementia to allow him to gain perspective as to what it is like living with dementia.

#### Academic Progress

#### **Professional Performance**

Nicholas has met all objectives of the University of Kansas School of Medicine graduation competencies, including the core tenets of professionalism: altruism, accountability, excellence, duty, service, honor, integrity, and respect for others.

#### **Academic History**

Nicholas's academic experience was briefly affected by the COVID-19 pandemic: for three months during the second semester of first year, classes were predominately virtual.

Date of Initial Matriculation in Medical School: July 29, 2019 Date of Expected Graduation from Medical School: May 14, 2023

#### Preclerkship Curriculum

The University of Kansas School of Medicine has a modular, systems-based curriculum in years one and two. The course blocks are developed and delivered by interdisciplinary teams composed of foundational scientists, behavioral scientists, and clinical faculty from the pertinent departments. Large group interactive sessions, small group case-based and problem-based learning, standardized patients and simulation are the instructional methods utilized in the delivery of the curriculum. Students also participate in specific interprofessional learning experiences. Grading in the course blocks is Pass/Fail. Students must receive a grade of "Pass" in each block prior to beginning clerkships.

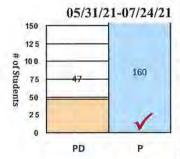
P

#### Clerkship Curriculum

Year three consists of seven required clerkships in core clinical disciplines (Family Medicine, Internal Medicine, Neurology, Psychiatry, Obstetrics and Gynecology, Pediatrics, and Surgery) and the Issues in Clinical Medicine course. Grading in the clerkships is Pass with Distinction/Pass/Fail and passing a clinical skills assessment at the end of the third year is required for promotion to the fourth year. During year four, students complete additional required courses (Rural Preceptorship, Critical Care, Subinternship) and electives. Grading in year four is Pass/Fail. The Medical Student Performance Evaluation (MSPE) includes the student's quartile ranking based upon year-three grades and comments obtained from the student's preceptors after completion of required courses. The School of Medicine has an end of third year clinical skills assessment that students are required to pass for graduation. Historically, passing this exam correlated to over a 99% likelihood of passing USMLE Step 2 CS on first attempt.

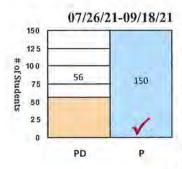
#### Core Clinical Clerkships

Clerkships are listed in chronological order.



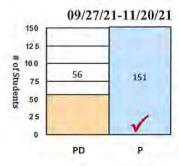
Surgery

Nick did a great job on service. He was an active participant on rounds and came prepared for cases in the operating room. Nick's outstanding efforts on service made all of his patient encounters well above average. He had an excellent work ethic, wanted to learn, learned quickly, did neuro exams on morning rounds, with excellent progression of skills. His willingness to accept feedback and do anything to facilitate progress (even cleaning) was noticed, appreciated, and ultimately helped the service run more efficiently - again all of this effort makes his interactions with the team and patients well above average.



Pediatrics

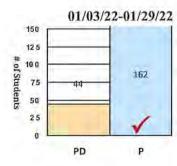
In outpatient clinic, Nick was able to multitask and divide attention appropriately to make observations about development and behavior with active siblings. He was able to see a family who he had taken care of in the nursery. He appreciated the continuity and so did the family, who remarked on it. On the inpatient floor, in a patient with a true ALTE, Nick was able to establish trust with the parent/grandparent and furthered that trust with daily post round follow ups, making the ongoing evaluation easier. Nick did a good job in same day sick clinic. He was eager to see patients, and he worked through each differential well.



#### Internal Medicine

P

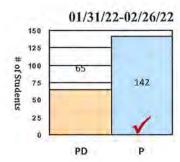
Nick is very personable, developed great rapport with patients, and delivered solid presentations on rounds. Every day, Nick would circle back to see his patients in the afternoon and see how they were doing and give the team updates on them. Nick was always prepared, his presentations were succinct, however, thorough, even with two very complicated/challenging neurological patients. Nick has good social skills and makes patients feel comfortable. He was actively engaged with his patients and eager to take on new patients. Nick was eager to learn new information and collaborate with resident team; it was clear collaboration was occurring pre-rounding.



#### Obstetrics and Gynecology

P

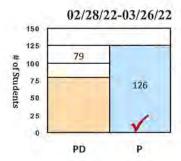
Nick was flexible in clinic and eager to learn. His pelvic exam skills improved, and he removed 2 IUDs without incident. Nick had a great awareness of the surgical setting. He was able to communicate well with patients. Nick is thoughtful and deliberate in his approach to patient care. He was very thoughtful about a patient's safety and support at home in clinic. On a slow clinic day, Nick was attentive and respectful and was able to learn from the sonographers performing ultrasound, as well as observing an embryo transfer. Nick was able to hone in to complaints on many new patients to the system and did not get bogged down in extra information.



#### Psychiatry

1

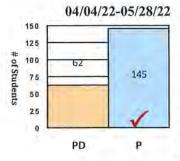
Nick did superior work during his child and adolescent psychiatry rotation. He demonstrated great interview skills and was able to obtain a thorough history after establishing rapport with some of our really challenging patients. He did extra research to help care for a patient with Myelin Oligodendrocyte Glycoprotein Antibody Associated Disease (MOGAD). Nick is an outstanding medical student-personable and easily integrates into the team setting.



Neurology

P

Nick performed well with regards to clinical care and patient interaction. He did well with picking up complex patients on a very busy service.



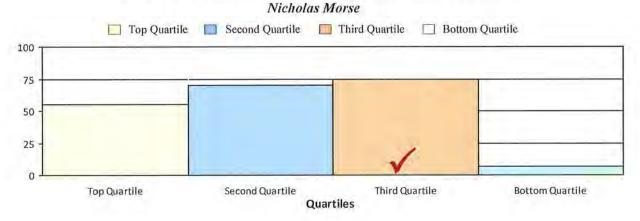
#### **Family Medicine**

Nick was very engaged with his patient and his team and did well coming up with his own assessments and plans for his patients. Preceptors observed his thoughtful, thorough approach to complex patients and noted that he knew the patients well. Even on a rotation not fully aligned with his specialty of interest, Nick had a great attitude and eagerly participated in patient care. Another recalled an instance when they had a patient with high blood pressure due to non-adherence with medication. Nick directly discussed possible negative outcomes of her uncontrolled blood pressure. The patient became tearful at the thought of having a stoke or worse. For the first time the patient recognized the importance of taking her medication as prescribed. Her physician reported she later called to say she needed a refill of her medication and said she was taking it daily.

\* Students were allowed to complete two away rotations.

\* The University of Kansas School of Medicine selects students for A $\Omega$ A based solely on the criteria of scholastic excellence, leadership, professionalism, a firm sense of ethics, promise of future success, and a commitment to service. Consequently, there may be a discrepancy between class rank and A $\Omega$ A status.

#### Overall Comparative Performance in Third Year Clerkships



#### **Summary**

Nicholas "Nick" Morse's third year clerkship performance places him in the third quartile of his class. The University of Kansas School of Medicine is pleased to recommend Nicholas "Nick" Morse for residency training. (The MSPE process at the University of Kansas School of Medicine assigns an evaluation level to each student based on quartiles, and this process was unaffected by the COVID-19 pandemic.)

Sincerely,

Mark C. Meyer, M.D.

Mans Meyer

Senior Associate Dean for Student Affairs

Alice M. Patterson, M.D. and Harold L. Patterson, M.D. Professor, Department of Family Medicine

#### University of Kansas School of Medicine

The Medical Student Performance Evaluation (MSPE) includes the student's quartile ranking based upon year-three grades and comments obtained from the student's preceptors. The quartile ranking reflects all students in the graduating class of 2023.

The University of Kansas School of Medicine transcript legend is as follows:

#### **ACE Curriculum**

- PD: Pass with Distinction (4 points) Successfully completed all course requirements and met defined criteria for distinction. (Only applicable for M3 grading)
- P: Pass (3 points) successfully completed/met all course requirements.
- F: Fail (0 points) work less than acceptable quality.
- I: Incomplete work required for the course not completed, but the student is otherwise passing
  the course.
- CR: Credit Received student receives credit for the course, but no grade given.
- W: Withdrew Passing not calculated into the student's grade point average.
- · WF: Withdrew Failing calculated into the student's grade point average.
- WG: Withheld Grade grade was not finalized by the Course Director in time for posting on the student's transcript but may be noted in the student's Medical Student Performance Evaluation and calculated into the student's overall grade point average.
- · NE: Not Evaluated non-credit course, transcript notation only.



# Applicant Reported Unusual Circumstances



Morse, Nicholas Steven										
University of Kansas School of Medicine										
Did you have any interruption(s) or extension(s) in your medical education?										
Were you ever placed on probation?										
Were you ever disciplined or placed under investigation?										
havioral reasons ever filed by instructors?	No									
Were any limitations or special requirements imposed on you because of academic performance, incompetence, disciplinary problems or for any other reason?										
	or extension(s) in your medical education? on? ced under investigation? chavioral reasons ever filed by instructors? equirements imposed on you because of academic									

End of Applicant Reported Unusual Circumstances report for:

Morse, Nicholas Steven



#### **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



		2 2 7	9 1991
	icensure	/ Escassa	
L	icensure	/ Exam	inations

Exam: USMLE

#### Credential Analysis Information for Licensure / Examinations

There is no Omission/Discrepancy/Miscellaneous information identified.



# AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address

NICHOLAS MORSE

Birth date

Primary Office 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 KANSAS SCHOOL OF MEDICINE

Degree Awarded:

YES

**Enrollment Date:** 

07/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/10/2024 15:04:28

AMA Physician Profile for Nicholas Morse, 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 SCHOOL OF COMMUNITY MEDICINE-

TULSA

**Sponsoring State:** 

**OKLAHOMA** 

Program name:

UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE

(TULSA) PROGRAM

Specialty:

**EMERGENCY 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
41511	MD	ОК	07/05/2023	09/30/2024		ACT	RES	05/06/2024	NICHOLAS STEVEN MORSE



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 Data<sup>TM</sup>, 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 JUN 07 2023

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

**OKLAHOMA CITY OK 73105** 

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

**EVIDENCE OF STATUS - PART A** 

Steven	11
) to ven	Morse

**Full Legal Name:** 

Mailing Address:

Maiden (if applicable)

City

**Zip Code** 

Telephone Number

Social Security #:

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.

Ø	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 impanying documents provided to substantiate my Evidence of Status application are true and correct.  Date
Subs	cribed and sworn before me this 28 day of April , 20 23 .
	mission Number NOTARY MISTY RALANTYNE
	MISTY BALANTYNE Notary Public - State of Kansas My Appointment Expires

# OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51<sup>ST</sup> STREET

**OKLAHOMA CITY OK 73105** 

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

To Request Ex	kamination 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. <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.

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.

JUN 07 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## Kenna L. Shaw

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

Sent: Wednesday, April 24, 2024 4:34 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

NICHOLAS STEVEN MORSE has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/24/2024 04:04:34pm for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41511** 

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



05/03/2023

NICHOLAS STEVEN MORSE

RE: MD Application #41511

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP20755293 Password:Last 4 SSN

Dear NICHOLAS MORSE,

# 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

Extended Background Check

OTHER DEFICIENCIES: FCVS

Exam verification date

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 TULSA

**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>AP20755293</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

1D 41511 1EDICAL DOCTO		
Exam verification of	date 2 COLLEGE OF MEDICINE TULS	n this page, this may not be a complete list)
	S Sch Of Med, Kansas City Ks 661	103 Granted to Graduates of this Medical School:670
Application for:	Resident Full Licen	
2) ALL FIVE C - Passed US - No DUIs or - No Signific - US Gradua	RITERIA HAVE BEEN MET [Fast MLE Legal Issues ant Malpractice Issues	et Track]
General Supplier	D A TEMPORARY LICENSE THE	1-10
4) HAS ISSUE	D A SPECIAL PGY-1 TRAINING	LICENSE_ 7-5-29
5) REQUESTS	S SPECIFIC CONSIDERATION OF	F:

Type Number Name MD 41458 KAREN HAN NGUYEN 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: 048-16 TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843
Number of Licenses Previously Granted to Graduates of this Medical School:183
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

Number

Name

MD

41458 KAREN HAN NGUYEN

MEDICAL DOCTOR

**Practice Address:** 

May 03, 2023

Status:

Res: TR

Received: 04/08/2023 Entered: 04/08/2023

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 #: 41458

Sex: F Ethnic Origin: 6 Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2	PASS	05/08/22	4/11/23	1
Test 2:	USMLE 1	PASS	06/30/21	4/11/23	1
Test 3:	USMLE 3	PASS	12/7/23	4/11/24	1

Note: **PASS** means higher than 75

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

### PRE-MED EDUCATION

School Name: UNIVERSITY OF HOUSTON

City: HOUSTON State: TX Country: UNITED STATES Degree: BIOLOGY, B.S. From: 8/2013 To: 5/2017 Verified:

School Name: JERSEY VILLAGE HIGH SCHOOL

City: JERSEY VILLAGE State: TX Country: UNITED STATES From: 8/2009 To: 5/2013 Verified:

Degree:

### MEDICAL SCHOOL EDUCATION

Name: TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843

Foreign Name:

City: College Sta

State/Country: United States of America

Degree: M.D. From: 7 / 2019 **To:** 5 / 2023 Diploma Ver'd: Υ

Type

Number

Name

MD

41458

KAREN HAN NGUYEN

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: PSYCHIATRY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AM

Verified:

From: 7 / 2023

To:

1

ACGME Ver'd: Comments:

PRACTICE HISTORY

**Employed: NONE** 

City: LOS ANGELES

Supervisor:

State: CA Country: UNITED STATES

Specialty: TRAVELING

From: 4/ 2019 To: 5/ 2019

Verified:

Comments:

Employed: TEXAS DERMATOLOGY

City: HOUSTON

Supervisor:

State: TX **Country: UNITED STATES** 

Specialty: MEDICAL ASSISTANT

From: 1/ 2018 To: 3/ 2019

Verified:

Comments:

Employed: SCRIBEAMERICA

City: HOUSTON

Supervisor:

State: TX Country: UNITED STATES

Specialty: MEDICAL SCRIBE

From: 8/ 2016 To: 12/ 2017

Verified:

Comments:

Employed: KUMON (SUE MCLEAN)

Specialty: KUMON INSTRUCTOR

Supervisor:

City: HOUSTON

State: TX From: 7/ 2009 To: 10/ 2015

Country: UNITED STATES 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

#### 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, Lagree 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

Nguyen

NAME		Karen ·		NAN	ME Nguyen
ADD	NIL RESS				
NUMBER HOME ADDRESS PROGRAM ATTENDING		41458			I INTE 
		Dr. Christopher-Czapl	а	-SPE	CALTY Psychiatry
		<u> pocu</u>	MENTATI	ON T	TO ATTACH
			AYMENT (	COMP	LETED
-		ment made on Billpay for RENEWA		\$250 licens	payment made on Billpay for UPGRADE of training se
		PO/	UMENTAT	ON	PEOHIOEN
0		(must be received directly from pi			Evaluation (must be received directly from program)
0	USMLE	Step 3 (must be received directly i	from		Answer confidential questions (on back of this form)
_		FOR	EIGN TRAI	NED S	TUDENTS
Current visa			T	Social Security Number **if not provided at initial application	
	Backgr	ound Check ** if not done at initial	application	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 03-2024

FIRST

Karen

### NAME Karen Nguyen

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whiche recent)  QUESTIONS	ver is n	nost NO
QUESTIONS .	T	T
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?	0	M
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	M
Have you ever been denied, had removed, or suspended hospital privileges?	п	M
Have you surrendered hospital privileges while under investigation or to avoid investigation?	п	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 licemure ever been denied?	0	M
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)?	0	M
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	×
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?		M
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)?	0	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 Karen Mynyen

Date 04/12/2024

RENEWAL QUESTIONNAIRE UPDATED 03/2024

APR 12 2024

OKLAHOMA STATE BOARD OF

AND SUPERVISION

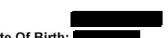
# Oklahoma State Board of Medical Licensure and Supervision 229 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/08/2023

Applicant Name: NGUYEN, KAREN HAN

MD 41458



Date Of Birth: Place Of Birth (City, State): HOUSTON, TX

Race: Asian/Pacific Islander

Sex: F

Edu	cation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF HOUSTON	HOUSTON	TX	8/2013	5/2017	BIOLOGY, B.S.		
HS	JERSEY VILLAGE HIGH SCHOOL	JERSEY VILL	TX	8/2009	5/2013			

Medical School Name	City	State Country	Comments	From	То
TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843	College Sta	TX United States		7/2019	5/2023

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

Practice History							
Employer	Specialty	Supervisor	City	ST Counti	From	То	Verif
TEXAS DERMATOLOGY	MEDICAL ASSIST	ANT	HOUSTON	TX	1/2018	3/2019	
SCRIBEAMERICA	MEDICAL SCRIBE		HOUSTON	TX	8/2016	12/2017	
KUMON (SUE MCLEAN)	KUMON INSTRUC	CTOR	HOUSTON	TX	7/2009	10/2015	

State	License #	Profession	Status	<b>Issue Date</b>	Exp Date	

MD Exam					
Exam	State	Score	Date Taken	#_	
USMLE					



# Oklahoma State Board of Medical Licensure and Supervision of 512

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/08/2023

Que	estions Answered 04/07/2023	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
l.	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
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
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 of 512 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/08/2023

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, Department of Psychiatry and Behavioral Sciences
If so, Please identify with which category: Hospital
Name of Previous Carrier and Policy Holder
Anco Insurance-Connie Grocholski TAMHSC Office of Risk; BSW Medical Education; Cristie Columbus MD Name of Current Carrier and policy Holder
Malpractice insurance will be provided by the training program (OUHSC-Psychiatry Residency 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

l attest that all the above information is accurate as of April 07, 2023: (Signed Online)

#### **ATTACHMENT 4**



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

APR 17 2023



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

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

04/14/2023

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

NOTARY County 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 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

My Notary Commission Expires

NOTARY SEAL



AUTUMN WRIGHT Notary ID #133334131 Ay Commission Expires September 15, 2025

T 4145



## 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: 04/11/2024

**Examinee:** 

Nguyen, Karen

Examinee ID: 5-467-440-3 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 STEP 1						
Test Date 06/30/2021	Pass/Fail Pass	Score 225	Minimum Pass (194)	Comments		
USMLE ST	EP 2					
Clinical Know	ledge (CK)		TO CHECKE	al stress.		
Test Date	Pass/Fail	Score	Minimum Pass	Comments		
05/08/2022	Pass	243	(209)			
USMLE ST	EP 3					
Test Date	Pass/Fail	Score	Minimum Pass	Comments		
12/07/2023	Pass	217	(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: Nguyen, Karen

Examinee ID: 5-467-440-3
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.

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

Page 2 of 2 Rev 2018

### Attachment 6

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.

oplicant's Name Karen N			Marie Marie		
Stitution: Texas A&M School	ol of Medicine	City/State	Bryan, Texas		
ur records indicate that the above name					
om 07 , 29 , 2019	05 / 20 / 2023	and was awarded the deg	nee_Doctor of Medicine	05/20/	2023
Month Day Year	Month Day Year		17		
Please complete the following question  Does this individual's official record explain.		extension(s) in his/her me	dical education? If yes, please	□ YES	₩ NO
Does this individual's official record		laced on academic or disc	iplinary probation during	□ YES	M NO
his/her medical education? If yes, p Does this individual's official record an investigation by the medical scho	reflect that he/she was ever t		orts for behavioral reasons or	□ YES	Ŋ NO
Does this individual's official record reasons by the medical school or pa			nal conduct/behavioral	□ YES	Ŋ NO
Does this individual's official record individual because of questions of a explain below	reflect that there were any lin	nitations or special require		□ YES	M NO
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his individual's records and is true and on the lame:  Wei-Jung Chen, Ph	aD	he program director and to the state of Signature	hat the information above is an object of the information of the information above is an object of the information of the information above is an object of the information above is an object of the information of the information above is an object of the information of the infor	accurate a	ccount o
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wei-Jung Chen, Philitle of Signatory: Associate Dear	n for Student Affairs  979-436-0097  If no seal is available, this	Signature  Date of Signature  E-Mail: Wjch	05/22/2023 en@tamu.edu	accurate a	ccount o
itle of Signatory: Associate Dear	in for Student Affairs  1. 979-436-0097  If no seal is available, this  Notary Public	Signature  Date of Signature  E-Mail: Wjch	05/22/2023 en@tamu.edu	accurate a	ccount o
wei-Jung Chen, Philippe of Signatory: Associate Dear	in for Student Affairs  1. 979-436-0097  1. If no seal is available, this  Notary Public  Commission #	Signature  Date of Signature  E-Mail: Wjch	05/22/2023 en@tamu.edu	accurate a	ccount o
wei-Jung Chen, Philippe of Signatory: Associate Dear	in for Student Affairs  1. 979-436-0097  If no seal is available, this  Notary Public	Signature  Date of Signature  E-Mail: Wjch	05/22/2023 en@tamu.edu	accurate a	ccount o



0.00

College Station, Texas 77843

OFFICIAL ACADEMIC RECORD

Name: Karen Han Nguyen

24-MAY-2023

Date of Birth:

Course Level: Professional Medicine

Degree Awarded Doctor of Medicine 20-MAY-2023

Major: Medicine

SUBJ NO. COURSE TITLE CRED GRD PTS R

INSTITUTION CREDIT:

Fall 2019 - Half Year Term
Semester
MEID 605 FOUNDATIONS OF MEDICINE I 5.0

5.00 P 15.00 MEID 606 FOUNDATIONS OF MEDICINE II 3.00 P 9.00 5.00 P MEID 607 MEDICAL GROSS ANATOMY 15.00 MEID 619 PRACTICE OF MEDICINE I 8.00 H 32.00 Ehrs: 21.00 GPA-Hrs: 21.00 QPts: 71.00 GPA: 3.38 AERECE BE

Spring 2020 - Half Year Term

Semester MEID 608 NEUROSCIENCE 5.00 P 15.00 MEID 609 INTRODUCTION TO DISEASE 9.00 S 0.00 CARDIOVASCULAR 5.00 P MEID 616 15.00 MEID 617 RESPIRATORY 3.00 P 9.00 MEID 618 MEDICAL STUDENT GRAND ROUNDS 2.00 P 6.00 MEID 620 PRACTICE OF MEDICINE II 8.00 H 32.00 Ehrs: 32.00 GPA-Hrs: 23.00 QPts: 77.00 GPA: 3.34

Fall 2020 - Half Year Term Semester

MEID 701 HEMATOLOGY/ONCOLOGY 4.00 P 12.00 4.00 P 12.00 MEID 704 RENAL GENITOURINARY MEID 706 METABOLISM, GI, NUTRITION 5.00 P 15.00 MEID 707 ENDO REPRO SCI HUM SEXUALITY 5.00 P 15.00 MEID 708 INTEGUMENT MUSCULOSKELETAL 2.00 H 8.00 MEID 711 EVIDENCE BASED MED SER 1.00 S 0.00 MEID 712 POM III 6.00 H 24.00

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

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		FAMILY MEDICINE CLERKSHIP	7.50	p	22.50
		PEDIATRICS CLERKSHIP	7.50	P	22.50
		PSYCHIATRY CLERKSHIP			22.50
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Spring	2022 -	Half Year Term			
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PRIMARY

BECEIVED

EMERGENCY MEDICINE CLERKSHIP

MAY 2 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

This Record may not be released or transferred to any other person, agency or party without the student's written consent.

Transcript is official with digitized seal and signature of the Registrar.



Semester

PRESERVED

T41458 UKC Venesa X. Heidick

Venesa A. Heidick Registrar

### TEXASA&MUNIVERSITY

College Station, Texas 77843

PAGE 237 of 512

OFFICIAL ACADEMIC RECORD

24-MAY-2023 Date of Birth:

Name: Karen Han Nguyen

Level: Professional Medicine

SUBJ	NO.		COURS	E TITLE		CRED GRD	PTS	F
Insti	itution	Informat	ion conti	nued:	857400			
IMED	824	NEURO	LOGY			2.50 S	0.00	
IMED	825	PALLI	ATIVE MED	& END-OF-	LIFE	2.50 S	0.00	
IMED	831	MEDIC	CAL ICU			5.00 S	0.00	
IMED	891	PULMO	NARY & SL	EEP MED EL	ECTIVE	2.50 S	0.00	
MPSY	802	CHILI	& ADOLES	CENT PSYCH	IATRY	2.50 S	0.00	
MPSY	810	CONST	LTATION//	LIAISON PS	YCH	5.00 S	0.00	
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Transcript is official with digitized seal and signature of the Registrar.



Venesa X. Heidick Venesa A. Heidick Registrar

#### THE UNIVERSITY

Texas A&M University is comprised of sixteen colleges and two branch campuses in Gaiveston and Qatar. Texas A&M University offers undergraduate, graduate and professional programs. In 1963 the name was changed from the Agricultural and Mechanical College of Texas to Texas A&M University. In 2013, Texas A&M University officially added the Texas A&M University Health SPAGE 2870 (1912) under its administration and acquired the Texas A&M University School of Law from Texas Wesleyan University.

#### ACCREDITATION

Texas A&M University is accredited by the Southern Association of Colleges and Schools Commission on Colleges. Additional information about accreditation for individual colleges and programs is listed in the University catalogs.

#### CALENDAR

The academic year for undergraduate and graduate students consists of 15-week fall and spring semesters and the summer terms, which are two 5-week terms and a 10-week semester. The academic year for students in professional programs varies and is detailed in the University catalogs.

#### TRANSCRIPTS

Official transcripts are prepared in accordance with the policies of Texas A&M University, the Southern Association of Colleges and Schools Commission on Colleges and the American Association of Collegiate Registrars and Admissions Officers. All official transcripts are produced by the Office of the Registrar, Texas A&M University. This transcript is provided with the understanding it will not be released or transferred to any other person, agency or party without the consent of the student, pursuant to the Family Educational Rights and Privacy Act of 1974.

The unit of credit is the semester hour. Each semester hour represents a class meeting 1 hour per week or a laboratory of 2 to 4 hours per week for 15 weeks. An equivalent amount of work is required for semesters of fewer than 15 weeks. Each course listing on the front of this transcript includes: Subject area and course number, course title, credit hours, grade earned, and grade points earned. **COURSE NUMBERING** 

100-199 Freshman courses 400-499 Senior courses

200-299 600-799 Graduate courses

Sophomore courses

300-399 900+

Junior courses

Professional courses

#### GRADING SYSTEM

Letter Grade	Description	Grade Points	Hrs included in GPA?	Texas A&M University (All, Specific Unit, College, or Level)
A+		4.01	Yes	School of Law-Doctor of Jurisprudence
A	Excellent	4.00	Yes	All
H	Honors (Effective June 1, 2014)	4.00	Yes	College of Medicine
A-		3.67	Yes	School of Law-Doctor of Jurisprudence
B+	Good	3,50	Yes	College of Dentistry-Doctor of Dental Surgery
Бт		3,33	Yes	School of Law-Doctor of Jurisprudence
В	Good	3,00	Yes	All
P	Pass (Effective June 1, 2014)	3.00	Yes	College of Medicine
B-		2.67	Yes	School of Law-Doctor of Jurisprudence
C+	Satisfactory	2.50	Yes	College of Dentistry - Doctor of Dental Surgery
U+		2.33	Yes	School of Law-Doctor of Jurisprudence
C	Satisfactory	2.00	Yes	All
C-		1.67	Yes	School of Law-Doctor of Jurisprudence
D+		1.33	Yes	School of Law-Doctor of Jurisprudence
D	Passing	1.00	Yes	All (excluding Graduate and College of Pharmacy)
F/P	Fail, but satisfactorily remediated (Effective June 1, 2014)	1.00	Yes	College of Medicine
F/C	Fail, but course remediated (prior to June 1, 2014)	1.00	Yes	College of Medicine
D-		0.67	Yes	School of Law-Doctor of Jurisprudence
F	Fail	0.00	Yes	All
1	Incomplete	0.00	No	All
NR	No grade reported (historical)	0.00	No	Colleges and Schools of TAMUHSC
NG	No grade drop, course dropped by student's dean	0,00	No	All
P	Satisfactory, D- or above.	0.00	No	School of Law-Doctor of Jurisprudence
s	Satisfactory, C or above.	0.00	No	Undergraduate & Professional
0	Satisfactory, B or above.	0.00	No	Graduate
	Unsatisfactory, D or F.	0.00	Yes	Undergraduate & Professional
U	Unsatisfactory, D or F.	0.00	No	College of Dentistry - Doctor of Dental Surgery
U	Unsatisfactory, F.	0.00	Yes	School of Law-Doctor of Jurisprudence
	Unsatisfactory, C or below.	0.00	No	Graduate
U/S	Unsatisfactory, but course satisfactorily remediated.	0.00	No	Colleges and Schools of TAMUHSC
Q	Dropped course with no penalty	0.00	No	All
X	No grade submitted	0.00	No	All
W	Withdraw	0.00	No	All
WP	Withdrew Passing	0.00	No	All
WF	Withdrew Failing	0.00	Yes	All

#### All TRANSFER WORK

Transfer work displayed on the transcript is noted on the transcript with grades of

Transfer grade of 'A' TCR TA Transfer of credit (e.g., AP credit by exam) Transfer TB Transfer grade of 'B' of credit (e.g. credit by exam - TAMUHSC)

TC Transfer grade of 'C

#### **EXPLANATION OF SYMBOLS**

3.0

3.33

0

Indicates a course in progress. Found in the hours column. IP HNR Indicates an honors course. Appears before the course title.

GRADE STANDARD - SCHOOL OF LAW-DOCTOR OF JURISPRUDENCE:

Aggie Honor Code Violation. Appears after the grade as F\* or U\*

# Grade Exclusion Policy, credit hour(s) and grade excluded from GPA calculation.

All lockstep and non-lockstep courses with an enrollment over twenty

Minimum GPA for good standing at the School of Law- Doctor of Jurisprudence is a 2,33 GPA or higher.

All non-lockstep, non-seminar courses with an enrollment fewer than twenty and

Appears after the grade as F#, D#, or U#.

E Indicates a course taken as part of the TAMU System Course Exchange Program. Appears before the grade. See http://cep.tamus.edu for more information

# REPEAT CODES

- Indicates a course has been repeated. Hours are included in the GPA, but are not A included in cumulative totals. The symbol appears next to the hours column.
- E Indicates a course has been repeated. Hours are excluded from the GPA and
- cumulative totals. The symbol appears next to the hours column.
- Indicates a course has been repeated. Hours are included in the GPA and cumulative totals. The symbol appears next to the hours column,

#### SPECIAL GRADUATION REQUIREMENTS - COLLEGE OF MEDICINE

Passage of USMLE Step 1 and Step 2-CK is required for graduation, Students must pass USMLE Step 1 for promotion to the 4th year, Students must take Step 2-CS prior to graduation,

#### ACADEMIC HONORS FOR UNDERGRADUATE PROGRAMS

Students completing the required number of undergraduate semester hours preceding graduation at Texas A&M University may qualify to graduate Summa Cum Laude by holding a final grade point average of 3.90 or above, Magna Cum Laude with a grade point average of 3.70 through 3.899 and Cum Laude with a grade point average of 3.50 through 3.699. Information regarding other designations may be found at http://honorsprograms.tamu.edu/Home. Undergraduate Research Scholar recognizes graduates who participated in a select program of independent research leading to a senior thesis (http://hur.tamu.edu/Undergraduate-Research/Undergraduate-Research-Scholars), Honors Fellow recognizes graduates who completed the University Honors curriculum (30 credit hours of honors coursework and a capstone experience; http://hur.tamu.edu/Honors/University-Honors-Distinction).

#### ACADEMIC HONORS FOR FIRST-PROFESSIONAL PROGRAMS

Students who complete their entire course of study at the TAMUHSC College of Medicine are eligible for academic honors. College of Medicine students must obtain a grade point average of 3.50 or greater to graduate with honors. In the College of Dentistry, only those students in the top 1st to 4th positions in the class are eligible for academic honors. Rangel College of Pharmacy, students are eligible for Latin Honors as follows: Summa Cum Laude (4.0-3.90), Magna Cum Laude (3.89-3.75), and Cum Laude (3.89-3.75), and Cum Laude (3.74-3.50). Through May 2019, School of Law-Doctor of Jurisprudence graduates may qualify to graduate as Summa Cum Laude If in the top 2% of the graduating class; Magna Cum Laude if in the top 5% of the graduating class but not in the top 5%. Beginning May 2019, School of Law-Doctor of Jurisprudence graduates may qualify to graduate with Latin Honors as follows:

Summa Cum Laude (3.8 or above cumulative grade point average); Magna Cum Laude (3.60-3.79 cumulative grade point average), and Cum Laude (3.40-3.59 cumulative grade point average). A first-professional student in the College of Veterinary Medicine may qualify to graduate Summa Cum Laude by holding a final grade point average of 3.90 or above, Magna Cum Laude with a grade point average of 3.70 through 3.899 and Cum Laude with a grade point average of 3.50 through 3.699. CONSORTIUM AGREEMENTS - TEXAS A&M UNIVERSITY HEALTH SCIENCE CENTER (Effective Fall 1999). The TAMUHSC Institute of Biotechnology participates in the Gulf Coast Consortia. Prior to the merger, the TAMUHSC participated in a consortium agreement with Texas A&M University.

TOTEST 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 maroon SCRIP-SAFE® paper with the name of the institution

appearing in white type over the face of the entire document.

TEXAS A & M UNIVERSITY • TEXAS A 191376 SCRIP-SAFE<sup>6</sup> Security Products, Inc. Cincinnati, OH



# AMA Physician Profile

PREPARED FOR

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

RECIEIVED
MAY 10 2024

Name and Mailing Address

**Primary Office Address** 

MAY 1 0 2024

DKLAHOMA STATE BOARD OF AND SUPERVISION

KAREN HAN NGUYEN UNIV OF OKLAHOMA HEALTH SCIENCES CTR DEPT OF PSYCHIATRY & BEHAVIORAL SCIENCES PO BOX 26901 OKLAHOMA CITY, OK 73126-0901

Phone



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

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: TEXAS A&M UNIVERSITY SYSTEM HEALTH SCIENCE CENTER COLLEGE OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

AMA files checked 05/10/2024 08:49:52

AMA Physician Profile for Karen Han Nguyen, 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

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty:

PSYCHIATRY

**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
41458	MD	OK	07/01/2023	09/30/2024		ACT	RES	05/06/2024	KAREN HAN NGUYEN



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

#### 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 Data<sup>TM</sup>, 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.

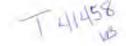
If you have any questions or need additional information about AMA Profiles, please call (800) 665-2882.

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

### NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

ull Legal Name:	Faren		llan	Nguyen
-W 6 * *	Pert		Mild.	Malden (If seellicable)
ailing Address:	The trans	Street Add	russ or Port Office Box	
				J. 11 2 1 1 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2
City	State	Zip Coda	Yelephone Number	Social Security #
		PRI	MARY EVIDENCE OF CIT	TENSHIP
	(FOR US C			ENT LEGAL RESIDENT ALIENS)
ou are a U.S. o	citizen, U.S. national	, or permaner	nt legal resident allen, pl	ease attach a photocopy of one of the following
cuments to thi	is form. Place a chec	kmark below	to indicate the documen	t that is attached.
A birth certif	licate showing buth in	nna of the EO St	ster the Dictrict of Columb	ola, Puerto Rico (on or after January 13, 1941), Guam, the U.S.
				or the Northern Mariana Islands, unless the person was born to
foreign diplo	mats residing in the U.	5.		
United State	s passport (except limi	ted passports, v	which are issued for periods	of less than five years)
	th abroad of a U.S. cit	izen (FS-240) (is	sued by the Department of	State to U.S. citizens) of Report of Birth (DS1350) (issued by the Department of State),
copies availa	ble from the Departme	nt of State	rvice post) or Certification o	or Report of Birth (DS1350) (issued by the Department of State),
Certificate of	Naturalization (N-550	or N-570) (issu		deral or State court, or through administrative naturalization
after Decemi	ber 1990 to individuals	who are individ	fually naturalized; the N570	is a replacement certificate issued when the N-550 has been
Fastl@asta a	ated or the individual's			And the North Name to Be 11 to 2
				no derive U.S. citizenship through a parent; the N-561 is a he individual's name has been changed)
				7, 1983 to U.S. citizens living near the Canadian or Mexican
			(formerly Form I-179, last	
			ne INS to a collectively natu	ralized citizen of the U.S. who was born in the Northern
Chataman	nds before November 3		ifulns that the Individual is	a U.S. citizen (This is given to an Individual born outside the
			loes not have an FS-240, FS	[1] : [2] : [2] [2] : [2] : [2] : [3
The second second second second			IC" and a statement on the	e back (identifying U.S. citizen members of the Texas Band of
Kickapoos liv	ring near the U.S./Mexi			
	ly Admitted for Perma		: mmonly known as a "green	card*)
	ly Admitted for Perma			Nation 1
			port or on INS Form I-94	
			22- 5-27 5-50 2-47	To applied the test of the book of the property of the propert
				that all information contained in this application and all
companying do	ocuments provided to	o substantiate	my Evidence or Status a	pplication are true and correct.
nature Ka	a Marin	_		Date_04/14/2023
1	1.0.	140	1 .	
bscribed and sv	worn before me this	19-	_day of Ap A	,20,23
	1	- 1		
4	Kilecu .	) en la	bele	
tary Public	-	2.00	0 -000	MOTARY
mmission Num	ther 7199/	58		NOTARY
	4 1	20. 2	10016	SEAL
y commission e	expires October	, 20, 3	1004	*******
And the second				REBECCA SEPULVEDA
				Notary ID #7133158
			BRECIEV	My Commission Expire October 20, 2026
			-	1013
			APR 17	2023

OKLAHOMA STATE POARD OF



#### 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 FLI-X or USMLE Scores				
National Board of Medical Examiners	Federation of State Medical Boards				
PO Box 48014	400 Fuller Wiser Road				
Newark, NJ 07101-4814	Fuless, 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
- 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
  - 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.

karen nguyen

Name of Applicant (type or print)

Karen May 04/10/16/13
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

APR 17 2003

T41458

#### Kenna L. Shaw

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

Sent: Thursday, April 11, 2024 7:58 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

KAREN HAN NGUYEN has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/11/2024 07:04:58pm for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41458** 

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

login to your CMS account.



### ATTACHMENT 5

### TIME DEFICIENCY FORM

Name:	karen Nguyen	Application #	41458

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.

-				TH HIGH SCHOOL				
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree	
Aug	1969	May	1413	Jersey Village High Juliusi	Jersey Village	TX		
Ang	2413	May	2017	university of Housen	Howyon	11	BS (Biolog	
July	1019	May	1413	Texas ARM felost of Medicine	E bellat	TX	MO	
EMPLO	OYMEI	NT IF NE	EDED	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	Ctata	lob Title		
July	2009	ry.	2015	FNMON	TX	Instructor		
Aug	2016	Dec	2917	Schre America	Schre America Hongren			
Jan	2018	warth	2019	Texas Dermatology	Honklow	IX ,	medical assistan	
OTHE	R - UN	EMPLOY	ED, S	TAY AT HOME PARENT, SUMMER	BREAK, TRA	VELING		
Start Month	Start Year	End Month	End Year	Other		City	State	
AMI	249	May	249	traveling		Log Ange	el CV	
fune	2019	Inne	2019	Mid Camp of Texas As in Som	Winge (1	ation TX		

3/19-7/19

RECEIVED

APR 17 2023

OKLAHOMA STATE BOAFD OF No. T BOAL LIGENBUF I AND SUPERVISION

T 41458

05/03/2023

KAREN HAN NGUYEN

RE: MD Application #41458

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP92127974
Password:Last 4 SSN

Dear KAREN NGUYEN,

# 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.

Application Instructions

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

Evidence of Status

MedSchool-Transcript TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843 OATH

Extended Background Check

Time Deficiency Form for: 3/2019-7/2019

Exam verification date

MedSchool-Form 1 TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843

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: <a href="https://secure.okmedicalboard.org/applicant/signin">https://secure.okmedicalboard.org/applicant/signin</a>

Your user name is <u>AP92127974</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

<b>Type</b> MD MEDIC	Number 41458 CAL DOCTOR	Name KAREN HAN No R	GUYEN			
compl	ete Informat	ion (due to space	e limitations on this	page, this ma	v not be a complet	e list)
Exam PostG	verification d	ate COLLEGE OF M	The second second			<u>- 1104)</u>
	6TXA&MU		OLL OF MED, COLL			School:177
nnlic	ation for: R	esident	Full License		Reinstatement	
1)	AUTHORIZE  ALL FIVE CI  Passed USI  No DUIs or  No Significa  US Graduat	D CIRCULARIZA RITERIA HAVE BI MLE Legal Issues ant Malpractice I		OARD MEMBE	RS	
3)	HAS ISSUE	A TEMPORARY	LICENSE THROUG	H	/ <u></u>	
4)	HAS ISSUED	A SPECIAL PG	Y-1 TRAINING LICEN	ISE	11 6-1-23	
5)	REQUESTS	SPECIFIC CONS	SIDERATION OF:			
-						
-						
0-						

Type

Number

Name

MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
OTHER DEFICIENCIES: NEED USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION Exam verification date PostGrad - Form 2 COLLEGE OF MEDICINE TULSA USMLE Exams Incomplete
9
Last Medical School Attended:
021-05 LSU Sch Of Med in New Orleans, New Orleans La 70112
Number of Licenses Previously Granted to Graduates of this Medical School:191
Application for: Resident Full License Reinstatement
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

Type

Number

Name

MD 41700

REBECCA MICHELLE NUSS

MEDICAL DOCTOR

Practice Address:

May 05, 2023

Status:

Res: TR

Received: 06/04/2024

Entered: 06/04/2024

Temp Issued:

Temp Expires:

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

Fed Rec: 06/04/2024 AMA Rec: 06/04/2024

**Board Action:** 

License #: 41700

Sex: F

Ethnic Origin: 1

Endorsed By: USMLE

		Date	Date	- 4
Test	Score	Taken	Verified	Attempts
Test 1: USMLE 1	PASS	7/22/21	5/25/23	1
Test 2: USMLE 2CK	PASS	9/16/22	5/25/23	1
Note	DACC	aaaaa biab	orthon 75	

Test 3:

Note: PASS means higher than 75

Test AV: Total Possible:

Okla Passing: Total Score:

### PRE-MED EDUCATION

School Name: DELGADO COMMUNITY COLLEGE

City: NEW ORLEANS

Degree: CERTIFICATE OF EMERGENCY

MEDICAL TECHNICIAN

State: LA Country: UNITED STATES

From: 5/2016 To: 7/ 2016 Verified:

School Name: SOUTHEASTERN LOUISIANA UNIVERSITY

City: HAMMOND

State: LA Country: UNITED STATES

Degree: BIOLOGICAL SCIENCES From: 8/2015 To: 5/ 2019 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: LSU Sch Of Med in New Orleans, New Orleans La 70112

Foreign Name:

City: New Orleans

State/Country: United States of America

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

Y

Type

Number

Name

MD 41700 REBECCA MICHELLE NUSS

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty: OBSTETRICS/GYNECOLOGY

Res. Fellowship: Residency

City: TULSA

State: OK Country: UNITED STATES OF AN

Verified:

From: 7 / 2023

To:

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed:

City:

Supervisor: State:

From:

Country: To:

Verified:

Specialty: Comments:

Other Licenses

State Lic Type and Number

**Status** 

Issued

Exp

Verif

**DEFICIENCIES** 

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

Exam verification date

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

**USMLE** Exams Incomplete

# Oklahoma State Board of Medical Licensure and Supervision 252 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/03/2023

Applicant Name: NUSS, REBECCA MICHELLE

MD 41700



Date Of Birth:

Place Of Birth (City, State): NEW ORLEANS, LA

Race: Caucasian Sex: F

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Type	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	DELGADO COMMUNITY COLLEGE	NEW ORLEA	LA	5/2016	7/2016	CERTIFICATE OF EMERGENCY MEDICAL TECHNICIAN		
UG	SOUTHEASTER N LOUISIANA UNIVERSITY	HAMMOND	LA	8/2015	5/2019	BIOLOGICAL SCIENCES		

Medical School Name	City	State Country	Comments	From	То
LSU Sch Of Med in New Orleans, New Orleans La 70112	New Orleans	LA United States		7/2019	5/2023

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
COLLEGE OF MEDIC	CINE TULSA TULSA	ОК	UNITED S'	OBSTETRICS/GYN ECOLOGY		7/2023	I

Practice History Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
					1		

Other/ Out-Of-State Licenses								
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:05/03/2023

Questions Answered 04/25/2023				
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		
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		
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		
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		
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		
٥.	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?	l N		
3.	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		
٧.	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:05/03/2023

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 School of Community Medicine Dept of OBGYN
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 Resident
I attest that all the above information is accurate as of May 02, 2023:(Signed Online)





Applicant of transferrements a make plant against rate and as a constraint

Sent the terre to 10 at a rate board or the day and a service and a serv

#### oktraining@okmedicalboard.org

The visitoragnes being thely twent thereby cently under more than you may perform any and a second or all and a second or an analysis of the second or analysis o that make with respect thereto are that her the longest and toward a security process reset for any time to be formsteel with respect to my application are that all engineers from a copy beginning to the contract of the c application are strictly from in every aspect.

flatknowledge that a have read and understand the application are have proved as a location of the provided and the provided as a second of th completely. I further acknowledge that fadure on my part to asswer a section transfer, and impacts of a local transfer and a section transfer. appropriate federal and state laws

Lauthorize and request every person, hospital, clinic, government agency flower state, finds a live to a government agency flower state. enforcement agency having costody or control of any document. records are other information period at the U.S. information, including duruments, records regarding charges or complaints filed against me. formation in a second regarding charges or complaints filed against me. formation in a second regarding charges or complaints to the contract of t pertinent data, and to permit the Board or any of its agents or repersionalized to imperit and make copeinformation in connection with this application

Thereby release, discharge, and exonerate the Board, its agents or representatives, and any protein thingeral research agents or representatives. (local, state, federal or foreign), court, association, institution, or law enforcement agency having control or common of any insurance of an other information pertaining to me of any and all liability of every nature and kind ansing out of investigation made by the bound.

I will immediately notify the Board in writing of any changes to the answers to any of the questions contained in this age and a plant of the property of the 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 influence to answer questions contained in this application truthfully and completely may lead to denial revocation. disciplinary sanction of my license or permit to practice.



Rebecta M. Nuss Applicant's signature (must be signed in the presence of a notary)	
Nuss, Rebucca M. Applicants printed last name, first name, middle initial, and suffix (e.	g , Jr.)
Date of signature (must correspond to the date of notarization)	
Date of signature (must correspond to the date of notarization)	Kircianarid
Av. Attach	MAY 2 4 2023

NOTARY

State of Louisiana , County of OPANS OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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 by (a) comparing insynce physical appearance on the physical 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 provide the photograph of the 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 provide the photograph of the 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 provide the photograph of the signature made by my presence on this form with the signature on his/her identifying document.

Notary Public Signature

A Commission Expires

STANGENEY STANGEN



## 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 SOUNCE

Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/24/2023

Examinee: Alt Name(s): Nuss, Rebecca Michelle

riddo, riddoddd rifferiana

Examinee ID: 5-460-572-0

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.

|--|

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/22/2021	Pass	205	(194)	

#### **USMLE STEP 2**

Clinical Knowledge (CK)

Test Date Pass/Fail Score Minimum Pass Comments 09/16/2022 Pass 236 (214)

#### **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.

SENCIEM ALEM

MAY 2 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Rev 2018

T41700



## 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: Nuss, Rebecca Michelle

Examinee ID: 5-460-572-0

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 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

#### Attachment 6

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.

(0.1-0.40	NINCE				
Applicant's Name	1/1/22		A 14 /6 10:	. (	-
Institution: LSV SOM IVEN	1()/(gn)	City/State	MEM OX KANZ	, 4	
Our records indicate that the above named ap	plicant attended our medica	school on the followi	ng dates:		
From 08/01/100 To 0	)5 /18/2023 and onth Day Year	was awarded the deg	ree doctor of m	redic	ine (n
Please complete the following questions:					4.0
Does this individual's official record reflect explain.	ct (an) interruption(s) or exte	ension(s) in his/her me	dical education? If yes, please	☐ YES	II NO
<ol> <li>Does this individual's official record reflect his/her medical education? If yes, please</li> </ol>		ed on academic or disc	iplinary probation during	☐ YES	□ NO
Does this individual's official record reflection an investigation by the medical school or a school or school	ct that he/she was ever the s		orts for behavioral reasons or	☐ YES	₫ NO
Does this individual's official record reflect reasons by the medical school or parent to the reasons by the medical school or the reasons by the medical school or parent to the reasons by th	ct that he/she was ever disci	plined for unprofessio	nal conduct/behavioral	☐ YES	□ NO
Does this individual's official record reflections of acades acades of questions of acades ac	ct that there were any limita	tions or special requir	ements imposed on the ther reason? If yes, please	□ YES	₪/NO
I attest that the completion of the following I	has been completed by the	program director and	that the information above is a	accurate a	account of
this individual's records and is true and corre		oregram unector una			
Name: Cothy J. LAZGNU		Signature _ Ce	4 Juso		
Title of Signatory: Mill Sen Stuly	h Alfain	Date of Signature _	May 49 2023		
Tel: 504-568-4874 Fax:	504- 568-8534	E-Mail: Serr	1 el subscodo		
W. S. Challe State .			RECIE	IIVEI	D
H. M. C.	f no seal is available, this fo	m must be notarized	MAY 2		9
School . Seal	Notary Public				OF
1	Commission #		OKLAHOMA ST) MEDICAL L AND SUPE	RVISION	
12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	My commission expires:				
7. 2.					MAN

Notary Seal



433 Bolivar Street New Orleans, LA 70112-2223 OFFICIAL TRANSCRIPTGE 259 of 512

Page 1 of 2

Name

Nuss, Rebecca Michelle

Emplid 5034002

SSN Birthdate



Print Date:	2023-05-24 Degrees Awarded -			Course MCLIN	Description         Attempted         Earned         Grade           234 DISEASE AND THERAPY CARDIOVASC         54.000         54.000         HP	Honors Hours 0.000
Degree; Confer Date: Plan:	Doctor of Medicine 2023-05-18 DOCTOR OF MEDICINE	$\checkmark$		MCLIN	236 DISEASE AND THERAPY RENAL 60.000 60.000 HP Term Totals: 363.000 363.000 Cum Totals: 1079.000 1079.000	0.000 0.000 133.000
SOUTHEASTERN 2019-05-17	LOUISIANA UNIVERSITY Bachelor of Science	~~~		Spring 2021 Program: Plan:	Medicine (MD), New Orleans DOCTOR OF MEDICINE Specialization	Honors
Fall 2019 Program: Plan:	Beginning of Medicine, New Orle  Medicine (MD), New Orleans  DOCTOR OF MEDICINE Specialization	eans Record	Honors	Course MCLIN MCLIN MCLIN MCLIN	Description         Attempted         Earned         Grade           202         CLINICAL SKILLS 2 (PASS/FAIL)         33.000         33.000         P           231         DISEASE AND THERAPY HEME         38.000         38.000         H           233         DISEASE AND THERAPY MUSC DERM         34.000         34.000         H           235         DISEASE AND THERAPY PULMONARY         54.000         54.000         H	
Course ANAT 100 BIOCH 100 MCLIN 101	GROSS & DEVELOPMENTAL ANATOMY BIOCHEMISTRY CLINICAL SKILLS INTEGRATION Term Totals:	70.000 70.000 F 78.000 78.000 H 351,000 351.000	D 0.000 D 0.000 D 0.000 D 0.000 D 0.000	MCLIN MCLIN Fall 2021	237 DISEASE AND THERAPY GASTRO 60.000 60.000 HP 238 DISEASE AND THERAPY ENDO REPRO 60.000 60.000 H Term Totals: 279.000 279.000 Cum Totals: 1358.000 1358.000	0.000 60.000 98.000 231,000
Spring 2020	Cum Totals:	351.000 351.000	0.000	Program: Plan:	Medicine (MD), New Orleans DOCTOR OF MEDICINE Specialization	Honors
GENET 100 MCLIN 102	CELL BIOLOGY & MICROANATOMY MEDICAL GENETICS CLINICAL SKILLS INTEGRATION POPULATION MEDICINE	15.000 15.000 60.000 60.000 40.000 40.000 60.000	Honors Ade Hours P 0.000 H 15.000 H 60.000 H 40.000 P 0.000	Course MCLIN PEDI SPTP SURG	Description	
	PHYSIOLOGY	86.000 86.000 H	P 0.000 18,000 133,000 133,000	Program: Plan: Course MCLIN	Medicine (MD), New Orleans DOCTOR OF MEDICINE Specialization         Attempted         Earned         Grade           300 CLIN CARE PLAN ELE (PASS/FAIL)         76,000         76,000         P	Honors Hours 0.000
Program: Plan:	Medicine (MD), New Orleans DOCTOR OF MEDICINE Specialization		Honors	MED OBGYN PSYC	300 MEDICINE 380,000 380,000 HP 300 OB/GYN 228,000 228,000 H 300 PSYCHIATRY 228,000 228,000 H	0.000 228.000 228.000
Course MCLIN 198	L1 RESEARCH ELECTIVE Term Totals:	30.000 30.000	0.000 0.000	Fall-New Orle	Term Totals: 912.000 912.000 Cum Totals: 3206.000 3206.000 Ams 2022 Medicine (MD), New Orleans	456,000 687,000
Fall 2020 Program: Plan:	Cum Totals:  Medicine (MD), New Orleans DOCTOR OF MEDICINE Specialization	716,000 716,000	133.000 Honors	Program: Plan: Course FMMD	DOCTOR OF MEDICINE Specialization   Description   Attempted   Earned   Grade	Honors Hours 0.000
Course           MCLIN         201           MCLIN         230           MCLIN         232	CLINICAL SKILLS 1 (PASS/FAIL)		0.000 0.000	MCLIN NEURO OBGYN OBGYN	152,000   152,000   H	152.000 0.000 152.000 152.000

Send To:

OKLAHOMA STATE BOARD OF MEDICAL LIC OKTRAINING@OKMEDICALBOARD.ORG

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION alin Più Edune

Alicia Price Edwards / University Registrar, LSUHSC



Page 2 of 2



#### LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER AT NEW ORLEANS Office of the Registrar

433 Bolivar Street New Orleans, LA 70112-2223 Name

Nuss, Rebecca Michelle

Emplid :

SSN : Birthdate :



Course OBGYN         Description 499         Attempted OBGYN OUT-STATE ELEC         Attempted 152,000         Earned 152,000         Grade 152,000         HOU 152,000         HP 0.00         0.00           Spring-New Orleans 2023 Program: Medicine (MD), New Orleans Plan: DOCTOR OF MEDICINE Specialization         Attempted Earned Grade Hour 152,000         Honor 152,000           Course Description MCLIN 400 CRITICAL CONCEPTS 152,000 HP 0.00 MCLIN 420 HUMANITIES IN MED 420 (P/F) 152,000 152,000 P 0.00 OBGYN 420 OBGYN CLINICAL 152,000 152,000 P 0.00 SPTP 400 SPECIAL TOPICS (PASS/FAIL) 38,000 38,000 P 0.00 Term Totals: 494,000 494,000 152,000 Cum Totals: 494,000 494,000 1295,000         Hour Hour Hour Hour Medicine, New Orleans Career Totals								
Spring-New Orleans 2023   Program:   Medicine (MD), New Orleans   Plan:   DOCTOR OF MEDICINE Specialization   MCLIN   400 CRITICAL CONCEPTS   152,000   152,000   HP   0.00   MCLIN   420   HUMANITIES IN MED 420 (P/F)   152,000   152,000   P   0.00   OBGYN   420   OBGYN CLINICAL   152,000   38,000   P   0.00   SPECIAL TOPICS (PASS/FAIL)   38,000   38,000   P   0.00   Cum Totals:   494,000   494,000   152,000   152,000   P   0.00   Cum Totals:   4974,000   4574,000   152,000   152,000   152,000   P   0.00   Cum Totals:   4974,000   4574,000   152,000   152,000   152,000   152,000   P   0.00		499	Street all according to the second		-			Honors Hours 0.000
Spring-New Orleans   2023   Program:   Medicine (MD), New Orleans   Plan:   DOCTOR OF MEDICINE Specialization     Medicine (MD), New Orleans   Plan:   DOCTOR OF MEDICINE Specialization     Medicine (MD), New Orleans     Medicine (MD), New Orleans   Medicine (MD), New Orleans     Medicine (MD), New Orleans					1900	10000000		456.000
Program:	Spring-Nev	Orlean	s 2023	Cum Totals:	4080.000	4080.000		1143.000
MCLIN	Program:	Cilcui	Medicine (MD), New Orleans	cialization				
MCLIN								Honors
MCLIN   420 HUMANITIES IN MED 420 (P/F)   152.000   152.000   P   0.00	Course		Description		Attempted	Earned	Grade	Hours
DBGYN   420   DBGYN CLINICAL   152.000   152.000   H   152.000   SPTP   400   SPECIAL TOPICS (PASS/FAIL)   38.000   38.000   P   0.00   152.000   Medicine, New Orleans Career Totals   494.000   494.000   4574.000   4574.000   1295.000   Medicine, New Orleans Career Totals   Cum Totals:   4574.000   4574.000   4574.000   1295.0	MCLIN	400	CRITICAL CONCEPTS		152,000	152,000	HP	0.000
SPTP   400   SPECIAL TOPICS (PASS/FAIL)   38.000   38.000   P   0.00	MCLIN	420	HUMANITIES IN MED 420 (P/I	F)	152.000	152,000	P	0,000
Term Totals: 494.000 494.000 152.00 1295.00 Medicine, New Orleans Career Totals  Cum Totals: 4574.000 4574.000 1295.00	OBGYN	420	OBGYN CLINICAL		152,000	152.000	H	152,000
Cum Totals: 4574.000 4574.000 1295.00  Medicine, New Orleans Career Totals  Cum Totals: 4574.000 4574.000 1295.00  Effective June 1988, all medical students are required to pass USMLE Step 1 prior to enrollment in 300 level courses, Effective May 1995, all medical students are required to pass USMLE Step 2 CK prior to graduation. Effective December 2007, all medical students are required to pass USMLE Step 2 CK and	SPTP	400	SPECIAL TOPICS (PASS/FAIL	_)	38.000	38.000	P	0.000
Medicine, New Orleans Career Totals  Cum Totals: 4574.000 4574.000  Effective June 1988, all medical students are required to pass USMLE Step 1 prior to enrollment in 300 level courses. Effective May 1995, all medical students are required to pass USMLE Step 2 CK prior to graduation. Effective December 2007, all medical students are required to pass USMLE Step 2 CK and				Term Totals:	494.000	494.000		152,000
Cum Totals: 4574.000 1295.00  Effective June 1988, all medical students are required to pass USMLE Step 1 prior to enrollment in 300 level courses. Effective May 1995, all medical students are required to pass USMLE Step 2 CK prior to graduation. Effective December 2007, all medical students are required to pass USMLE Step 2 CK and				Cum Totals:	4574.000	4574.000		1295.000
Effective June 1988, all medical students are required to pass USMLE Step 1 prior to enrollment in 300 level courses. Effective May 1995, all medical students are required to pass USMLE Step 2 CK prior to graduation. Effective December 2007, all medical students are required to pass USMLE Step 2 CK and	Medicine, N	lew Orle	ans Career Totals					
level courses, Effective May 1995, all medical students are required to pass USMLE Step 2 CK prior to graduation. Effective December 2007, all medical students are required to pass USMLE Step 2 CK and				Cum Totals:	4574.000	4574.000		1295,000
	level course graduation.	s. Effective	ive May 1995, all medical studer December 2007, all medical stu	nts are required	to pass USN	ILE Step 2 (	CK prior to	0

---- End of Transcript -----

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Alicia Price Edwards University Registrar, LSUHSC

Send To:

OKLAHOMA STATE BOARD OF MEDICAL LIC OKTRAINING@OKMEDICALBOARD.ORG

Louisiana State University
Health Sciences Center at New Orleans
Office of the Registrar
433 Bolivar Street
New Orleans, LA 70112-2223
(504) 568-4829 FAX: (504) 568-5545
registrar@lsuhsc.edu

#### ACCREDITATION

Louisiana State University Health Sciences Center at New Orleans is accredited by the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) to award associate degrees, baccalaureate degrees, master's degrees, doctoral degrees and professional certificates. Contact SACSCOC at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Louisiana State University Health Sciences Center at New Orleans.

#### GRADING SYSTEM

### HONORS GRADING SYSTEM School of Medicine

H	Honors
HP	High Pass
P	Pass
F	Fail
1	Incomplete
W	Withdrawn

# LETTER GRADING SYSTEM Schools of Allied Health Professions, Dentistry, Graduate Studies, Nursing and Public Health

Grade		Quality Points
A		4
В		3
C		2
D		1
F		0
T		Incomplete
P		
S		Satisfactory
U	161111111111111111111111111111111111111	Unsatisfactory
W		Withdrawn
AU	a dividing an appropriate part for an extensive	Audit

#### DEGREES WITH HONORS

Honors are awarded in conjunction with the undergraduate degrees as follows:

Summa cum laude	3.960 to 4.000
Magna cum laude	3.860 to 3.959
Cum laude	

More detailed academic program and course information may be found at <a href="https://www.lsuhsc.edu">www.lsuhsc.edu</a>.

This transcript is official only if it carries the following on the reverse:

- a stamped seal with the facsimile signature of the Registrar
- the image of LSU Health Sciences Center seal in the center of the page

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OKLAHOMA STATE BOARD O





# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

REBECCA MICHELLE NUSS

Birth date

**Primary Office Address** 

UNIV OK DEPT IM 4502 E 41ST ST TULSA, OK 74135-2553

Phone UNKNOWN

ON AND A PROPERTY OF

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
1871281154	04/25/2023	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: LOUISIANA STATE UNIVERSITY SCHOOL OF MEDICINE IN NEW ORLEANS

Degree Awarded:

YES

Degree Type:

MD

AMA files checked 06/4/2024 09:52:27 AMA Physician Profile for Rebecca Michelle Nuss, 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 SCHOOL OF COMMUNITY MEDICINE-

TULSA

Sponsoring State: OKLAHOMA

Program name: UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE

(TULSA) PROGRAM

Specialty: OBSTETRICS & GYNECOLOGY

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
41700	MD	OK	07/01/2023	09/30/2024		ACT	RES	05/06/2024	REBECCA MICHELLE NUSS



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 Data<sup>TM</sup>, 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.

CHURANIAMA STATE BY ARE OR MICELLE DISANSURE AND SUPERVISION I VIDENCE OF STATUS - PART A

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NOTABLY TO BORN CAR BE EMAILED TO OKTRAINING @OKMEDICALBOARD ORGANING STATE BOARD OF OKCAROMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Late cape theme 1 Light 12

Maiden (if applicable)

Mattery Address

#### PRIMARY EVIDENCE OF CITIZENSHIP (LOR 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.

1	A Birth certificate shown first a consistent of the consistence of the
W	A Birth certificate showing furth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Supply (stands for after January 17, 1917), American Samoa, Swain's Island or the Northern Mariana Islands, unless the person was born to be used in the U.S.
DI.	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)
64	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS1350) (issued by the Department of State) cripies available from the Department of State
Li	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)
L	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 burder who needed it for frequent border crossing) (formerly Form I-179, last issued in February 1974)
U	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 critizenship 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.)
(1)	Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")
D	Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94
	lare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in the appearance of mpanying documents provided to substantiate my Evidence of Status application are true and correct sture Release M. Muss pat 5/8/23
Subse	cribed and sworn before me this 8 day of May 40 \$ 3
	ry Public Sarah Flagne Coken
	ommission expires to life

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UKLAHUMA - 115 CK TOP

Phone 1405/962-1400 f at 1405/962 [1440 vegati satesmang a tamen whole live.

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BECENARD

MAY 2 4 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

- b Latended Background Check Applicants for incensure are required to account to the Check
- Evidence of Status Form In order to verify citizenship or qualified already are seen upon an increase endorsement of examination or for reinstallement of their locense, must submit an increase of the required supporting documentation with their application. This form must be obtained at a submit of their supporting documentation with their application.
- Photo and Oath Form Applicants for licensure will be required in complete the Photo and Cash Lorent Management of the Community o
- Telemedicine Form Applicants planning to practice telemedicine must submit the mittaled and signed.
- 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.
  - 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.

Name of Applicant (type or print)

relacco / lu

5/9/12

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.

MEI APPLICATION INSTRUCTIONS Revised 08/2021

Page 4 of 4



ATTACHMENT S

### TIME DEFICIENCY FORM

None Paragraphic King ! - 1't.

Application # 41700

The document is used a the to help you complete your application. there have set there is unknown the area (all time from your 18th birthday to present.)

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RECEIVED

MAY 2 4 2023

OKLAHOMA STATE BOARD OF MEDICAL LCCINS RE AND SUPERVISION open of med

05/12/2023

REBECCA MICHELLE NUSS

RE: MD Application #41700

Check Your Application Status Online at:

http://www.okmedicalboard.org Username:AP30751473 Password:Last 4 SSN

Dear REBECCA NUSS,

## 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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

Evidence of Status

Application Instructions

OATH

Exam verification date

MedSchool-Transcript LSU Sch Of Med in New Orleans, New Orleans La 70112

MedSchool-Form 1 LSU Sch Of Med in New Orleans, New Orleans La 70112

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

**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: <a href="https://secure.okmedicalboard.org/applicant/signin">https://secure.okmedicalboard.org/applicant/signin</a>

Your user name is <u>AP30751473</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

Dept. of Licensing

Encl

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

<b>Type</b> MD MEDIC	Number 41700 CAL DOCTOR	Name REBECCA MICHELLE NUSS	
compl	ete Informat	ion (due to space limitations on this	page, this may not be a complete list)
Exam PostG	verification d	late COLLEGE OF MEDICINE TULSA	
1000000	5 LSU Sch O	ool Attended: If Med in New Orleans, New Orleans Li	a 70112 ed to Graduates of this Medical School:186
Annlie	ation for: F		AND THE COURSE OF THE PARTY OF
Applic	ation for: F	ruii License_	Reinstatement
The S	ecretary of t	he Board has reviewed this applicat	ion and:
1)	AUTHORIZE	ED CIRCULARIZATION TO OTHER B	OARD MEMBERS
		RITERIA HAVE BEEN MET [Fast Trac	
	- Passed US	MLE	.KJ
		Legal Issues ant Malpractice Issues	
	- US Gradua	te	
	- Graduated	Medical School on time	
3)	HAS ISSUE	D A TEMPORARY LICENSE THROUG	GH/
4)	HAS ISSUE	D A SPECIAL PGY-1 TRAINING LICE	NSE
5)	REQUESTS	SPECIFIC CONSIDERATION OF:	
	-		
-			
-			

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

Type Number MD 41643	Name AMNA OBAID
MEDICAL DOCTOR	ion (due to space limitations on this page, this may not be a complete list)
PostGrad - Form 2 USMLE Exams Inc	COLLEGE OF MEDICINE TULSA omplete CIES: NEED USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION
-	
Last Medical School 048-17 Paul L Fost	ool Attended: er Sch of Med, TX Tech Univ, El Paso, TX
N	lumber of Licenses Previously Granted to Graduates of this Medical School:24
Application for: Re	esident Full License Reinstatement
The Secretary of the	ne Board has reviewed this application and:
1) AUTHORIZE	ED CIRCULARIZATION TO OTHER BOARD MEMBERS
- Passed USI - No DUIs or - No Malprac - US Gradua	Legal Issues tice Issues
3) HAS ISSUEI	DATEMPORARY LICENSE THROUGH / / /
4) HAS ISSUEI	D A SPECIAL PGY-1 TRAINING LICENSE

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

Type Number Name
MD 41643 AMNA OBAID
MEDICAL DOCTOR

**Practice Address:** 

May 03, 2023

Status:

Res: TR

Received: 04/27/2023

Entered: 04/27/2023

Temp Issued: Temp Expires:

Train Issued: 07/01/2023
Train Expires: 09/30/2024
Fed Rec: 06/04/2024
AMA Rec: 06/04/2024

**Board Action:** 

License #: 41643

Sex: F Ethnic Origin: 6 Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 2	PASS	5/28/22	4/28/23	1
Test 2: USMLE 1	PASS	7/9/20	4/28/23	1
Test 3: Not	e: <b>PASS</b> m	neans high	er than 75	

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

#### PRE-MED EDUCATION

School Name: TULANE UNIVERSITY

City: NEW ORLEANS

State: LA Country: UNITED STATES

Degree: M.S. BIOCHEMISTRY

From: 7/2016 To: 5/ 2017 Verified:

School Name: UNIVERSITY OF TEXAS AT DALLAS

City: RICHARDSON State: TX Country: UNITED STATES

Degree: B.S. BIOLOGY From: 7/2012 To: 5/ 2016 Verified:

School Name: PLANO SENIOR HIGH SCHOOL

City: PLANO State: TX Country: UNITED STATES

Degree: HIGH SCHOOL DIPLOMA From: 8/2008 To: 5/ 2012 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: Paul L Foster Sch of Med, TX Tech Univ, El Paso, TX

Foreign Name:

City: El Paso State/Country: United States of America

Degree: DOCTOR OF MEDIC From: 7 / 2018 To: 5 / 2023 Diploma Ver'd:

Y

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

Type Number MD

Name

41643

AMNA OBAID

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty:PEDIATRICS

Res. Fellowship: Residency

Verified:

City: TULSA

State: OK Country: UNITED STATES OF AN

From: 7 / 2023

To:

ACGME Ver'd: Comments:

PRACTICE HISTORY

Employed: NONE Supervisor:

City: PLANO State: TX Country: UNITED STATES

Specialty: LEAVE OF ABSENCE FROM MEDICAL From: 7/2021 To: 5/2022 Verified: SCHOOL

Comments: LEAVE OF ABSENCE FROM MEDICAL SCHOOL

Employed: NONE Supervisor:

State: TX City: PLANO Country: UNITED STATES Specialty: UNEMPLOYED From: 4/2018 To: 6/2018 Verified:

Comments: AT HOME

Employed: NAVAZ JHA Supervisor:

City: MCKINNEY Country: UNITED STATES State: TX Specialty: KUMON MATH AND READING CENTERFrom: 12/2017 To: 3/2018 Verified:

ADMINISTRATIVE ASSIS

Comments: ADMINISTRATIVE ASSISTANT

**Employed: NONE** Supervisor:

City: PLANO State: TX Country: UNITED STATES Specialty: UNEMPLOYED From: 6/2017 To: 11/2017 Verified:

Comments: AT HOME/TRAVEL

**Employed: NONE** Supervisor:

State: TX Country: UNITED STATES City: PLANO Specialty: SUMMER VACATION From: 5/2016 To: 7/2016 Verified:

Comments: SUMMER VACATION

**Employed: NONE** Supervisor:

City: PLANO State: TX Country: UNITED STATES Specialty: SUMMER VACATION From: 6/2015 To: 7/2015 Verified:

Comments: SUMMER VACATION

**Employed: NONE** Supervisor:

City: PLANO Country: UNITED STATES State: TX Specialty: SUMMER VACATION From: 6/2014 To: 7/2014 Verified:

Comments: SUMMER VACATION

**Employed: NONE** Supervisor:

City: PLANO Country: UNITED STATES State: TX From: 6/2013 To: 7/2013 Verified: Specialty: SUMMER VACATION

Comments: SUMMER VACATION

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

Type MD Number

Name

41643

AMNA OBAID

MEDICAL DOCTOR

Other Licenses

State Lic Type and Number

Status

Issued

Exp

Verif

#### **DEFICIENCIES**

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

USMLE Exams Incomplete

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

Exam verification date

## Oklahoma State Board of Medical Licensure and Supervision 12

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/27/2023

Applicant Name: OBAID, AMNA

MD 41643



Date Of Birth: Sex: F

Place Of Birth (City, State): VALHALLA, NY

Race: Asian/Pacific Islander

Educ								
Type	Name	City	ST Country	From	То	Degree	Comments	Veri
GD	TULANE UNIVERSITY	NEW ORLEAI	LA	7/2016	5/2017	M.S. BIOCHEMISTRY		
UG	UNIVERSITY OF TEXAS AT DALLAS	RICHARDSOI	TX	7/2012	5/2016	B.S. BIOLOGY		
HS	PLANO SENIOR HIGH SCHOOL	PLANO	TX	8/2008	5/2012	HIGH SCHOOL DIPLOMA		

Medical School Name	City	State Country	Comments	From	То
Paul L Foster Sch of Med, TX Tech	El Paso	TX United States		7/2018	5/2023
Univ, El Paso, TX					

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
NONE	UNEMPLOYED		PLANO	TX	7/2021	5/2022	
NONE	UNEMPLOYED		PLANO	TX	4/2018	6/2018	
NAVAZ JHA	KUMON MATH AND READING CENTER		MCKINNEY	TX	12/2017	3/2018	
NONE	UNEMPLOYED		PLANO	TX	6/2017	11/2017	
NONE	SUMMER VACATION		PLANO	TX	5/2016	7/2016	
NONE	SUMMER VACATION		PLANO	TX	6/2015	7/2015	
NONE	SUMMER VACATION		PLANO	TX	6/2014	7/2014	
NONE	SUMMER VACATION		PLANO	TX	6/2013	7/2013	

State	License #	Profession	Status	Issue Date	Exp Date
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MD Exam				
Exam	State	Score	Date Taken	#_
USMLE				

\$250V

## Oklahoma State Board of Medical Licensure and Supervision 12

### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/27/2023

Que	stions Answered 04/25/2023	Response
۸.	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
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
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
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
٥.	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
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
U.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
٧.	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 177 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received: 04/27/2023

	If licensed, where do you intend to locate?
١	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-TU School of Community 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 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 26, 2023: (Signed Online)

#### ATTACHMENT 4



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 RECEIVED

APR 2 7 2023



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

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

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

MOTARY

State of TCXOS , County of	collin
applicant by (a) comparing his/her physical app	idividual named above did appear personally before me and that I did identify this earance with the photograph on the identifying document presented by the ito, and (b) comparing the applicant's signature made by my presence on this form ment.
The statements on this document are subscribed	and sworn to before me by the applicant on this 26/bday of AD 2023
Notary Public Signature S	My Notary Commission Expires 11 13 2025
	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: 04/27/2023

Examinee:

Obaid, Amna

Alt Name(s):

Examinee ID: 5-439-536-3
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.

USA	AT	T	CT	TED	1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/09/2020	Pass	204	(194)	

#### **USMLE STEP 2**

Clinical Knowledge (CK)

Test Date Pass/Fail Score Minimum Pass Comments 05/28/2022 Pass 233 (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.

APR 28 2023

OKLAHOMA STATE BOARD OF

APR 2 S

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T41643

Rev 2018



## 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: Obaid, Amna

Examinee ID: 5-439-536-3
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

#### Attachment 6

Form 1 (MD)

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

RECEIVED

MAY 3 1 2023

This form must be completed by the institution and mailed or emailed directly from the institution OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Amna Obaid Applicant's Name City/State El Paso, TX Institution: Paul L Foster School of Medicine Our records indicate that the above named applicant attended our medical school on the following dates: 11910Band was awarded the degree M.D. 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 E YES □ NO Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during 2. ☐ YES □-NO his/her medical education? If yes, please explain. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or 3. ☐ YES P-NO 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 ☐ YES 1VO 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 individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please 1 NO ☐ YES explain below Please explain any "YES" response from above: 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 this individual's records and is true and correct. Maxin MD Signature Charmacine Therein Title of Signatory: FLATERIA ASSECTATE DEPL Date of Signature 5.3.2023 E-Mail: CHARMAINE. MARTIN 6 + +UHSC LDU If no seal is available, this form must be notarized School Notary Public Commission # My commission expires: Notary

Seal

SSN:

Date of Birth: 19-AUG-1994

Date Issued: 30-MAY-2023 HSC ELP Graduate Prof Ofcl

Page: 1

Record of: Amna Obaid Current Name: Amna Obaid

Issued To: OKLAHOMA STATE BOARD OF MEDICA OKTRAINING@OKMEDICALBOARD.ORG

Course Level: Medicine

Current Program Doctor of Medicine Program : Medicine - El Paso College : Paul L Foster SOM in El Paso Campus : El Paso HSC Major : Medicine Awarded Degree Doctor of Medicine 19-MAY-2023 Primary Degree Program : Medicine - El Paso College : Paul L Foster SOM in El Paso Campus : El Paso HSC Major : Medicine COURSE TITLE SUBJ NO. CREDGRD R C

INSTITUTION	CREDIT:					
Fall 2018 M PMAS 5101 PMSK 5301 PSCI 5221	edicine - El Masters' Co Medical Ski Soc. Comm &	lloquim I	2.000 2.000 8.000	PA PA PA	.00	
PSPM 5021	Scient Prin Medicine I	c of	14.00	PA	.00	
Current Cumulative	AHRS 26.000 26.000	EHRS 26.000 26.000	QHRS 0.000 0.000		QPTS .00 .00	GP1

	SUBJ NO.	COURSE	TITLE	CREDGRD		PTS	R	C		
	Instituti	on Information	continued:							-
	Spring 20	19 Medicine -	El Paso							
	PMAS 5112		loquium II	1.000	PA	.00				
	PMSK 5302			2.000	PA					
	PSAP 5401			1.000	PA					
	PSCI 5212			2.000	PA	-00				
	PSPM 5012		c of	12.00	PA	.00				
_		AHRS	EHRS	OHRS		OPT	3		GPA	
	Current	18.000	18.000	0.000		-01	)		.00	
	Cumulativ	e 44.000	44.000	0.000		-01	)		.00	
	Fall 2019	Medicine - El	Paso							
	PMAS 6111	Masters Col	loquium III	2.000	PA	.00				
	PMSK 6311	Medical Ski	lls III	2.000	PA	.00				
	PSCI 6211			2.000	PA	.00				
	PSPM 6011	Individual		10 00		0.0				
PA	PSPM BUIL	Scient Prine Medicine II		12.00	PA	-00				
0		AHRS	EHRS	OHRS		OPTS	3		GPA	
	Current	18.000	18.000	0.000		.00			.00	
**	Cumulativ		62.000	0.000		-00			.00	

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* CONTINUED ON PAGE 2 \*\*\*\*\*\*\*\*\*\*\*\*\*\*

RIMARY

BECEINED

MAY 3 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



## Texas Tech University Health Sciences Center El Paso

SSN:

Record of: Amna Obaid Level: Medicine BECEVAED

MAY 3 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Date of Birth: 19-AUG-1994

Date Issued: 30-MAY-2023 HSC ELP Graduate Prof Ofc1

Page: 2

Institution	Information	continued:					Inst	itution	Informati	on continued:				
enring 2020	Medicine -	PI Dago												
PMAS 6112	Masters Col		1.000	PA	.00		Pa71	2021 1	Medicine -	Pl Dage				
PMSK 6302	Medical Ski		1.000	PA	.00					ctive 06/06/20	21			
PSCI 6212	Society Con		1.000	PA	.00		Deave	S OL AL	sence Elle	CCIVE 00/00/20	21			
PSCI 0212	Individual		1.000	PA	.00									
PSPM 6022	Scient Prin		4.000	PA	.00		Sprin	2022	Medicine	- FI Paco				
20111 0022	Medicine IV		2.000	LIL	.00					ctive 06/06/20	21			
	AHRS	EHRS	QHRS		OPTS	GPA	Fall	2022 N	Medicine -	El Paso				
Current	7.000	7.000	0.000		.00	.00				duc Research	2.000	PA	.00	
Cumulative	69.000	69.000	0.000		.00	.00			Pediatric		4.000	HO	.00	
Cumulactive	03.000	05.000	0.000		.00	.00	FERIE	0010		ntal Health	4.000	no	.00	
							DTMM	8025	Nutrition		2.000	HO	-00	
E=11 2020 N	edicine - El	Pago					FIMI	0025	Elective	Support	2.000	no	-00	
PFAM 7001	Family Medi		7.000	PA	.00		DATETT	8001		Neurosciences	4.000	PA	.00	
FIRM / OUT	Clerkship	CINC	7.000	LH	.00		PPED			Subinternship		но	.00	
PICE 7002		Intersession	2.000	PA	.00			8022		ell Newborn	2.000	HO	.00	
PINT 7001	Internal Me		10.00	PA	.00		FFED	0022	(Nurserv)	EII NEWDOLN	2.000	110	.00	
FINI /UUI	Clerkship	arcine	10.00	LA	.00		DDAD	8010	Radiology	Flactive	4.000	PA	- 00	
PPSY 7001	Psychiatry	Clarkchin	7.000	PA	-00			6401		Activity	1.000	PA	.00	
PPS1 7001				PA				OGUL	Project I		1.000	FA	.00	
	AHRS	EHRS	QHRS		QPTS	GPA								
Current	26.000	26.000	0.000		.00	.00			AHRS		QHRS		QPTS	GPA
Cumulative	95.000	95.000	0.000		.00	.00			23.000		0.000		.00	-00
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	Medicine -		2 444	2.5	200		40.00		1400-44-09-0	24 25.77				
POBG 7001	Ob/Gyn Cler		8.000	PA	-00				Medicine		01.22.01		(5)(6)	
PPED 7001	Pediatrics		8.000	PA	-00			8001	Emergency		4.000	PA	.00	
PSUR 7001	Surgery Cle	erkship	10.00	PA	-00		PFAM	8011	Family Me	d. Sr.	2.000	PA	-00	
	AHRS	EHRS	QHRS		OPTS	GPA	PICE	8001	Bootcamp		2.000	PA	.00	
Current	26.000	26.000	0.000		.00	.00			NICU		4-000	PA	.00	
Cumulative	121.000	121.000	0.000		.00	.00			Scholarly Project I		1.000	PA	.00	





SSN:

Date of Birth: 19-AUG-1994

Date Issued: 30-MAY-2023 HSC ELP Graduate Prof Ofcl

Page: 3

Record of: Amna Obaid Level: Medicine

SUBJ NO.	COURSE	TITLE	CREDGRD	PTS F	e c
Institution	Information	continued:			
	AHRS	EHRS	OHRS	QPTS	GP
Current	13.000	13.000	0.000	.00	.0
Cumulative	157.000	157.000	0.000	.00	.0
******	******	TRANSCRIPT T	OTALS ****	******	*****
INSTITUTION	Ehrs:	157.000	OPts:	0	.00
221700121221	GPA-Hrs:	0.000	GPA:	0	.00
TRANSFER	Ehrs:	0.000	QPts:	0	.00
270270-0-0	GPA-Hrs:	0.000	GPA:	0	.00
OVERALL	Ehrs:	157.000	QPts:	0	.00
	GPA-Hrs:	0.000	GPA:	0	.00
*******	********	END OF TRANS	CRIPT ****	******	*****





MAY 3 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



#### TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER EL PASO

Office of the Registrar - 5001 El Paso Drive - El Paso, TX 79905 - 915-215-4370 - Fax 915-783-5145

Official Transcripts: The officially sealed and signed transcript is printed on secured paper and does not Graduate School of Biomedical Sciences Grading System require a raised seal. Transcripts issued directly to students are stamped "Issued to Student."

Confidentiality of Records: This transcript must not be released to a third party without the written authorization of the student (in accordance with the Family Educational Rights and Privacy Act of 1974, Federal Law 93-380).

Accreditation: Texas Tech University Health Sciences Center El Paso is accredited by Southern Association of Colleges and Schools Commission on Colleges to award baccalaureate, master's, doctoral, and professional degrees. Contact Southern Association of Colleges and Schools Commission on Colleges at 1866 Southern Lane, Decatur, GA 30033-4097 or call 404-679-4500 for questions about the accreditation of Texas Tech University Health Sciences Center El Paso. Individual school programs are accredited by appropriate professional organizations. Information about school level accreditation is located in the corresponding school catalog.

Course Numbers: TTUHSC El Paso uses a 4-digit course numbering system. The first digit indicates the general level of the course. The second digit specifies the number of semester credit hours (a 0 indicated a variable credit course) for all schools but the Paul L. Foster School of Medicine.

Grade Point Average (GPA): Grade point average is computed by multiplying the credit hours for each course attempted by the grade points earned in the particular course and then dividing the total grade points by the total number of credit hours attempted, excluding those hours for which non-computed grades are recorded (see grade point tables). Abbreviations: AHRS = Attempted Hours, EHRS = Earned Hours, QHRS = Quality Hours (included in GPA), QPTS = Quality Points (included in GPA).

#### Grading System Used in Common by All Schools

Grade	Description	Grade Points Per Semester Hour
CR	Credit	NA*
DE	Deferred**	NA*
DG	Dropped (drop limit)	NA*
DW	Drop with no limit	NA*
DX	Drop - state limit exception	NA*
HO	Honors	NA*
1	Incomplete**	NA*
NC	No credit	0.00
NR	Grade not returned	NA*
PR	In progress**	NA*
RP	Repeat	NA*
W	Withdrawal	NA*
WF	Withdraw failing	0.00
X	Grade not submitted** *Not included in GPA calculation **Temporary grade	NA*

Grade	Description	Grade Points Per Semester Hour
Α	Well above passing standard	4.0
В	Above the passing standard	3.0
C	Passing standard	2.0
D	Below the passing standard	1.0
F	Well below the passing standard	0.0

#### School of Nursing Grading System

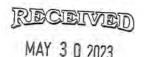
Grade	Description	Grade Points Per Semester Hour
A	Well above passing standard	4.0
В	Above the passing standard	3.0
C	Passing standard	2.0
D	Below the passing standard	1.0
F	Well below the passing standard	0.0

#### School of Medicine Grading System

Credit Units: The unit of measure of the valuation of courses is the medical school credit unit and should not be confused with traditional credit hours. One unit in the pre-clerkship phase is equal to 20 contact hours and one unit in the clerkship phase is equal to one week of clinical contact experience

Grading Convention: Pass/Fail (PA/FA) grading is used in the pre-clerkship phase of the M.D. program. Honors/Pass/Fail (HO/PA/FA) is used only in the clerkship phase of the M.D. program.

Grade	Description	Grade Points Per Semester Hour
FA	Below the passing standard	NA
НО	Well above the passing standard	NA
PA	Meets the passing standard	NA
FA/PA	Initial fail - remediation pass	NA







Birth date

# AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address AMNA OBAID

**Primary Office Address** 

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.

Phone

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: PAUL L FOSTER SCHOOL OF MEDICINE TEXAS TECH UNIVERSITY HEALTH SCIENCES CTR

Degree Awarded:

YES

Degree Type:

MD

07/2018 **Enrollment Date:** 

Degree Date:

05/2023



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

#### NO DATA REPORTED AT THIS TIME

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

#### 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 Data<sup>TM</sup>, 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 EVIDENCE OF STATUS – PART A

APR 2 7 2023

NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

OKLAHOMA STATE BOARD OF MEDICAL LICENSURI AND SUPERVISION

Full Le	gal Name: _	Hmna			Oboid		Maiden (if applicable)
nailie.	Addrage	Eirst		1414415	lest		maiden (it applicable)
railin	g Address: _	9	Street Address	or Post Office Rox			
					Social Se	curity #:	
	City	State	Zip Code	Telephone N			
			DOUA	ABV FURDINGS O	E CITIZENCINO		
		(FOR US C		ARY EVIDENCE O	F CITIZENSHIP MANENT LEGAL R	ESIDENT ALIE!	VS)
f you locun	are a U.S. ci nents to this	tizen, U.S. nationa form. Place a chec	, or permanent kmark below to	legal resident ali indicate the doc	en, please attach ument that is atta	a photocopy o ached.	f one of the following
	Virgin Islands	cate showing birth in (on or after January : mats residing in the U	17, 1917), America	es, the District of C n Samoa, Swain's Is	olumbia, Puerto Ric sland or the Norther	o (on or after Jai rn Mariana Island	nuary 13, 1941), Guam, the U.S. ds, unless the person was born t
		passport (except lim					
	Report of birt	th abroad of a U.S. ci	tizen (FS-240) (issu	ed by the Departm	ent of State to U.S.	citizens)	and by the Description of State
		birth (FS-545) (issue)		ce post) or Certifica	ation of Report of Bi	irth (DS1350) (iss	sued by the Department of State
	after Decemb	Naturalization (N-55 per 1990 to individual sted or the individual	s who are individu	ally naturalized; the	h a Federal or State N570 is a replacem	court, or throug nent certificate is	h administrative naturalization sued when the N-550 has been
	Certificate of	Citizenship (N-560 o	r N-561) (issued by	the INS to Individu	als who derive U.S.	citizenship thro	ugh a parent; the N-561 is a
		certificate issued wh					ear the Canadian or Mexican
		needed it for frequen					ear the Canadian of Mexican
	Mariana (slar	nds before November	3, 1986)			- V - V - V - V - V - V - V - V - V - V	was born in the Northern
	7 302 31 31 31 30 40	rovided by a U.S. con ives citizenship throu					an individual born outside the
	American Inc		ification code "Kil				members of the Texas Band of
0		ly Admitted for Perm 51 (Alien Registration		monly known as a	"green card")		
-		ly Admitted for Perm		inionly known as a	green cara y		
D	Unexpired To	emporary I-551 stam	p in foreign passpo	ort or on INS Form I	-94		
I dec acco	mpanying do	enalty of perjury, u ocuments provided — (Mai)	nder the laws of to substantiate r	the State of Oklal ny Evidence of St	homa, that all info atus application a	re true and cor	ined in this application and a rect. 04/26/23
Subs	cribed and s	worn before me thi	5.26th	day ofA	Pril	, 20_	23
Nota	ry Public	5 V	1				
Comi	mission Num	iber 1313	19192		1 10 area	NOTARY SEAL RAJA SANNIDH	
Мус	ommission e	xpires 11/13	3/2025		大 Notac	MAJA SAMMUH N Pamic, Stata e im Espelat 11-12 atauy ID 121149	f Texas 3-2025

1 416 AS

#### ATTACHMENT 5

#### TIME DEFICIENCY FORM

				-	
Name:	Amna	Obard	Application #	first two Pull-	grad thoney
	111111111111111111111111111111111111111				

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
30	08	05	12	Plano Seniar Migh School	Plan	TY	AS DASAGE
07	12	05	16	Univ. of texas of Dallas	Richardson	TY	BS
07	16	05	17	Tulane university	NEW OTTER	LA	ms
07	18	05	13	Paul L Fuster SOM 770451	El Paso	TX	no D.
EMPLO	OYMEI	NT IF NE	EDED	TO FILL TIME GAP			
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
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	-	-					
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OILE		7					
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Start Month	Year	Month	Year				
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APR 27 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

T41643

05/10/2023

AMNA OBAID

RE: MD Application #41643

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP85825796
Password:Last 4 SSN

Dear AMNA OBAID,

# 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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

Application Instructions

Extended Background Check

OTHER DEFICIENCIES: WHY DID YOU TAKE 1 YEAR LEAVE FROM MED SCHOOL? RECEIVED FORM 1 FROM MED SCHOOL PRIOR TO GRADUATION - PLEASE HAVE SCHOOL RESEND AFTER GRADUATION /

Exam verification date

MedSchool-Transcript Paul L Foster Sch of Med, TX Tech Univ, El Paso, TX

MedSchool-Form 1 Paul L Foster Sch of Med, TX Tech Univ, El Paso, TX

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

**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>AP85825796</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

aili	ete Information (due to space limitations on this page, this may not be a complete list) verification date
	arad - Form 2 COLLEGE OF MEDICINE TULSA
SML	E Exams Incomplete
	Madical Cabaal Attended:
	Medical School Attended: 7 Paul L Foster Sch of Med, TX Tech Univ, El Paso, TX
	Number of Licenses Previously Granted to Graduates of this Medical School:21
nlie	eation for: Resident
۲	Action for thousand y tan Electron
e S	ecretary of the Board has reviewed this application and:
	coretary of the Board has reviewed this application and.
1)	AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
.,	AUTHORIZED GINGGEARIZATION TO GITTER BOARD MEMBERG
21	
	ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]
	- Passed USMLE
1	- Passed USMLE - No DUIs or Legal Issues
Ĩ	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues
	- Passed USMLE - No DUIs or Legal Issues
	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time
	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time  HAS ISSUED A TEMPORARY LICENSE THROUGH / /
3)	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time
3)	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduate - Graduated Medical School on time  HAS ISSUED A TEMPORARY LICENSE THROUGH / _ / / / / / / / / / / / / / _ / _
3)	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduate - Graduated Medical School on time  HAS ISSUED A TEMPORARY LICENSE THROUGH / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / / / / / / / / / / / / / _ / _ / / / / / / / / / / / / / _ / / / / / / / / / _ / / / /
3)	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduate - Graduated Medical School on time  HAS ISSUED A TEMPORARY LICENSE THROUGH / _ / / / / / / / / / / / / / _ / _
3)	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduate - Graduated Medical School on time  HAS ISSUED A TEMPORARY LICENSE THROUGH / _ / / / / / / / / / / / / / _ / _
3)	- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduate - Graduated Medical School on time  HAS ISSUED A TEMPORARY LICENSE THROUGH / _ / / / / / / / / / / / / / _ / _

Type MD	Number 41576	Name EMILY MARIE OGG
	AL DOCTOR	
Incomple	ete Informat	ion (due to space limitations on this page, this may not be a complete list)
100000000000000000000000000000000000000		CIES: NEED QUESTIONNAIRE / EVALUATION
PosiG	rau - Form 2	COLLEGE OF MEDICINE TULSA
		col Attended: School of Community Medicine (Schusterman Center)
	N	Number of Licenses Previously Granted to Graduates of this Medical School:52
-		
Applica	tion for: Re	esident Full License Reinstatement
The Se	ecretary of the	he Board has reviewed this application and:
1)	AUTHORIZE	ED CIRCULARIZATION TO OTHER BOARD MEMBERS
-	Passed US No DUIs or No Malprac US Gradua	Legal Issues tice Issues
3)	HAS ISSUEI	D A TEMPORARY LICENSE THROUGH / /
4)	HAS ISSUEI	D A SPECIAL PGY-1 TRAINING LICENSE

Type

Number

Name

MD 41576

**EMILY MARIE OGG** 

MEDICAL DOCTOR

**Practice Address:** 

May 03, 2023

Status:

Res: MD

Received: 04/20/2023 Entered: 04/20/2023

Temp Issued:

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

> Fed Rec: 05/09/2024 AMA Rec: 05/09/2024

**Board Action:** 

License #: 41576

Sex: F

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	06/04/21	4/20/23	1
Test 2:	USMLE 2	PASS	07/29/22	4/20/23	1
Test 3:	USMLE 3	PASS	08/30/23	4/1/24	1
		te: <b>PASS</b> r	neans high	er than 75	

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

PRE-MED EDUCATION

School Name: OKLAHOMA STATE UNIVERSITY

City: STILLWATER

Degree: BACHELOR OF SCIENCE IN MICROBIOLOGY AND MOLECULAR

GENETICS AND PSYCHOLOGY

School Name: PRYOR HIGH SCHOOL

City: PRYOR

Degree:

State: OK Country: UNITED STATES

State: OK Country: UNITED STATES

From: 8/2015 To: 5/ 2019 Verified:

From: 4/2015 To: 5/ 2015 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

8 / 2019 To: 5 / 2023

Diploma Ver'd:

Y

Type

Number

Name

MD 41576

**EMILY MARIE OGG** 

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty:PEDIATRICS

Res. Fellowship: Residency

City: TULSA

State:OK Country:UNITED STATES OF AN

Verified:

From:

From: 7 / 2023

To:

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed:

City:

Supervisor: State:

To:

Country:

1

Verified:

Specialty: Comments:

**Other Licenses** 

State Lic Type and Number

Status

Issued

Exp

Verif

**DEFICIENCIES** 

OTHER DEFICIENCIES: NEED QUESTIONNAIRE / EVALUATION

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

# Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received: 04/20/2023

Applicant Name: OGG. EMILY MARIE "Gietzen"

MD 41576

Date Of Birth:

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

Sex: F Race: Caucasian

Educ Type	ation Name	City	ST Country	From	То	Degree	Comments	Veri
UG	OKLAHOMA STATE UNIVERSITY	STILLWATER	ОК	8/2015	5/2019	BACHELOR OF SCIENCE IN MICROBIOLOGY AND MOLECULAR GENETICS AND PSYCHOLOGY		
HS	PRYOR HIGH SCHOOL	PRYOR	ОК	4/2015	5/2015			

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

Post-Graduate Post-Graduate							
Facility	City	St Count	ry Specialty	Comments	From	То	
COLLEGE OF MEDI	CINE TULSA TULSA	OK UNITE	DS PEDIATRICS		7/2023	1	

Practice History Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
					1		

Other/ Out-Of-State L			W 1987 A. V.	Declaration of	Carlo Tallonia	
State License #	Profession		Status	Issue Date	Exp Date	
MD Exam			1 - 6 7 7			
Exam	State	Score	Date Taken	#_		
USMLE						

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

Received:04/20/2023

Que	stions Answered 04/06/2023	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
Э.	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
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
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?	l 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 PAGE 299 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/20/2023

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 Will be provided by 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, 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.



Prini	m/M	aril	Ogg	ne presence of a notary)
Applicant's	ignature (r	nust be sig	gnedlid #	ne presence of a notary)

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

05 | 09 | 23

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

NOTARY

RECEIVED

MAY 1 0 2023

State of Ohlahama, county 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 by my presence on this form with the signature on his/her identifying document.

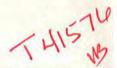
The statements on this document are subscribed and sworn to before me by the applicant on this 9 day of \_\_\_\_\_\_\_

allison Emin

My Notary Commission Expires 12 18 23

Notary Public Signature







#### 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: 03/30/2024

Examinee:

Ogg, Emily Marie

Alt Name(s): Gietzen, Emily Marie

Examinee ID: 5-476-357-8
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	Pass/Fail	Score	Minimum Pass	Comments	
06/04/2021	Pass	203	(194)		
USMLE ST	EP 2				
Clinical Know	eledge (CK)		1.		
<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments	
07/29/2022	Pass	225	(214)		
USMLE ST	EP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
08/30/2023	Pass	217	(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.

RECEIVED

APR 0 1 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE 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: Ogg, Emily Marie

Examinee ID: 5-476-357-8
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 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.

Rev 2018

#### Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street

#### Oklahoma City, OK 73105

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

	of Medicine, Tulsa SCM City/State Tulsa, OK		
estitution: OU College	of Medicine, Luisa SCIVI City/State Luisa, OK		
our records indicate that the above	e named applicant attended our medical school on the following dates:		
rom 08 /12 /2019 Month Day Year	To 05 19 12023 and was awarded the degree		_
Does this individual's official rexplain.	ecord reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please	□ YES	1 NO
	ecord reflect that he/she was ever placed on academic or disciplinary probation during	□ YES	₽ (NO
Does this individual's official i	record reflect that he/she was ever the subject of negative reports for behavioral reasons or all 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  I 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 ns of academic incompetence, disciplinary problems, or any other reason? If yes, please	□ YES	NO NO
	e from above:		
ompletion of the following is ce	rtification that the information above is an accurate accound of this individual's records and is	s true and	correct.
	rtification that the information above is an accurate account of this individual's records and is  UYKerdall Signature Slantage Slantage Slantage	s true and	correct.
ompletion of the following is ce	rtification that the information above is an accurate account of this individual's records and is  UYKerdall Signature Starton Start Signature Start Start Start Start Start Start Start Signature Start Sta		
ompletion of the following is certain the foll	rtification that the information above is an accurate account of this individual's records and is  I Signature  Signature  Signature  Soldrator  Date of Signature  E-Mail: Lammy Kykerdall a		
ompletion of the following is certain the following is certain ame: Tammy Kitle of Signatory: Clinical el: 118 660 350	Tification that the information above is an accurate account of this individual's records and is signature  Signature  Signature  Solution Date of Signature  Fax:  E-Mail: Lammy Kykerdall &  If no seal is available, this form must be notarized  Notary Public		
ame: Tammy Kitle of Signatory: Clinical School	rtification that the information above is an accurate account of this individual's records and is  I Signature  Signature  Signature  Soldrator  Date of Signature  E-Mail: Lammy Kykerdall a	)ouhsc	

RECEIVED

**Notary Seal** 

JUN 0 5 2023

OKLAHOMA STATE BOARD OF MEURAL I ASER LIKE AND SUPERVISION



The Oklahoma State Regents for Higher Education acting through

# acting the have admitted

Emily Marie Ogg to the degree of

**Aactor** 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



Chairman, Board of Regents



#### THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER Official Transcript

8132

8140

8148

8156

8163

8264

8266

8272

8275

8301

Birthdate :

Course

INDT

INDT

INDT

INDT

Course

INDT

INDT

INDT

INDT

INDT

INDT

TERM GPA :

OURSC GPA :

Printed: 01-JUN-2023

PAGE 305 of 512. 1

Attempted Earned Grade Points

68.00 S

85.00 S

85.00 S

77.00 S

0.000

0.000

Points

315.00

850.50

Earned Grade

32.00 S

152.00 S

30.00 S

151.00 S

99.00 S

16.00 S

68.00

85.00

85.00

77.00

315.00

850.50

32.00

152.00

30.00

151.00

16.00

99.00

Attempted

Name : Emily Ogg Student ID: 1798976

Description

GPH:

Description

Neurosciences

Cardiovasc, Resp, Renal

PPS II: Clinical Ethics

Enrichment Program: Humanities

Clinical Medicine II

LMHP2

Gastrointestinal & Hepatobil

Endo, Metab & Nutri Biochem

Blood, Hematopoiesis & Lymph

IMI

0.000

0.000

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

Oklahoma City, OK 731260901

United States

OKLAHOMA STATE BOARD OF

Doctor of Medicine Degree

Confer Date 2023-05-20

Medicine-School of Community Medicine Plan

- - - - External Degrees

Degrees Awarded

Oklahoma St Univ-Stillwater

2019-05-11 Bachelor of Science

Field of Study : Microbio/Cell & Molecular Bio

---- Academic Program History ----

0.00 TOTALS : Fall 2020

0.00 TOTALS :

Spring 2020

: Medicine MD Program

2019-07-01 : Active in Program

2019-07-01 : Medicine - Tulsa MD SCM Major

2023-05-20 : Completed Program

Beginning of Medicine Record - - - -

				1	Fall 201	9			C	ourse Top	pic(s): Am	nerica's	Quest :	for Healt	h		
Course	_	Des	cription	_		Attempted	Earned Grade	Points	TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 480.00	480.00	0.000
INDT	8110	Des	ign/Anal	ysis Cli	in Res	16.00	16.00 S		OURSC	GPA :	0.000	GPH:	0.00	TOTALS	: 1330.50	1330.50	0.000
INDT	8122	Cli	nical Me	dicine 1	I.	101.50	101.50 S										
INDT	8124	The	Human S	tructure	2	130.00	130.00 S						S	oring 202	1		
INDT	8125	Fou	ndations	of Medi	icine	136.00	136.00 S						0.73				
INDT	8162	LMH	P1			37.00	37.00 S		Course	<u>4</u> ,	Desc	ription			Attempted	Earned Grade	Points
INDT	8244	PPS	I			75.00	75.00 S		-							7 3 65 7 7 7 8	
INDT	9101	SCM	Prologu	e		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	
OURSC	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
									OURSC	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. Lou Klini

OUHSC Registrar

### THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER Official Transcript

PAGE 306ag65N2. 2

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

Oklahoma City, OK 731260901

United States

RECEIVED

Name : Emily Ogg Student ID: 1798976

Birthdate:

:

OKLAHOMA CTATE BOAT DIC

Summer II 2021

Summer II 2022

INDT   9050   HSSP	00
OUHSC GPA: 3.000 GPH: 226.00 TOTALS: 2068.50 2068.50 678.000 Fall 2022  Fall 2021 Course Description Attempted Earned Grade Points  Course Description Attempted Earned Grade Points  Course Topic(s): PEDI Outpatient Elective  SURG 9760 Surgery Clerkship 298.00 298.00 A 1192.000 INDT 9400 Inpatient Elective 160.00 160.00 S	
Course Description Attempted Earned Grade Points INDT 9401 Outpatient Elective 160.00 160.00 S  Course Topic(s): PEDI Outpatient Elective 160.00 160.00 S  SURG 9760 Surgery Clerkship 298.00 298.00 A 1192.000 INDT 9400 Inpatient Elective 160.00 160.00 S	ts_
Course         Description         Attempted         Earned         Grade         Points         INDT         9401         Outpatient Elective         160.00         160.00         S           SURG         9760         Surgery Clerkship         298.00         298.00         A         1192.000         INDT         9400         Inpatient Elective         160.00         160.00         S	ts
Course Topic(s): PEDI Outpatient Elective  SURG 9760 Surgery Clerkship 298.00 298.00 A 1192.000 INDT 9400 Inpatient Elective 160.00 160.00 S	
MED 9250 Medicine Clerkship 298.00 298.00 B 894.000 Course Topic(s): PEDI Inpatient Elective	
INDT 9404 Research/Scholarship Elective 160.00 160.00 S  TERM GPA: 3.500 GPH: 596.00 TOTALS: 596.00 596.00 2086.000 Course Topic(s): PEDI Res/Scholarship Elective	
INDT 9403 Subinternship Elective 80.00 80.00 A 320.0	00
OUHSC GPA: 3.363 GPH: 822.00 TOTALS: 2664.50 2664.50 2764.000 Course Topic(s): PEDI Subinternship Elective	
Spring 2022 TERM GPA: 4.000 GPH: 80.00 TOTALS: 560.00 560.00 320.00	00
<u>Course</u> <u>Description</u> <u>Attempted Earned Grade Points</u> OUHSC GPA: 3.685 GPH: 1664.00 TOTALS: 4466.50 4466.50 6132.00	00
OBGY 9210 Obstet & Gyn Clerkship 226.00 226.00 A 904.000 Spring 2023	
PATH 9101 Pathology and Lab Med 80.00 80.00 S	
NEUR 9370 Neurology Clerkship 155.00 155.00 A 620.000 Course Description Attempted Earned Grade Point	cs_
FM 9540 Fam Med Clerkship 155.00 155.00 A 620.000	
EM 9101 EM Selective 80.00 80.00 S FM 9569 CH I 80.00 80.00 S PEDI 9650 Pediatric Clerkship 226.00 226.00 A 904.000 INDT 9406 Special Studies Elective 80.00 80.00 S	
Course Topic(s): PEDI Special Studies Elective	
TERM GPA: 4.000 GPH: 762.00 TOTALS: 922.00 922.00 3048.000 INDT 9400 Inpatient Elective 160.00 160.00 S	
Course Topic(s): PEDI Inpatient Elective OURSC GPA: 3.669 GPH: 1584.00 TOTALS: 3586.50 3586.50 5812.000 INDT 9406 Special Studies Elective 80.00 80.00 S	
OUHSC GPA: 3.669 GPH: 1584.00 TOTALS: 3586.50 3586.50 5812.000 INDT 9406 Special Studies Elective 80.00 80.00 S  Course Topic(s): PEDI Special Studies Elective	
INDT 9406 Special Studies Elective 80.00 80.00 S	
Course Topic(s): PEDI Special Studies Elective	
INDT 9406 Special Studies Elective 80.00 80.00 S	
Course Topic(s): PEDI Special Studies Elective	

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 Klen

OUHSC Registrar

### THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER Official Transcript

PAGE 307 of 512 3

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

Name : Emily Ogg Student ID: 1798976

Birthdate :

Spring 2023 (cont.)

Course	-	Desc	riptio	<u>n</u>		_At	tempted	Earned	Grade	Points
FM	9572	CH I	I				80.00	80.00	s	
TERM	GPA :	0.000	GPH:	0.00	TOTALS	:	640.00	640.00		0.000
OURSC	GPA :	3.685	GPH:	1664.00	TOTALS	:	5106.50	5106.50		6132.000
Medicin	e Career	Totals								
OUHSC	GPA :	3.685	GPH:	1664.00	TOTALS	:	5106.50	5106.50		6132.000
Post-Ba	ccalaurea	ate Caree	r Tota	ls						
OUHSC	GPA :	3.685	GPH:	104.00 End Of C		. of	319.15			383.250



# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

**EMILY MARIE GIETZEN** 

Birth date

**Primary Office Address** 

SOMARY

Phone UNKNOWN

HOSPITAL BASED RESIDEN

MAY 19 2024 TAHOMASTILLYEARS

Physician's major professional activity

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: Enrollment Date: YES

08/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/9/2024 10:14:52

AMA Physician Profile for Emily Marie Gietzen, 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

Specialty: PEDIATRICS
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

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 Data<sup>TM</sup>, 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

#### NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

Full	Legal Name: Emily	Marie	Ogg	Gietzen Malden (If applicable)
Mai	ling Address:			
			Social Security #:	
10	City State Zip Code	Telephone Nun		
	PRIMA	RY EVIDENCE OF	CITIZENSHIP	
	(FOR US CITIZENS, US NATIO	ONALS, OR PERM	ANENT LEGAL RESIDENT A	LIENS)
	ou are a U.S. citizen, U.S. national, or permanent le uments to this form. Place a checkmark below to i			by of one of the following
d	A birth certificate showing birth in one of the 50 States Virgin Islands (on or after January 17, 1917), American foreign diplomats residing in the U.S.			
	United States passport (except limited passports, which			
	Report of birth abroad of a U.S. citizen (FS-240) (issue			
	Certificate of birth (FS-545) (issued by a foreign service copies available from the Department of State	post) or Certificati	on of Report of Birth (DS1350)	(issued by the Department of State),
	Certificate of Naturalization (N-550 or N-570) (issued lafter December 1990 to individuals who are individual lost or mutilated or the individual's name has been cha	y naturalized; the N		
	Certificate of Citizenship (N-560 or N-561) (issued by t replacement certificate issued when the N-560 has bee	he INS to individua		
	United States Citizen Identification Card (I-197) (issue border who needed it for frequent border crossing) (for	d by the INS until A	pril 7, 1983 to U.S. citizens livi	
	Northern Mariana Identification Card (issued by the In Mariana Islands before November 3, 1986)			who was born in the Northern
	Statement provided by a U.S. consular officer certifyin U.S. who derives citizenship through a parent but does			en to an individual born outside the
	American Indian Card with a classification code "KIC" Kickapoos living near the U.S./Mexican border.)			izen members of the Texas Band of
	Alien Lawfully Admitted for Permanent Residence:	anly known as a "e	roon card")	
	INS Form I-551 (Alien Registration Receipt Card, comm Alien Lawfully Admitted for Permanent Residence:			
	Unexpired Temporary I-551 stamp in foreign passport	or on INS Form 1-9	4	
	clare under penalty of perjury, under the laws of the ompanying documents provided to substantiate my ature ature Marie Cgg			
Sub		lay of	lay	20_23
Not	11112011	Illisen En	NOTAR NOTAR	RECEIVED
Con	mission Number 19012563		19012563 EXP. 12/18/23	. 0
Му	commission expires 12/18/23		OF OKA	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



#### OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51<sup>ST</sup> 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 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.
- 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.

Emily Marie Ogg Name of Applicant (type or print)

Signature of Applicant

05/09/23

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.

KON CIER OFFICE

MAY 1 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Page 4 of 4 / 415 W

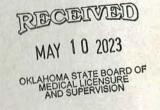
#### TIME DEFICIENCY FORM

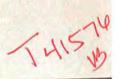
Name: Emily Marie Ogg Application # 41576

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	9
04	2015	05	2015	Pryor High School	Pryor	OK	High School Diploma	
08	2015	05	2019	OKlahoma State University	Stillwater	DK	+ Molecular fren	
08	2019	05	2023	OU-TU School of Community Medicine	Tulsa	oK	MD	
EMPLO	OYMEI	NT IF NI	EEDED	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
OTHE	P - LIN	EMPLO	VED S	TAY AT HOME PARENT, SUMMER	BREAK TR	AVFIING		
Start Month	Start Year	End Month	End Year	Other		City		State
05	2015	08	2015	Summer Break		Pryo	r	OK
06	2019	08	2019			Pryc	or	OK
								He av
	1	100	1000			1		





05/03/2023

**EMILY MARIE OGG** 

RE: MD Application #41576

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP17997370
Password:Last 4 SSN

Dear EMILY OGG,

# 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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

Evidence of Status

Application Instructions

HTAO

Extended Background Check

OTHER DEFICIENCIES: COPY OF LEGAL NAME CHANGE DOCUMENT REQUIRED

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** 

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: <a href="https://secure.okmedicalboard.org/applicant/signin">https://secure.okmedicalboard.org/applicant/signin</a>

Your user name is <u>AP17997370</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

#### Kenna L. Shaw

From:

BillPay Webmaster <donotreply@www.ok.gov>

Sent:

Saturday, March 23, 2024 1:25 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

EMILY MARIE OGG has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 03/23/2024 01:03:25am for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41576** 

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



xam verification o ostGrad - Form 2 SMLE Exams Ind	date 2 COLLEGE OF MEDIO	1 - 1 - 1 - 1 - 1 - 1 - 1	nis may not be a complete list)
_ast Medical Sch	nool Attended:		
		Medicine (Schusterman Ce	enter)
	Number of Licenses	Previously Granted to G	raduates of this Medical School:34
2) ALL FIVE C - Passed US - No DUIs o - No Signific - US Gradua	CRITERIA HAVE BEEN SMLE r Legal Issues cant Malpractice Issu ate I Medical School on t	time	EMBERS
		CENSE THROUGH/	11_
	D A SPECIAL PGY-1	TRAINING LICENSE	My 6-20-23

Type

Number

Name

MD 41680 KWAME KUSI OPOKU
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:
048-15 Tx Tech Univ Hlth Sci Ctr Sch Of Med, Lubbock Tx 79430
Number of Licenses Previously Granted to Graduates of this Medical School:352
,,,
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 EIVE CRITERIA HAVE REEN MET IEGOT Trock!
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
- Graduated medical Golloof III 4 years of 1635
- Graduated medical deficient in 4 years of 1633
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /

Type Number Name

MD 41680 KWAME KUSI OPOKU

MEDICAL DOCTOR

**Practice Address:** 

May 03, 2023

Status:

Res: TR

**Received:** 05/01/2023 **Entered:** 05/01/2023

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 #: 41680

Sex: M Ethnic Origin: 2 Endorsed By: USMLE

		Date	Date	
Test	Score	Taken	Verified	Attempts
Test 1: USMLE 3	PASS	12/11/23	5/1/24	1
Test 2: USMLE 1	PASS	6/29/21	5/2/23	1
Test 3: USMLE 2	PASS	7/25/22	5/2/23	1

Note: PASS means higher than 75

Test AV: Total Possible: Okla Passing:

**Total Score:** 

PRE-MED EDUCATION

School Name: TEXAS TECH UNIVERSITY

City: LUBBOCK State: TX Country: UNITED STATES

Degree: BACHELOR OF SCIENCE From: 8 \( \alpha 0.15 \) To: 5/2019 Verified:

School Name: JAMES E. TAYLOR HIGH SCHOOL

City: KATY

State: TX

Country: UNITED STATES

Degree: HIGH SCHOOL DIPLOMA

From: 8 \( \rho 1013 \)

To: 6/2015 Verified:

**MEDICAL SCHOOL EDUCATION** 

Name: Tx Tech Univ Hlth Sci Ctr Sch Of Med, Lubbock Tx 79430

Foreign Name:

City: Lubbock State/Country: United States of America

Degree: DOCTORATE OF MEL From: 8 / 2019 To: 5 / 2023 Diploma Ver'd: Y

Type Number Name

MD 41680 KWAME KUSI OPOKU

MEDICAL DOCTOR

POST	GRAD	IIATE	<b>EDITC</b>	MOITA

Facility: COLLEGE OF MEDICINE OKC Specialty: ANESTHESIOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY State: OK Country: UNITED STATES OF AMER

Verified: From: 7 / 2023 To: /

ACGME Ver'd: Comments:

**PRACTICE HISTORY** 

Employed: Supervisor:

City: State: Country:

Specialty: From: / To: / 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 CONTROL OF MEDICAL CONTROL OF MEDICAL LICENSURE AND SUPERVISION CONTROL OF MEDICAL CO

oktraining@okmedicalboard.org

MAY 01 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</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** 

FIRST		a second and a second a second and a second		LAST	Γ.	random to the second
NAN	1E _	Kwame		NAN	ΛE	Opoku
EMAI						
ADDRESS LICENSE NUMBER HOME ADDRESS		41680		CELL PHO CITY ZIP (	NE /ST	
	PROGRAM ATTENDING Pramod Chetty, MD			SPECIALTY		TY Anesthesiology
		DOCUME	NTAT	TION T	O A	ATTACH
		PAYI	VIENT	COMP	LET	ED
	\$150 payr of training	ment made on Billpay for <mark>RENEWAL</mark> g license	Z	\$250 licens		ment made on Billpay for <mark>UPGRADE</mark> of training
	-	DOCUM	IENTA	TION F	REQ	UIRED
		must be received directly from  **ONLY FOR UPGRADE - ATTACHMEN	22.045.53		Ev	aluation (must be received directly from program) -
					An	swer confidential questions (on back of this form)
		FOREIG	N TRA	INED S	TUI	DENTS
	Current v	visa				Social Security Number **if not provided at initial application
	VITATION NO.	and Check **if not done at initial appl		0	_	

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



NAME KV	vame	Opo	ku
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OKLAHOMA STATE BOARD OF
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?	п	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)?		Ø
Have you ever been denied, had removed, or suspended hospital privileges?		Ø
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?	_	d
Has your application for licensure ever been denied?	0	Ø
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)?		Ø
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?		Ø
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?		Ø
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		Ø
I swear under penalty of perjury, that I am the person completing this Questionnaire and understand th license procured or obtained by fraud or misrepresentation will result in disciplinary action taken agains pursuant to the provisions of 59 O.S. § 508.		
Signature	124	

# Oklahoma State Board of Medical Licensure and Supervision PAGE 323 of 512

#### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/01/2023

Applicant Name: OPOKU, KWAME KUSI

MD 41680

Date Of Birth:

Place Of Birth (City, State): BURLINGTON, IA

Sex: M Race: Black

Edu	cation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	TEXAS TECH UNIVERSITY	LUBBOCK	TX	8/2015	5/2019	BACHELOR OF SCIENCE		
HS	JAMES E. TAYLOR HIGH SCHOOL	KATY	TX	8/2013	6/2015	HIGH SCHOOL DIPLOMA		

Medical School Name	City	State Country	Comments	From	То
Tx Tech Univ Hlth Sci Ctr Sch Of	Lubbock	TX United States		7/2019	5/2023
Med. Lubbock Tx 79430					

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
COLLEGE OF MEDICINE OKC	OKLAHOMA C	CITY OK	UNITED S'	ANESTHESIOLOGY		7/2023	1

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	010711000
MD Exam						
IVID EXAITI						
Exam	State 5	Score	Date Taken	#_		

# Oklahoma State Board of Medical Licensure and Supervision APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE PAGE 324 of 512

Received:05/01/2023

Que	stions Answered 04/29/2023	Response
٨.	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
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
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
<.	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
٧I.	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 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
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 325 of 512

# Received:05/01/2023

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: University of Oklahoma Health Sciences Center
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder Texas Tech University Health Sciences Center School of Medicine in Lubbock, TX
Name of Current Carrier and policy Holder APIC
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
Lattest that all the above information is accurate as of April 20, 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

# 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.

MAY 0 1 2023

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

Opoku, Kwame, K

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

04/21/2023

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

State of Ollahoma, County of Ollahoma

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 all day of Option, 2023

Notary Public Signature Debovah K. Swarty Notary Commission Expires Dec 5, 2014

NOTABIO909





# 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

SSUMARY

Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/01/2024

Examinee:

Opoku, Kwame Kusi

Examinee ID: 5-472-304-4 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 I examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

USMLE ST	EP 1			
Test Date 06/29/2021	Pass/Fail Pass	Score 219	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	eledge (CK)		3.53	
<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments
07/25/2022	Pass	229	(214)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/11/2023	Pass	215	(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: Opoku, Kwame Kusi

Examinee ID: 5-472-304-4

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 <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 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	Kwame Kusi Opo	oku			
Institution: Texas Te	ch University Health	Sciences Center School of N	Medicine City/State Lubbock, TX		
Our records indicate	that the above named	applicant attended our med	ical school on the following dates:		
From 08 / 05	/ 2019 To_	05 / 19 / 2023 a Month Day Year	nd was awarded the degreeDoctorate of Med	icine	
**(5.131)	e following questions:				
Does this individe explain.	dual's official record re	flect (an) interruption(s) or e	extension(s) in his/her medical education? If yes, please	☐ YES	No
	dual's official record re education? If yes, ple		aced on academic or disciplinary probation during	☐ YES	NO
Does this individ	dual's official record re		ne subject of negative reports for behavioral reasons or please explain below.	☐ YES	NO
4. 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					
			itations or special requirements imposed on the inary problems, or any other reason? If yes, please	☐ YES	No
	rds and is true and co		signature Krivan a. Stutz	n accurate	account of
		n for Medical Education	Date of Signature 06/15/2023		
Tel: (806) 414	-9666 Fax:	(806) 351-3787	E-Mail: kristin.stutz@ttuhsc.edu		
	ol	If no seal is available, this	form must be notarized		
School Seal					
		Commission #			



T41680

# Texas Tech University Health Sciences Center

Office of the Registrar, Lubbock, Texas 79430

Date of Birth:

Date Issued: 14-JUN-2023 HSC Graduate Professional Ofcl

Page: 1

Record of: Kwame Kusi Opoku Current Name: Kwame Kusi Opoku

Issued To: OKLAHOMA STATE BOARD OF MEDICA OKTRAINING@OKMEDICALBOARD.ORG

Course Level: Medicine

SSN:

Current Program Doctor of Medicine

> Program : Medicine College : School of Medicine Campus : Amarillo HSC

Major : Medicine

Comments:

SUBJ NO.

Interprofessional (IPE) Rqmnt Complete:

Awarded Degree Doctor of Medicine 19-MAY-2023

Primary Degree

Program : Medicine

College : School of Medicine Campus : Amarillo HSC

COURSE TITLE

Major : Medicine

INSTITUTION	N CREDIT:					
Fall 2019 1	Lubbock Medic	ine				
IPMD 5101	Interprof C	collab	0.000	PA	.000	
MSCI 5101	Clinically Anatomy	Oriented	9.000	PA	.000	
MSCI 5102	Biology of Tissues	Cells and	6.000	PA	.000	
MSCI 5106	P3/DOCS 1		3.000	CR	.000	
	AHRS	EHRS	QHRS		QPTS	GF
Current	18.000	18.000	0.000		.000	.00
Cumulative	18.000	18.000	0.000		.000	-00
*****	****** CC	NTINUED ON	NEXT COLU	MN **	*****	*****

CREDGRD

PTS

R C

	SUBJ NO.	COURSE TITLE	CREDGRD		PTS	R	C	
	Institution	Information continued:						
	Spring 2020 MSCI 5103	Lubbock Medicine Structure & Funct Maj Organ Sy	6.000	НР	.000			
	MSCI 5106 MSCI 5107	P3/DOCS 1 Gen Prin & Infectious Diseases	3.000 8.000	HO PA	.000			
	Current Cumulative	AHRS EHRS 17.000 17.000 35.000 35.000	QHRS 0.000 0.000		QPTS .000 .000			GPA .000 .000
Ė	Fall 2020 I MSCI 6106 MSCI 6108	Subbock Medicine Basic Medical Spanish Integrated Neurosciences	0.000 9.000	PA PA				
	MSCI 6109 MSCI 6110	P3/DOCS 2 Multi-Sys Disorders	2.000 6.000	CR PA	.000			
	Current Cumulative	AHRS EHRS 17.000 17.000 52.000 52.000	QHRS 0.000 0.000		QPTS .000 .000			GPA .000 .000
A 00 00	MSCI 6106	Lubbock Medicine Basic Medical Spanish P3/DOCS 2 Step 1 Enhancement System Disorders	0.000 2.000 3.000 12.00	PA HO PA PA	.000			
	Current Cumulative	AHRS EHRS 17.000 17.000 69.000 69.000	QHRS 0.000 0.000		QPTS -000 -000			GPA .000 .000

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JUN 1 4 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* CONTINUED ON PAGE 2



# **Texas Tech University Health Sciences Center**

Office of the Registrar, Lubbock, Texas 79430

SSN:

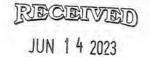
Date of Birth:

Date Issued: 14-JUN-2023 HSC Graduate Professional Ofcl

Page: 2

Record of: Kwame Kusi Opoku Level: Medicine

Institut	tion	Information	n continued:					Institution	Information	n continued:				
Fall 202	21 Lı	ibbock Medi	cine						AHRS	EHRS	QHRS		QPTS	GPA
MINT 710	01	Internal M Clerkshi	edicine Jr.	8.000	PA	.000		Current Cumulative	14.000 131.000	14.000 131.000	0.000		.000	.000
MOBG 710 MPSY 710		OB/GYN JR Psychiatry	Clerkship JR Clerkship	8.000	PA	.000								
Current		AHRS 24.000	EHRS 24.000	QHRS 0.000		QPTS	GPA	Spring 2023 MIDS 8403	Lubbock Med Clinical Re Elective		4.000	PA	.000	
Cumulati	ive	93.000	93.000	0.000		.000	.000	MIDS 8419 MINT 8301			4.000	PA PA	.000	
Spring 2	2022	Lubbock Me	dicine					MINT 8413	Hospice El		2.000	PA	.000	
MFAM 710		Family Med Clerkship		8.000	HP	.000		MRAD 8401	Radiology 1	Elective	4.000	PA	.000	
MPED 710		Pediatric	JR Clerkship	8.000	HP	.000			AHRS	EHRS	QHRS		QPTS	GPA
MSCI 710 MSUR 710		Integration General Su Clerkship	n Seminar-SGR rgery JR	8.000	PA HP	.000		Current Cumulative	18.000 149.000	18.000 149.000	0.000		.000	.000
		We su to to the						******		TRANSCRIPT TO		****	*****	*****
Current Cumulati	ive	AHRS 24.000 117.000	EHRS 24.000 117.000	QHRS 0.000 0.000		QPTS .000	GPA .000	INSTITUTION	Ehrs: GPA-Hrs:	149.000			0.00	
								TRANSFER	Ehrs: GPA-Hrs:	0.000	QPts: GPA:		0.00	
		ibbock Medi		D 2352		000		Constituto	2				0.00	
MANE 840			logy Elective		PA PA	.000		OVERALL	Ehrs: GPA-Hrs:	149.000	GPA:		0.00	
MANE 840 MINT 810		Internal M Ambulatory		2.000	PA	.000		******		END OF TRANS		****		*****
MINT 820	01	MICU/CCU E		2.000	PA	.000								
MINT 840	04	Gastroente Elective	rology	2.000	PA	.000								



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION





### TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Office of the Registrar - 3601 4th Street - Lubbock, TX 79430 - Telephone (806) 743-2300 - Fax (806) 743-3027

Official Transcripts: The officially sealed and signed transcript is printed on secured paper and does not require a raised seal. Transcripts issued directly to students are stamped "Issued to Student."

Confidentiality of Records: This transcript must not be released to a third party without the written authorization of the student (in accordance with the Family Educational Rights and Privacy Act of 1974, Federal Law 93-380).

Accreditation: The Texas Tech University Health Sciences Center is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award Bachelor's, Master's, and Doctor's Degrees. Individual school programs are accredited by appropriate professional organizations. Information about accreditation is listed in each school's catalog.

Course Numbers: TTUHSC utilizes a 4-digit course numbering system. The first digit indicates the general level of the course. The second digit specifies the number of semester credit hours (a 0 indicates variable credit); for all schools but the School of Medicine.

Grade Point Average (GPA): Grade point average is computed by multiplying the credit hours for each course attempted by the grade points earned in the particular course and then dividing the total number of grade points by the total number of credit hours attempted, excluding those hours for which non-computed grades are recorded (see grade point tables). Abbreviations: AHRS=Attempted Hours, EHRS=Earned Hours, QHRS=Quality Hours (included in GPA).

Concurrent Enrollment: Concurrent enrollment means that students may be enrolled in coursework at Texas Tech University Health Sciences Center and Texas Tech University during any one semester.

#### Grading Symbols Used in Common by All Schools:

++	Denotes the inclusion of initial
	academic statistics
	Course not applicable to current program

Description

Symbols

Course not applicable to current program

	A A DO NA TIES OF PURSUANT PARTY	Servery Brand, dry
Grades	Description Incomplete	Grade Points Pe Semester Hour N/A*
W	Withdrawal	N/A*
WF	Withdraw Failing	0.00
NC	No Credit	0.00
CR	Credit	N/A*
DG	Dropped (drop limit)	N/A*
DW	Dropped (no drop limit)	N/A*
DX	Dropped (limit w/except)	N/A*
PR	In Progress	N/A*
X	Grade Not Submitted	N/A*
NR	Grade Not Recorded	N/A+

\*Not included in the calculation of grade point average

School of Health Professions (Formerly School of Allied Health Sciences)

#### Grading & Grade Point System:

Grades	Description	Grade Points Per Semester Hour
Α	Excellent	4.0
В	Good	3.0
C	Average	2.0
D	Poor	1.0
F	Fail	0.0
P	Pass	N/A*

"Not included in the calculation of grade point average.

#### School of Nursing

### Grading & Grade Point System:

Grades	Description	Grade Points Per Semester Hour
A	Excellent	4.0
В	Good	3.0
C	Average	2.0
D	Poor	1.0
F	Fail	0.0
P	Pass	N/A*
RP	Repeat	N/A*

\*Not included in the calculation of grade point average.

#### Graduate School of Biomedical Sciences

### Grading & Grade Point System:

Grades	Description	Grade Points Per Semester Hour
Α	Excellent	4.0
В	Good	3.0
C	Average	2.0
D	Poor	1.0
F	Fail	N/A*
P	Page	N/A*

\*Not included in the calculation of grade point average.

#### School of Medicine

Academic Calendar: The School of Medicine maintains a classical four-year curriculum, with each year ranging in length from 32 to 47 weeks. The first two years are devoted principally to the basic sciences while the last two years offer intense clinical experiences and direct patient care.

Credit Units: The unit of measure for the valuation of courses is the medical credit unit which should not be confused with traditional credit hours. One unit is approximately 100 contact hours.

#### Grading & Grade Point System:

Grades	Description
90-100	Excellent
80-89	Good
70-79	Satisfactory
0-69	Unsatisfactory
F/FA	Fail
H	Honors
HO	Honors
HP	High Pass
LP	Low Pass
MA	Marginal
P	Pass
PA	Pass
S	Satisfactory
U	Unsatisfactory

### School of Pharmacy

#### Grading & Grade Point System:

Description
Excellent
Good
Satisfactory
Unsatisfactory
Fail
Pass
Repeat

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JUN 1 4 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION This Academic Transcript from Texas Tech University Health Sciences Center located in Lubbock, TX is being provided to you by Parchment, Inc. Under provisions of, and subject to, the Family Educational Rights and Privacy Act of 1974, Parchment, Inc. is acting on behalf of TTUHSC in facilitating the delivery of academic transcripts from TTUHSC to other colleges, universities and third parties.

This secure transcript has been delivered electronically by Parchment, Inc. in a Portable Document Format (PDF) file. Please be aware that this layout may be slightly different in look than TTUHSC's printed/mailed copy, however it will contain the identical academic information. Depending on the school and your capabilities, we also can deliver this file as an XML document or an EDI document. Any questions regarding the validity of the information you are receiving should be directed to: Office of the Registrar, Texas Tech University Health Sciences Center, 3601 4th Street, Lubbock, TX 79430, Tel: (806) 743-2300.





# AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address

KWAME KUSI OPOKU

Birth date

Primary Office Address

UNIV OK HLTH SCI CTR
920 STANTON L YOUNG BLVD
OKLAHOMA CITY, OK 73104-5020

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

NPI Number	Enumeration Date	Deactivation Date	Reactivation Date	Replacement Number	Last Reported Date
1134818651	05/01/2023	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: TEXAS TECH UNIVERSITY HEALTH SCIENCE CENTER SCHOOL OF MEDICINE

AMA files checked 05/17/2024 13:13:50

AMA Physician Profile for Kwame Kusi Opoku, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3



Degree Awarded: Enrollment Date: YES 08/2019 Degree Type:

MD

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** 

Program name:

UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER PROGRAM

Specialty:

ANESTHESIOLOGY

Training Type:

**SPECIALTY** 

Dates: Status: 07/01/2023 - 06/30/2027 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 Data<sup>TM</sup>, 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.

# Brechman

# 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.ORG AND SUPERVISION

Full Legal Name:	Kwame		Kusi	Opoku	
. un segui itamei	First		Middle	Last	Maiden (if applicable)
Mailing Address:					
		Street Address	s or Post Office Box		
City	State	Zip Code	Walandara d	Social Security #	l:
Lity	state	zip code	Telephone I	Anwoek	
		DOMA	ADV EUROPAICE	ar civizanci ua	
	(FOR US CITI		ARY EVIDENCE (	DF CITIZENSHIP RMANENT LEGAL RESIDEN	T ALIENS)
	(ron os cirr	LENS, US IVA	TOWALS, ON PER	INVANCENT LEGAL RESIDEN	T ALIENS)
				ien, please attach a photo cument that is attached.	ocopy of one of the following
					after January 13, 1941), Guam, the U.S. na Islands, unless the person was born to
	its residing in the U.S.	1317, America	ir Janica, Jwain 3	island of the Northern Maria	na islantis, unless the person was born to
☐ United States p		d passports, wh	ich are issued for	periods of less than five years	s)
				nent of State to U.S. citizens)	
			ce post) or Certific	cation of Report of Birth (DS1	350) (issued by the Department of State
	from the Department		hy the INS through	gh a Federal or State court in	r through administrative naturalization
					ificate issued when the N-550 has been
	d or the individual's na				
					hip through a parent; the N-561 is a
United Ctates C				ted or the individual's name h	living near the Canadian or Mexican
The second secon				79, last issued in February 19	
Northern Maria	ana Identification Card	(issued by the			J.S. who was born in the Northern
Mariana Islands	before November 3,		alma shas sha india	idual to a H.C. altinou (This is	given to an individual born outside the
				240, FS-545 or DS-1350);	given to an individual born dutside the
American India		ation code "KIC			i. citizen members of the Texas Band of
Alion Laufully	Admitted for Permane				
INS Form I-551	(Alien Registration Re	ceipt Card, com	monly known as a	"green card")	
	Admitted for Permane		255	1.25	
Unexpired Tem	porary I-551 stamp in	foreign passpo	rt or on INS Form	1-94	
I declare under pen	alty of perjury, unde	er the laws of I	the State of Okla		n contained in this application and and correct.
Signature	wolf!		^	de S	Date04/21/2023
Subscribed and swo	orn before me this	21	day of	Dul	_ 20 2 3
	homal	N &	Mart	A STATE OF THE STA	H K STUN

Notary Public De Doral K, Studit

Commission Number 00019909

My commission expires December 5, 2014





# 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

AND SUPERVISION

- 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.
- 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.

Kwame Opoku	Thully!	04/21/2023
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.

# Kenna L. Shaw

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

Sent: Tuesday, April 30, 2024 10:59 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

KWAME KUSI OPOKU has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/30/2024 10:04:59pm for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41680** 

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



# **ATTACHMENT 5**

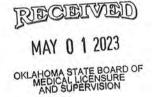
# TIME DEFICIENCY FORM

		 1	
Name:	Kwame Opoku	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	Degr	ee
08	2013	06	2015	James E, Taylor High School	Katy	TX	Hig	gh School
08	2015	05	2019	Texas Tech University	Lubbock	TX	В	achelors
07	2019	05	2023	TTUHSC School of Medicine	Lubbock	ТХ		MD
EMPLO	DYME	NT IF NI	EEDED	TO FILL TIME GAP				u (a
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
							-	me f
							+	
							-	
OTUE	D LIN	ENADLO	VED 6	TAY AT HOME PARENT, SUMM	IED DDEAK TO	AVELINI		
Start Month	Start Year	End Month	End Year	Other Other	IER BREAK, IN	City		State
06	2015	08	2015	Summer Break		Richr	nond	TX
05	2019	07	2019	Summer Break		Richr	mond	TX





05/12/2023

KWAME KUSI OPOKU

RE: MD Application #41680

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP14886625 Password:Last 4 SSN

Dear KWAME OPOKU,

# 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 Tx Tech Univ Hlth Sci Ctr Sch Of Med, Lubbock Tx 79430

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

Extended Background Check

Exam verification date

MedSchool-Transcript Tx Tech Univ Hlth Sci Ctr Sch Of Med, Lubbock Tx 79430

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: <a href="https://secure.okmedicalboard.org/applicant/signin">https://secure.okmedicalboard.org/applicant/signin</a>

Your user name is <u>AP14886625</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

EDICAL DOCTOR			this may not be a complete list)
Exam verification d	ate COLLEGE OF ME		ms may not be a complete list)
	iv Hlth Sci Ctr Sch	Of Med, Lubbock Tx 79430	raduates of this Medical School:343
Application for: R	/	Full License	Reinstatement
1) AUTHORIZE 2) ALL FIVE CI - Passed USI - No DUIs or - No Signification	ED CIRCULARIZAT RITERIA HAVE BEI VILE Legal Issues ant Malpractice Iss		A. C.
3) HAS ISSUE	A TEMPORARY I	LICENSE THROUGH	
4) HAS ISSUE	A SPECIAL PGY	-1 TRAINING LICENSE	(nor 6-28-23
	SPECIFIC CONSI	DERATION OF:	

Type

Number

Name

MD 39698 AKEEM OLAREWAJU OSENI MEDICAL DOCTOR Incomplete Information (due to space limitations on this page, this may not be a complete list) OTHER DEFICIENCIES: NEED QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION PostGrad - Form 2 SSM HEALTH **Last Medical School Attended:** 665-03 St. James School of Medicine, St James, Netherland Antilles (moved in 2015) Number of Licenses Previously Granted to Graduates of this Medical School:9 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 Number Name

MD 39698 AKEEM OLAREWAJU OSENI

MEDICAL DOCTOR

**Practice Address:** 

May 04, 2022

Status:

Res: MD

**Received:** 04/29/2022 **Entered:** 04/29/2022

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 #: 39698

Sex: M

Ethnic Origin: 2

Endorsed By: USMLE

		Date	Date	
Test	Score	Taken	Verified	Attempts
Test 1: USMLE 3	PASS	05/12/23	6/28/23	2
Test 2: USMLE 2	PASS	10/2/20	4/29/22	1
Test 3: USMLE 1	PASS	9/14/18	4/29/22	1

Note: **PASS** means higher than 75

Test AV: Total Possible: Okla Passing:

**Total Score:** 

	PRE-MED EDUCATION						
City:	UNIVERSITY OF OKLAHOMA HEALTH SC OKLAHOMA B.S. NURSING	IENCE CENTER State: OK Country: UNITED STATES From: 8 \( \rho 2005 \) To: 5/2007 Verified:					
City:	UNIVERSITY OF OKLAHOMA NORMAN B.S. BIOCHEMISTRY	State: OK Country: UNITED STATES From: 1/2000 To: 5/2002 Verified:					
City:	OKLAHOMA COMMUNITY COLLEGE OKLAHOMA ASSOCIATE OF SCIENCE	State: OK Country: UNITED STATES From: 8/1997 To: 5/2000 Verified:					
	KADUNA POLYTHECNIC ZARIA	State: Country: NIGERIA From: 8/1994 To: 7/1996 Verified:					

Type Number Name

MD 39698 AKEEM OLAREWAJU OSENI

MEDICAL DOCTOR

**MEDICAL SCHOOL EDUCATION** 

Name: St. James School of Medicine, St James, Netherland Antilles (moved in 2015)

Foreign Name:

City: St James State/Country: Netherlands Antilles

Degree: MD From: 1 / 2019 To: 9 / 2021 Diploma Ver'd: Y

Name: St. James School of Medicine, St James, Netherland Antilles (moved in 2015)

Foreign Name:

City: St James State/Country: Netherlands Antilles

Degree: APPROVED LEAVE O From: 9 / 2014 To: 8 / 2016 Diploma Ver'd: Y

**POST GRADUATE EDUCATION** 

Facility: SSM HEALTH Specialty: FAMILY MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA State: OK Country: UNITED STATES OF AMER

Verified: From: 7 / 2022 To: /

ACGME Ver'd: 05/09/2022

Comments: RCVD EVAL 7/27/23 (LKC)

Type Number Name

MD 39698 AKEEM OLAREWAJU OSENI

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: FAMILY DOCTOR URGENT CARE Supervisor:

City: CHICAGO State: IL Country: UNITED STATES

Specialty: GRADUATE MEDICAL From: 8 / 2021 To: / Verified:

**STUDENT** 

Comments: I TAKE PATIENT HISTORY, PERFORM PHYSICAL EXAMS, PATIENT EDUCATION AND

SUPERVISING MEDICAL STUDENTS.

Employed: SELF EMPLOYED Supervisor:

City: CHICAGO State: IL Country: UNITED STATES

Specialty: DROPSHIPPING ONLINE From: 8 / 2016 To: 12 / 2018 Verified:

**BUSINESS** 

Comments: I PURCHASED CHEAP GOODS ONLINE, LIST THEM ON EBAY AND AMAZON FOR HIGHER

PROFIT TO FINANCE MY SCHOOL

Employed: UNIVERSITY OF OKLAHOMA MEDICAL Supervisor:

CENTER

City: OKLAHOMA CITY
Specialty: REGISTERED NURSE
From: 6 / 2007
To: 8 / 2014
Verified:
Comments: I ASSISTED PATIENTS WITH THEIR CARE, MONITORING VITAL SIGNS, AND RECOVERY

PROGRESS.

Employed: BOB HOWARD AUTO GROUP Supervisor:

City: OKLAHOMA CITY

State: OK

Country: UNITED STATES

Specialty: SALES CONSULTANT

From: 9 / 2001

To: 1 / 2008

Verified:

Comments: I SOLD BOTH NEW AND USED CARS.

Employed: MCDONALD COPORATION Supervisor:

City: OKLAHOMA CITY

State: OK

Country: UNITED STATES

Specialty: COOK

From: 9 / 1996

To: 8 / 1997

Verified:

Comments: I WORKED IN THE GRILL SECTION, MAKING HAMBURGER MEAT

**Other Licenses** 

 State
 Lic Type and Number
 Status
 Issued
 Exp
 Verif

 OK
 RN RN R0089729
 I
 7/16/07
 9/30/18
 5/9/22

 IL
 RN 041447121
 A
 10/13/16
 8/31/22
 5/9/22

**DEFICIENCIES** 

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

PostGrad - Form 2 SSM HEALTH

# Oklahoma State Board of Medical Licensure and Supervision PAGE 347 of 512

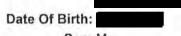
# APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/29/2022

# Foreign Graduate

Applicant Name: OSENI, AKEEM OLAREWAJU

MD 39698



Place Of Birth (City, State): ILORIN, NIGERIA

Sex: M Race: Black

	ation Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF OKLAHOMA HEALTH SCIENCE CENTER	OKLAHOMA	ОК	8/2005	5/2007	B.S. NURSING		
UG	UNIVERSITY OF OKLAHOMA	NORMAN	ОК	1/2000	5/2002	B.S. BIOCHEMISTRY		
UG	OKLAHOMA COMMUNITY COLLEGE	OKLAHOMA	OK	8/1997	5/2000	ASSOCIATE OF SCIENCE		

Medical School Name	City	State Country	Comments	From	To
St. James School of Medicine (Anguilla or St. Vincent Campus) frmly 665-03	Arnos Vale	St. Vincent and		9/2014	8/2016
St. James School of Medicine (Anguilla or St. Vincent Campus) frmly 665-03	Arnos Vale	St. Vincent an		1/2019	9/2021

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	To
ST. ANTHONY HOSPITAL	OKLAHOMA	OK UNITED S	M.D.		1	1

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
FAMILY DOCTOR URGENT CARE	FAMILY MEDICINE		CHICAGO	IL	8/2021	0/0	
SELF EMPLOYED	DROPSHIPPING ONLINE BUSINESS		CHICAGO	IL.	8/2016	12/2018	
UNIVERSITY OF OKLAHOMA MEDICAL CENTER	REGISTERED NURSE		OKLAHOMA CITY	OK	6/2007	8/2014	
BOB HOWARD AUTO GROUP	SALES CONSULTANT		OKLAHOMA CITY	ОК	9/2001	1/2008	
MCDONALD COPORATION	COOK		OKLAHOMA CITY	OK	9/1996	8/1997	

Other/	Out-Of-State Lic	enses				
State	License #	Profession	Status	Issue Date	Exp Date	
OK	RN R0089729	RN	U	7/16/07	9/30/18	
IL	041447121		U	10/13/16	5/31/22	



# Oklahoma State Board of Medical Licensure and Supervision PAGE 348 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/29/2022

# Foreign Graduate

MD Exam				
Exam	State	Score	Date Taken	#_
USMLE				

# Oklahoma State Board of Medical Licensure and Supervision PAGE 349 of 512

# APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/29/2022

# Foreign Graduate

Que	stions Answered 04/28/2022	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
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
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
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
٧l.	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 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 Supervision PAGE 350 of 512

# APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/29/2022

# Foreign Graduate

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: St. Anthony Hospital
If so, Please identify with which category: Primary Care Or Specialty Care Clinic
Name of Previous Carrier and Policy Holder  NONE. St. Anthony Hospital will provide my professional liability insurance by July 1, 2022.
Name of Current Carrier and policy Holder  NONE. St. Anthony Hospital will provide my professional liability insurance by July 1, 2022.
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 JULY 1, 2022

I attest that all the above information is accurate as of April 28, 2022: (Signed Online)



identifying document.

Notary Public Signature OON NO

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.

disciplinary sanction of my license or permit to practice.	Jen Court (AT. D)
.40.4	WWW 02 : !
Alle	OKLA KANA
Applicant's signature (must be signed in the presence of	a notary)
DISENI, AKEEM Q	<b>&gt;</b>
Applicants printed last name, first name, middle initial, a	
4-26-2022	
Date of signature (must correspond to the date of notari	ization)
Notary Public - State of Illinois  My Commission Expires August 16, 2025	e bottom of the photo to the left]
NOTARY	
State of Illinois, County of COOK	
I certify that on the date set forth below, the individual named above did appear personally by (a) comparing his/her physical appearance with the photograph on the identifying documents.	

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 sworn to before me by the applicant on this 26 day of Ar

My Notary Commission Expires AUGUST 14, 2025



# 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: 06/28/2023

Examinee ID: 1-036-771-2

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Examinee:

03/23/2023

Fail

Oseni, Akeem Olarewaju

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.

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 I examinations taken before January 26, 2022 will continue to be reported with a 3-digit score.

187

USMLE ST	EP 1			
Test Date 09/14/2018	Pass/Fail Pass	Score 226	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/02/2020	Pass	226	(209)	
USMLE ST	TEP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/12/2023	Pass	199	(198)	

Effective April 1, 2013, two-digit scores will no longer be reported. Test results reported as passing represent an exam score of 75 or

### **End of Exam History**

(198)

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: Oseni, Akeem Olarewaju Examinee ID: 1-036-771-2
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.

Page 2 of 2 Rev 2018

Form 1 (MD)

# Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street

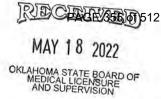
Oklahoma City, OK 73105

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

Institution: Saint James School of Medicine  Our records indicate that the above named applicant attended our medical school on the following dates:  From 09 / 03 / 2014  Month Day Year  To 09 / 22 / 2021 and was awarded the degree Doctor of Medicine (M.D.)  Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.  Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during exergials.  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.  Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons or reasons 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 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 individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below.  Please explain any "YES" response from above:  Approved Leave of Absence- Financial  Provided because of Absence- Financial  Title of Signatory:  Associate Registrar Services  Date of Signature  O4/27/2022  If no seal is available, this form must be notarized  Notary Public  Commission #  My commission expires:  My commission expires:	Applicant's Name Akeem Olare	waju Oseni				
From	Institution: Saint James Scho	ool of Medicine	City/State	Park Ridge IL		
1. Does this Individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.  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.  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.  4. 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.  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.  Does this individual's official record reflect that here were any limitations or special requirements imposed on the individual's official record reflect that there were any limitations or special requirements imposed on the individual's official record reflect that there were any limitations or special requirements imposed on the individual's official record reflect that there were any limitations or special requirements imposed on the individual's official record reflect that there were any limitations or special requirements imposed on the explain below.  Please explain any "YES" response from above:  Approved Leave of Absence-Financial  Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.  Name:  Name: Naim Lokhandwala  Signature  Approved Leave of Absence-Financial  Fax: 847-298-2375  E-Mail: records@mail.sjsm.org  If no seal is available, this form must be notarized  Notary Public  Commission ### My commission expires:	Our records indicate that the above named	applicant attended our med	dical school on the follow	wing dates:		
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.  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.  4. 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.  5. Does this individual's official record reflect that the/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below.  6. 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.  7. Please explain any "YES" response from above:  8. Approved Leave of Absence-Financial  9. Approved Leave of Absence-Financial  9. Approved Leave of Absence-Financial  9. Approved Leav		09 / 22 / 2021 Month Day Year	and was awarded the de	<sub>egree</sub> Doctor of Medicine	(M.D)	=
2. his/her medical education? If yes, please explain.  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.  4. 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.  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  Please explain any "YES" response from above:  Approved Leave of Absence- Financial  Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.  Name: Naim Lokhandwala  Signature  **Naim** Lokhandwala**  Signature  **Naim** Lokhandwala**  Title of Signatory: Associate Registrar Services  Date of Signature  **O4/27/2022*  If no seal is available, this form must be notarized  Notary Public  Commission #*  My commission expires:  **My commission expires:**		lect (an) interruption(s) or	extension(s) in his/her n	nedical education? If yes, please	YES	□ 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.  4. 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.  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.  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 PYES NO	Does this individual's official record re		laced on academic or di	sciplinary probation during	☐ 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  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  Please explain any "YES" response from above:  Approved Leave of Absence-Financial  Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.  Name: Naim Lokhandwala  Signature  **Naim** Lokhandwala  Signature  **Naim** Lokhandwala  Title of Signatory:  **Associate Registrar Services**  Date of Signature  **O4/27/2022  Tel: **847-375-0543**  Fax: **847-298-2375**  E-Mail: **records@mail.sjsm.org**  If no seal is available, this form must be notarized  Notary Public  Commission #*  My commission expires:  **My commission expires:**	Does this individual's official record re	lect that he/she was ever t		eports for behavioral reasons or	☐ 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  Please explain any "YES" response from above:  Approved Leave of Absence-Financial  Approved Leave of Absence-Financial  Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.  Name: Naim Lokhandwala  Signature ***Lokhandwala**  Signature **O4/27/2022*  Title of Signatory: Associate Registrar Services **Date of Signature **04/27/2022*  Tel: **847-375-0543**  Fax: **847-298-2375**  E-Mail: **records@mail.sjsm.org**  If no seal is available, this form must be notarized **Notary Public **Commission #**  My commission expires: **  My commission expires: **  My commission expires: **  My commission expires: **  Notary Public **  Commission #*  My commission expires: **  My commission expires: **  My commission expires: **  Date of Signature **  My commission expires: **  My commission expires: **  My commission expires: **  My commission expires: **  Date of Signature **  My commission expires: **  My commissio	Does this individual's official record re	lect that he/she was ever d	isciplined for unprofess	ional conduct/behavioral	☐ YES	₩ NO
Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct.  Name: Naim Lokhandwala  Signature Nokhandwala  Title of Signatory: Associate Registrar Services  Date of Signature 04/27/2022  Tel: 847-375-0543  Fax: 847-298-2375  E-Mail: records@mail.sjsm.org  If no seal is available, this form must be notarized  Notary Public  Commission #  My commission expires:	Does this individual's official record residual because of questions of acades.	lect that there were any lin	nitations or special requ		☐ YES	<b>△</b> NO
Name: Naim Lokhandwala  Signature NLokhandwala  Title of Signatory: Associate Registrar Services  Date of Signature 04/27/2022  Tel: 847-375-0543  Fax: 847-298-2375  E-Mail: records@mail.sjsm.org  If no seal is available, this form must be notarized  Notary Public  Commission #  My commission expires:			PF SC	OURCE OK.		
Tel: 847-375-0543  Fax: 847-298-2375  E-Mail: records@mail.sjsm.org  If no seal is available, this form must be notarized  Notary Public  Commission #  My commission expires:	Name: Naim Lokhandwala		Signature <u>N</u> L	okhandwala	is true and	correct.
If no seal is available, this form must be notarized  Notary Public  Commission #  My commission expires:	047.075.0540	5 F. F. T. S. C		De and a restaur		
W. W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SCHOOL OF WEDICINE	If no seal is available, this  Notary Public  Commission #	form must be notarize	d		







Registrar Services 1480 Renaissance Dr, Ste 300 Park Ridge, IL. 60068

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(MD 39698

# Saint James School of Medicine

Graduated - MD Conferred Date: Sep 22, 2021

Student: Oseni, Akeem Olarewaju

OFFICIAL TRANSCRIPT OF GRADES

Student Id: 117155 Printed on April 26, 2022

Key

A - 90-100%

Date of Birth:

B - 80 - 89%

C-70-79%

F-<70%

TC - Transfer Credit

W - Withdrawn

I - Incomplete

IP - In Progress

\*Credit = Weeks (Rotations Only)

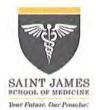
Cum GPA Weighted 2.94

Basic Sciences - Fall - 2014/2015				
Course	Hospital Name	Start Date	Grade	Credits'
CCBS I (Clinical Correlation of Basic Science)		09/03/2014	С	1.00
Embryology		09/03/2014	С	6.00
Gross Anatomy		09/03/2014	С	14,00
Histology		09/03/2014	С	11.00
Medical and Legal Ethics	B lac of the second	09/03/2014	С	4.00
Basic Sciences - Spring - 2014/2015				
Course	Hospital Name	Start Date	Grade	Credits*
Biochemistry		01/11/2015	В	10.00
CCBS II (Clinical Correlation of Basic Science)		01/11/2015	В	1.00
Genetics		01/11/2015	Α	4.00
Neurosciences		01/11/2015	В	6.00
Physiology		01/11/2015	В	10.00
RHM I (Research in Health and Medicine)		01/11/2015	Cr	1.00
Basic Sciences - Summer - 2014/2015				
Course	Hospital Name	Start Date	Grade	Credits'
CCBS III (Clinical Correlation of Basic Science)		05/07/2015	В	1.00
Medical Psychology		05/07/2015	В	4.00
Microbiology		05/07/2015	В	10.00
Pathology I		05/07/2015	С	11.00
Pharmacology		05/07/2015	В	10.00
RHM II (Research in Health and Medicine)		05/07/2015	Cr	1.00
Basic Sciences - Fall - 2015/2016				
Course	Hospital Name	Start Date	Grade	Credits'
CCBS IV (Clinical Correlation of Basic Science)		09/04/2015	С	1.00
Epidemiology		09/04/2015	С	4.00
Pathology II		09/04/2015	C	11.00
Physical Diagnosis		09/04/2015	С	10.00
RHM III (Research in Health and Medicine)		09/04/2015	В	1.00

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Provost



# Saint James School of Med

Graduated - MD Conferred Date: Sep 22, 2021

Student Id: 117155

Student: Oseni, Akeem Olarewaju Date of Birth:

OFFICIAL TRANSCRIPT OF GRADES

Printed on April 26, 2022

Key

A - 90-100%

B - 80 - 89%

C - 70 - 79%

F-<70%

TC - Transfer Credit

W - Withdrawn

I - Incomplete

IP - In Progress

\*Credit = Weeks (Rotations Only)

Basic Sciences - 2015/2016				
Course	Hospital Name	Start Date	Grade	Credits'
Adv Pre Clin Rev	Jackson Park Hospital	03/07/2016	В	8.00
Adv Intro Clin Med	Jackson Park Hospital	05/02/2016	В	8.00
Clinical Core Rotations - 20	018/2019			-
Course	Hospital Name	Start Date	Grade	Credits'
Psychiatry	Jackson Park Hospital	01/07/2019	В	6.00
Internal Medicine	Mercy Hospital	03/25/2019	В	12.00
Family Medicine	Jackson Park Hospital	06/24/2019	Α	6.00
OB-GYN	Jackson Park Hospital	08/05/2019	Α	6.00
Clinical Core Rotations - 20	019/2020			
Course	Hospital Name	Start Date	Grade	Credits'
Pediatrics	Jackson Park Hospital	09/16/2019	Α	6,00
Surgery	Weiss Memorial Hospital	10/28/2019	A	12.00
Radiology	Weiss Memorial Hospital	06/15/2020	Α	4.00
Internal Medicine	Weiss Memorial Hospital	07/27/2020	Α	4.00
<b>Clinical Elective Rotations</b>	- 2020/2021			
Course	Hospital Name	Start Date	Grade	Credits
Urgent Care	West Suburban	11/23/2020	Α	4.00
Neurology	West Suburban Medical Center	12/21/2020	Α	4.00
Infectious Disease	West Suburban Medical Center	01/18/2021	Α	4.00
Internal Medicine	West Suburban Medical Center	02/15/2021	Α	4.00
Family Medicine	External site (Urgent Care)	03/15/2021	Α	4.00
Pedlatrics	West Suburban Medical Center	04/26/2021	Α	4.00

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Legend:

# Academic Calendar

The School Calendar is based on a three-semester system: Spring, Summer and Fall. A Standard semester contains approximately 16 weeks of instruction, including final examinations.

# **Grading system and Credits**

The following letter grades and symbols are included in our transcripts:

Grade	Definition	GPA Value
Α	90 – 100 %	4.00
В	80 – 89 %	3.00
С	70 – 79 %	2.00
F	Below 70	1.00
TC*	Transfer Credit	-
W*	Withdrawn	-
<b> </b> *	Incomplete	-
IP*	In Progress	-
Cr*	Earned credit for pass/fail course	-

\*Grades not Included in GPA

The credit hour calculation is primarily based on the length of time students spend attending classroom lectures, and the school reserves the right to determine the exact credit hour value of each component. For Clinicals, all credit obtained by students of this school is reported in terms of weeks.

# Release of Information

This Transcript has been transmitted at the request of the named student. Further transmission of this record is not authorized.

My Profile My Admissions

Student Portal Login Student Dashboard Clinical Schedule GRADE KEY

I = Incomplete (missing logs and/or cases)

IP = In Progress (evaluation and/or exam pending)

OKLA ON THE PART OF

**Emergency Contacts** 

Request Forms

My Finances

Statement

Clinical Schedule

**Policies** 

Need Assistance?

Contracts

9	Student Id	Student First Name	Student Last Name	External Course	Course Name	Hospital Name	Course Start Date	Course End Date	Weeks	Teacher First Name	Teacher Last Nan
.:	117155	Akeem	Oseni	0	Pediatrics	West Suburban Medical Center	4/26/2021 12:00:00 AM	5/21/2021 12:00:00 AM	4	Dr. Mohamed	Jabri
	117155	Akeem	Osení	0	Family Medicine	External site (Urgent Care)	3/15/2021 12:00:00 AM	4/9/2021 12:00:00 AM	4	Dr. Adebayo	Badamos
	117155	Akeem	Oseni	0	Internal Medicine	West Suburban Medical Center	2/15/2021 12:00:00 AM	3/12/2021 12:00:00 AM	4	Dr. Krishdeep	Khosla
*	117155	Akeem	Oseni	0	Infectious Disease	West Suburban Medical Center	1/18/2021 12:00:00 AM	2/12/2021 12:00:00 AM	4	Dr. Tasheen	Siddiqui
	117155	Akeem	Oseni	0	Neurology	West Suburban Medical Center	12/21/2020 12:00:00 AM	1/15/2021 12:00:00 AM	4	Dr. Jason	Parikh
	117155	Akeem	Oseni	0	Urgent Care	West Suburban	11/23/2020 12:00:00 AM	12/18/2020 12:00:00 AM	4	Dr. Iftikhar	Khan
	117155	Akeem	Oseni	0	Internal Medicine	Weiss Memorial Hospital	7/27/2020 12:00:00 AM	8/21/2020 12:00:00 AM	4	Dr. Eric	Mizuno
	117155	Akeem	Oseni	0	Radiology	Weiss Memorial Hospital	6/15/2020 12:00:00 AM	7/10/2020 12:00:00 AM	4	Dr. Avnit	Kapur
	117155	Akeem	Oseni	0	Surgery	Weiss Memorial Hospital	10/28/2019 12:00:00 AM	1/17/2020 12:00:00 AM	12	Dr. Philip	Zaret
1	117155	Akeem	Oseni	0	Pediatrics	Jackson Park Hospital	9/16/2019 12:00:00 AM	10/25/2019 12:00:00 AM	6	Dr. Shirley	Montgom

Records retrieved:

show 10



139498

My Profile My Admissions

Student Portal Login Student Dashboard Clinical Schedule GRADE KEY

I = Incomplete (missing logs and/or cases)

IP = In Progress (evaluation and/or exam pending)

/	117155	Name	Name	-			Date			First Name	Name
/	117155					Jackson	8/5/2019	9/13/2019			
	117155	Akeem	Oseni	0	OB-GYN	Park Hospital	12:00:00 AM	12:00:00 AM	6	Dr. Angela	Walker
/65	117155	Akeem	Oseni	0	Family Medicine	Jackson Park Hospital	12:00:00	8/2/2019 12:00:00 AM	6	Dr. Okechukwu	Okolo
	117155	Akeem	Oseni	0	Internal Medicine	Mercy Hospital	3/25/2019 12:00:00 AM	6/14/2019 12:00:00 AM	12	Dr. Rizwana	Syed
<b>√</b>	117155	Akeem	Oseni	0	Psychiatry	Park	12:00:00	2/15/2019 12:00:00 AM	6	Dr. Thodur	Ranganatha
	12										
	,	117155	√ 117155 Akeem	117155 Akeem Oseni 117155 Akeem Oseni 2	117155 Akeem Oseni 0  117155 Akeem Oseni 0	117155 Akeem Oseni 0 Medicine  117155 Akeem Oseni 0 Internal Medicine  117155 Akeem Oseni 0 Psychiatry	117155 Akeem Oseni 0 Family Medicine Park Hospital  117155 Akeem Oseni 0 Internal Mercy Hospital  117155 Akeem Oseni 0 Psychiatry Park Hospital	117155 Akeem Oseni 0 Family Medicine Park Hospital AM  117155 Akeem Oseni 0 Internal Mercy Hospital 12:00:00 AM  117155 Akeem Oseni 0 Psychiatry Park Hospital 12:00:00 AM  117155 Akeem Oseni 0 Psychiatry Park Hospital 17/2019 12:00:00 AM	117155 Akeem Oseni 0   Family Medicine   Park Hospital   12:00:00   AM   12:00:00   AM   AM    117155   Akeem Oseni 0   Internal Mercy Hospital   12:00:00   12:00:00   AM   12:00:00   AM    117155   Akeem Oseni 0   Psychiatry   Jackson   17/2019   12:00:00   AM   12:00:00   AM    117155   Akeem Oseni 0   Psychiatry   Park Hospital   12:00:00   AM   AM    12	117155 Akeem Oseni	117155 Akeem Oseni 0 Hamily Medicine Park Hospital AM 12:00:00 AM 12:00:00 G Okechukwu  117155 Akeem Oseni 0 Internal Mercy Hospital AM 2:00:00 AM 12:00:00 Dr. Rizwana  117155 Akeem Oseni 0 Psychiatry Park Hospital AM







### Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 0 2 2072

### VERIFICATION OF CLINICAL CLERKSHIP

OKLAHOMA STATE BOARD OF OKLAHOMA STATE BOARD OKL from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

This is to certify that AKEEM OSENI	
Student's Name	U.S. Social Security Number
a student of	St. James School of Medicine
A CONTRACTOR OF THE CONTRACTOR	
Completed a clerkship offered by Farm L	Name of Facility
1918 W. Irving pounc	Rd Chicago 12 GD613  Address of Facility
From $03 - 15 - 2021$ Month Day Year	through <u>V4 - 09 - 2021</u> in the clinical area Month Day Year
OF Family Medicine Clinical Area	
This facility has programs that are accredited by	ACGME in the areas of Family Medicine.
1. Adebayo Bademosi	, swear or affirm that I am/was the individual facility program director or lerkship indicated and that I have carefully read and completed this form and that  Adebayo Bademasi
Total Control	Type or Print Name of Facility Program Director or Instructor
Institution Seal	1918 W. Irving Park Rd
FAMILY DOCTOR MEDICAL CENTER	Chicapo 12 60613
1918 W. IRVING PARK RD	Chicago 12 60613 City State Zip Code
CHICAGO, IL 60613 Ph:(773) 360-1438 Fax: (773) 698-8562	773-360-1438 Telephone Number  Signature
	ility Program Director or Instructor's signature must be notarized.
Signed and sworn before me this day of _	(Month) (Year).
	Notary Public Signature
Notary Seal	My Commission Expires:



### Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

	to certify that	Student's N	ame		U.S.	Social Sec	urity Numbe	r
		a st	udent of Sa	int James Scho	ool of med	icine		
Da	ate of Birth		adon or	Medical S	School			
Comple	eted a clerkshir	offered by Mei	cy Hospita	al & Medical Ce	nter			
Jompie	cicu a ciciksiiij	officied by	-	Name of I	Facility			
2525	South Mich	igan Avenue	Chicago,	IL 60616				
	22.50.00.00.00.00	0		Address	of Facility			
From	03	25	2019	through	06	14	2019	in the clinical area
TOIL	Month	Day	Year		Month	Day	Year	in the content at ear
Of	Internal M	ledicine						
Ji	Clinical Area							
his fa	acility has pro	grams that are a	ccredited by	ACGME in the are	eas of Inter	nal Medi	cine	
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October 6, 2021

Federation Credentials Verification Services400 Fuller Wiser Road, Suite 300 Euless TX 76039

To whom this may concern:

Due to the closure of Mercy Hospital and Medical Center on June 30, 2021 a Program Director is not available for MHMC Internal Medicine, Obstetrics and Gynecology and Podiatric Medicine residency programs. The people below are authorized to complete and sign verifications in lieu of a Program Director for the Mercy programs:

Kathleen Vandlik, Institutional Coordinator
Ann Baker, Institutional Coordinator
Jory Eaton, Operations Manager
Anne Hartford, Administrative Director/DIO

Anne Hartford, Administrative Director and Designated Institutional Official is responsible for completion, review and certification of all GME verifications and is the highest administrative office in the GME office at Loyola Medicine. The above signors are not M.D./D.O.s and there is not one available.

Anne Hartford, MBA

Administrative Director & Designated Institutional Official

Loyola Medicine 2160 S. First Ave.

Maywood, IL 60153

PRIMARY

OKLAND SUPLINVIOUS

FORM #4 (MD)

# Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

MAY 13 2022 SOURCE

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

### One form must be completed and mailed directly to the Board for each clerkship.

Student's N		U.S. Socia	of Medicin	16
Date of Birth	N	Medical School		
Completed a clerkship offered by	N	lame of Facility		0.
7531 S. STO	NY ISMAND	AVE, Chicago	0,11,60621	1
From 66 24 Day	2019 ti		2 2019 int	he clinical are
of Family Neduci	ine	-		
This facility has programs that are a	accredited by ACGME in	the areas of FAM	NY MEDICINI	E
RIVERNIA MAZA	ch Min swear	or affirm that I am/was	the individual facility pr	ogram directo
instructor for the student named above the statements made herein are accurate Institution	e during the clerkship ind te.		fully read and completed	ogram directe this form and
instructor for the student named above the statements made herein are accurate	e during the clerkship ind te.  Type or Prin	icated and that I have care	eco MD	this form and
instructor for the student named above the statements made herein are accurate Institution	e during the clerkship indite.  R Type or Prin Address	KSONG Nazna Name of Facility Program Direct	ECT, MD tor or Instructor  DSLAND AVE	this form and
nstructor for the student named above he statements made herein are accurate Institution	e during the clerkship indite.  R Type or Prin Address Ch	IKSONA Nazna Nazna Nazna Name of Facility Program Direct SISSTUNY ICHGO IS	ECT, MD tor or Instructor  DSLAND AVE	this form and
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Instructor for the student named above the statements made herein are accurate  Institution Seal  In the absence of an official institution	e during the clerkship indite.  R Type or Prin T6 Address Ch City T13 Telephone N	IKSONA NOZNANAMENTALINAME OF Facility Program Director or Instructor's si	tor or Instructor  DSLAND AVE  Late  Signature	this form and
instructor for the student named above the statements made herein are accurate Institution	e during the clerkship indite.  R Type or Prin T6 Address Ch City T13 Telephone N	IKSONG NOZNONIA NAME OF FACILITY PROGRAM DIRECTOR SOLUTION OF SOLU	tor or Instructor  TSLAND AVE  tate  Signature  gnature must be notarized	this form and

739698



MAY 13 2022

### End of Clinical Rotation Evaluation Form

Rotation:FAN	IILY MEDICINE	Student Name:	_AKEEM OSENI
Start Date:06/24/19	9 End Date:	08/2/19	No. of Weeks6
Preceptor:O. OKOLO, M.D	Hospital/ Site	:JACKSON I	PARK HOSPITAL
Address/ City/State/Zip: _753	1 S. STONY ISLAND AVE.	, CHICAGO IL. 606	49
Contact Phone:773-947-75	500Em	ail:	
		valuation Score	
	lent's achievement of e = Advanced, 8 = Proficien		below on a scale of 0-10: liation, 0-6 = Poor/Failing
Detailed information	n about SJSM intended le https://www.sjsm.		
	tegration of clinical know		
	Learning and Improvement		
Systems Based  i O Professionalism	Practice (Organization and	d system-based app	roach to medicine)
	nd Communication Skills		
	COMPETENCIES AWARDED (A = 54-60, B =	48-53, C = 42-47, F	= 0-41)
FOR CORE ROTATIONS ONLY	- Logbook Entries: Chec	ck the box as verif	ication
that all logbook entries for th			1371
I certify, that I have not been	n involved in providing	health care to the	student.
Comments for Dean's Letter:	Please note <b>all</b> comme residency applications		n student's performance review for bly.
Hand	morkup c	ud vel	stap, will be
fand a good	soctor.		
Preceptor's Signature:	B		Date: 8/2/19
Please return this form by mail to:	Saint James School of Medici 1480 Renaissance Dr. Suite 3		-2375
KECEIVED	Park Ridge, IL 60068.		THANK YOU!

### Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

	Student's Name _ a student of	Sam James School	oh of Medicine
Date of Birth		Medical School	
Completed a clerkship of	offered by Jackso	N Pack HOSPITT	+L
		Name of Facility	
7531	S. STONY IS	WAND AVE, Chick	+90, II, 606219
		Address of Facility	
From 68 Month	05 2019 Day Year	through OC	Day Year in the clinical
of Obstetric	s [Cynecology	·	
	ams that are accredited by	VACGME in the areas of FA	HMIN MEDICINE
ins memej mas progre	ans that are accreance by	Special	
Institution		Ruksana Naza Type or Print Name of Facility Program I	
Institution Seal		Type or Print Name of Facility Program 1	
		Type or Print Name of Facility Program 1	Y ISLAND AVE
		Type or Print Name of Facility Program 1	Director or Instructor
		Type or Print Name of Facility Program I  T531 S. STUN  Address  Chicago	DIRECTOR OF Instructor  Y ISLAND AVE  DL 60649
		Type or Print Name of Facility Program I	DIRECTOR OF Instructor  Y ISLAND AVE  DL 60649
Seal	icial institution seal, the Fac	Type or Print Name of Facility Program I  7531 S. STUN  Address  Chicheso  City  773-947-7500	Director or Instructor  Y ISLAND AUE  DL 60649  State Zip Code
Seal In the absence of an off		Type or Print Name of Facility Program I  7531 S. STUN  Address  Chicago  City  773-947-7500  Telephone Number  cility Program Director or Instructor	Director or Instructor  Y ISLAND AUE  DL 60649  State Zip Code
Seal  In the absence of an off Signed and sworn befor		Type or Print Name of Facility Program I  7531 S. STUN  Address  Chicago  City  773-947-7500  Telephone Number  cility Program Director or Instructor	Director or Instructor  Y ISLAND AVE  De Colour Signature  Signature must be notarized.
Seal		Type or Print Name of Facility Program I  7531 S. STUN  Address  Chicheso  City  713-947-7500  Telephone Number  cility Program Director or Instructor  (Month)	Director or Instructor  Y ISLAND AVE  De Colour Signature  Signature must be notarized.



### End of Clinical Rotation Evaluation Form

Rotation:	OB/GYN	Student	Name:A	KEEM OSENI	
Start Date:08/05/	/19 End	Date:09/13/19	\	No. of Weeks6	
receptor:A. WALKER,	M M.D	_Hospital/ Site:	_JACKSON	PARK HOSPITAL	
ddress/ City/State/Zip: _7	531 S. STONY ISL	AND AVE., CHICAG	O IL. 60649		
Contact Phone:773-947	-7500	Email:			
	St	udent Evaluation	n Scores		
				ow on a scale of 0-10: ion, 0-6 = Poor/Failing	
				nilable on the website:	
2 Canca morning		www.sjsm.org/resour			
		nical knowledge and		ent care)	
1-3-		on of basic science in		nd self-improvement)	
Systems Bas	ed Practice (Organ	nization and system-b			
Professional		tion Chille			
interpersona	al and Communica	tion Skills			
	SIX COMPETENCII DE AWARDED (A =	E <b>S</b> 54-60, B = 48-53, C =	42-47, F = 0	-41)	
OR CORE ROTATIONS ON	LY - Logbook Ent	ries: Check the box	as verifica	tion re	1
hat all logbook entries for	this rotation ha	ve been reviewed a	nd verified		1
certify, that I have not b	een involved in p	providing health car	re to the st	udent.	1
Comments for Dean's Lette		<b>all</b> comments will b oplications. Please w		rudent's performance review	w fo
	6	rect	0	) b	
Preceptor's Signature:	N	Dad	U	Date: 9/1///	
Please return this form by mail to	: Saint James Sch 1480 Ronaissand Park Ridge, IL 60	ce Dr. Suite 300, Fa	none: 847-375- ix: 847-298-23		
		MAY 13 202		275.11	

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

# Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

47.04	
	SEND;
Student's Name	U.S. Social Security Number
Date of Birth	of Sam James School of Medicine Medical School
Completed a clerkship offered by Jac	KSON Pack ADSPITAL
	Name of Facility
7531 S. STONY	ISLAND AVE, Chicago, II. 60649
A	Address of Facility
	019 through 10 25 2019 in the clinical area
Month Day	Year Month Day Year
Of YEDLATRICS Clinical Area	<del></del> ;
	Ø 0 1
This facility has programs that are accred	lited by ACGME in the areas of FAMIN MEDICINE
1. Kursana Naznech	, M.D., swear or affirm that I am/was the individual facility program director
the statements made herein are accurate.	ng the clerkship indicated and that I have carefully read and completed this form and the
Provide	Kuksana Nazneen, MD
Institution Seal	Type or Print Name of Facility Program Director or Instructor
	7631 S. STUNY ISLAND AVE
	Chycheso II 60649 State Zip Code
	773-947-7500
	Telephone Number Signature
In the absence of an official institution seal,	the Facility Program Director or Instructor's signature must be notarized.
Signed and sworn before me this	day of(Month) (Year).
	37734
400	Notary Public Signature
Notary Seal RECEIVE	My Commission Expires:
MAY 13 2022	
	1200
OKLAHOMA STATE BOAR MEDICAL LICENSURE AND SUPERVISION	BULKUL



### End of Clinical Rotation Evaluation Form

Rota	ation:PEDIATE	RICS Stude	ent Name:	_AKEEM OSENI	
Start Date: _	_09/16/19	End Date:10/	/25/19	No. of Weeks6	
address/ City/State	/Zip: _7531 S. ST	ONY ISLAND AVE., C	HICAGO IL. 60	CKSON PARK HOSPITAL	
10 = Ou	tstanding, 9 = Adva I information abou	anced, 8 = Proficient, 7 it SJSM intended learn	h competency 7 = Needs Reme ing outcomes is	below on a scale of 0-10: diation, 0-6 = Poor/Failing available on the website:	
10 Med 10 Prad 9 Syst 10 Pro	ent Care (Integrati dical Knowledge (In ctice-Based Learnin dems Based Practic fessionalism	https://www.sjsm.org/ on of clinical knowledg ntegration of basic scie ng and Improvement ( se (Organization and sy mmunication Skills	ge and skills in p ence in medicine (Life-long learni	patient care) e) ng and self-improvement)	
	AL FOR SIX COME AL GRADE AWARD	PETENCIES DED (A = 54-60, B = 48-	-53, C = 42-47, F	= 0-41)	
		ook Entries: Check t			1_
		ation have been revieuved in providing hea			1
Comments for Dea	resia	lency applications, Pi	lease write lea	n student's performance revie ibly.	0.20
Intera	to on a	professiones	issity Sp.	Date: 10/28/2019	D
Preceptor's Signa Please return this form	by mail to: Saint 1480 Perky	James School of Medicine Renaissance Dr Suite 300, Ridge II 60068.	Phone: 847- Fax; 847-298	375-0543	

### Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

This is to certify that	t AKEEM OSEN	<u> </u>	U.S. Social Sec	purity Number	
man & or on non-	170	sam James	School o	A	ine
Date of Birth	2	Medical Sc			
Completed a clerksh	nip offered by Jackson	u Park A Name of Fa	OSPITAL acility		
753	1 S. STONY Is	NAND AVE, Address of	Chicago,	II. 606	ag
From 01 Month	07 2019 Day Year	through	Month Day	2019 i	n the clinical area
Of PSN Clinical A	CHIATRY				
This facility has pr	rograms that are accredited by	ACGME in the area	s of FAMIN	MEDICI	NE
instructor for the st	udent named above during the ce herein are accurate.	, swear or affirm lerkship indicated and	that I am/was the indicate that I have carefully	ndividual facility read and complet	program director or ed this form and that
Institution			na Nazneer Facility Program Director or		
Seal		T531 S	STUNY DE	LAND AU	<u> </u>
		Chicas.	O IL State	0 :	cOb49 Zip Code
	*	773-QUZ-	7500	Signature	
In the absence of a	n official institution seal, the Fac	ility Program Director	r or Instructor's signat	ure must be notari	zed.
Signed and sworn b	pefore me this day of		(Month)	(Year).	
Notary	RECEIVED	Notary Public Signature			
Seal	MAY 13 2022	My Commission E	xpires:	and the line in the second second second second second	
	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION	SPACE			139698



### End of Clinical Rotation Evaluation Form

Rotation:PSY	CHIATRY _	Student f	Name:AKEE	M OSENI	
Start Date:01/07/19		End Date:02/15	5/19	No. of Weeks	5_6
Preceptor:T. RANGANATHA	N, M.D	Hospital/ Site	:JACKS	ON PARK HOSPITA	L
Address/ City/State/Zip: _7531	S. STONY I	SLAND AVE., CHIC	AGO IL. 60649		
Contact Phone:773-947-750	00	Email:			
Please rate the stude 10 = Outstanding, 9	ent's achiev		ompetency bel		
Detailed information		Intended learning //www.sjsm.org/re			te:
Medical Knowle Practice-Based L	dge (Integra earning and ractice (Org	anization and syste	e in medicine) e-long learning a	and self-improvemen	nt)
TOTAL FOR SIX FINAL GRADE A		CIES = 54-60, B = 48-53	C = 42-47, F = 0	)-41)	014
FOR CORE ROTATIONS ONLY - that all logbook entries for thi					
I certify, that I have not been	involved in	n providing healtl	n care to the st	udent.	
Comments for Dean's Letter:		e <b>all</b> comments wapplications. Plea		tudent's performar v.	nce review fo
Preceptor's Signature:		» M		Date 3	Ŷ
Please return this form by mail to:		chool of Medicine ance Dr. Suite 300,	Phone: 847-375- Fax: 847-298-23	-0543	

MAY 13 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPPLINISION PRIVARY





### Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

		Akeem Oseni Student's N	Vame		U.S.	Social Sec	urity Number	r
		a s	student of Saint	James School	of Medicin	е		
Da	ate of Birth			Medical S	School			
Comple	eted a clerkshi	p offered by We	est Suburban M	ledical Center				
				Name of l	Facility			
3 Erie	St. Oak Pa	rk, IL 60302						
				Address o	of Facility			
From	April	26	2021	through	May	21	2021	in the clinical a
	Month	Day	Year		Month	Day	Year	- 4-0 49-7
of Pe	diatrics							
	Clinical Are	a						
, nstruct he stat	D. Nik tor for the stude ements made	Li Beld dent named abov herein are accura	ve during the clerk	cship indicated ar	nd that I have	e carefully	read and con	npleted this form a
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I,instruct	ements made  Institution	dent named abov	ve during the clerk ate.	cship indicated ar	id that I have	e carefully	read and con	npleted this form a
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FORM #4 (MD)

### Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

1 1 2 2 2	Student's 1	Name		U.S.	Social Sec	urity Numbe	r
	9.0	student of Saint	James School	of Medicine	9		
Date of Birth	a	oradon or	Medical !	School			
Completed a clerkship	offered by We	est Suburban M	edical Center				
completed a cierksing	officied by		Name of	Facility			
3 Erie St. Oak Par	k. IL 60302						
	W V-22235		Address	of Facility			
From February	15	2021	through	March	12	2021	in the clinical area
Month	Day	Year	mougn_	Month	Day	Year	in the crimear area
Of Internal Medicir	ne						
Clinical Area							
			College of the same bear		40.		
	7.7			Specia	alty		
	the Beh	Hoslai		Specia	iity		cility program director
nstructor for the stud	ilu Bel lent named abov	Cleshi ve during the clerk	, swear or affi	rm that I am/	was the in	ndividual fac	cility program director
I, D. Nu	ilu Bel lent named abov	Cleshi ve during the clerk	, swear or affi	rm that I am/	was the in	ndividual fac	
1, 0.10	ilu Bel lent named abov	Cleshi ve during the clerk	, swear or affin ship indicated a	rm that I am/ and that I have	was the in	ndividual fac read and cor	npleted this form and
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I, D. Nu	ilu Bel lent named abov	Cleshi ve during the clerk ate.	swear or affinship indicated a	rm that I am/ and that I have	was the incarefully	ndividual fac read and cor	on MUS
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OKLAHOMA STATE BOARD OF MEDICAL LICE TOURS AND SUPERVISION



FORM #4 (MD)

## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

This is to certify that /	Student's N	Name	U.S. Social Security Number saint James School of Medicine				
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Month	Day	Year		Month	Day	Year	_
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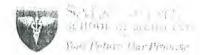


# Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

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### End of Clinical Botation Assessment Form

Rotation: Ortho Surgery Sader Name: Alcem Ose Start Date: 11.25-19 threate: 12.20-19 wo of Weeks	301 4
Preceptor: D. Mitchell GOIDENES Hospital/She Ledeiss Mamoria Address/City/State/Zip: 4646 N. Marine Dr.	
Contact Phone: 773: SCH. 6183 mgmdsca gprai	1.com
Student Assessment Scores  Please rate the student's achievement of each competency below on a scale  10 = Outstanding, 9 = Acconcert, 3 = President, 3 = Needs Remediation, 0-6 = Poor	e of 0-10: /Failing
Detailed information about \$1500 intended learning outcomes is an anable on the w	vebsite:
Patient Care (Integration of clinical knowledge and skills to patient care)  Medical Knowledge (Integration of lastic science in sections)  Practice-Based Learning and Improvement (Life food learning on Leeff improvement)  Systems Based Procinc Capania Was and assembly on the second colors.	rement)
Professionalism Interpersonal and Cammunication 2005	MAY 16 2022
TOTAL FOR SIX COMPETENCIES  FINAL GRADE AWARDED (A = 54-60 B = 48-53, C = 43-47 F = (1-41)	OKLAHOMA-STATE BOAH MEDICAL LICENSURE AND SUPERVISION
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### End of Clinical Rotation Assessment Form

Rotation: Plastic Sorgey Student Name: Akeem Coni	
Start Date: 12 22 - 19 End Date: 1-17-20 No. of Weeks	
Preceptor: Dr. Lasnera ZAdary Hospital/Site: Weiss Hemoria	1 Hospital
Address/City/State/Zip: 4646 N HAR'NE Dr.	
Contact Phone: 772-564-6133 Email: 1520chary Ogna	il com
Student Assessment Scores	
Please rate the student's achievement of each competency below on a scale of 10 = Outstanding, 9 = Advanced, 8 = Proficient, 7 = Needs Remediation, 0-6 = Poor/F	
Detailed information about SJSM intended learning outcomes is available on the well <a href="https://www.sjsm.org/resources/downloads/">https://www.sjsm.org/resources/downloads/</a>	osite:
Patient Care (Integration of clinical knowledge and skills in patient care)  Medical Knowledge (Integration of basic science in medicine)  Practice-Based Learning and Improvement (Life-long learning and self-improver  Systems Based Practice (Organization and system-based approach to medicine)	ment)
Professionalism Interpersonal and Communication Skills	BECEINE
	MAY 16 2022
TOTAL FOR SIX COMPETENCIES  FINAL GRADE AWARDED (A = 54-60, B = 48-53, C = 42-47, F = 0-41)	KLAHOMA STATE BOARD O MEDICAL LICENCURS AND SUPERVISION
FOR CORE ROTATIONS ONLY - Logbook Entries: Check the box as verification	
that all logbook entries for this rotation have been reviewed and verified.	
I certify, that I have not been involved in providing health care to the student.	
Comments for Dean's Letter: Please note all comments will be used in student's performance residency applications. Please write legibly.	ance review for
READS STATEMENT	Tras
Preceptor's Signature: Date:	117/20
Please return this form by mail to: Saint dames School of Medicine Phone: 847-375-0543	
1980 Renaissance Dr. Suite 300, Fax: 847-298-2375	THANK YOU!



# Mid-Rotation Assessment Form

To be used for assessment purposes only. Do not use for billing.
Rotation: General & Way Student Name: Aklem () Seni Start Date: 10/28/69 End Date: 1/17/20 No. of Weeks 12
Preceptor: DR Philip Zar Hospital/Site: ME185 Mem Hosp Address/City/State/Zip: 4646 10- Marine dr Chago 16 60640 Contact Phone: 173-564-6183 Email:
Student Assessment Scores  Please rate the student's achievement of each competency below on a scale of 0-10:  10 = Outstanding, 9 = Advanced, 8 = Proficient, 7 = Needs Remediation, 0-6 = Poor/Failing
Detailed information about SJSM intended learning outcomes is available on the website: https://www.sjsm.org/resources/downloads/
Patient Care (Integration of clinical knowledge and skills in patient care)  Medical Knowledge (Integration of basic science in medicine)  Practice-Based Learning and Improvement (Life-long learning and self-improvement)  Systems Based Practice (Organization and system-based approach to medicine)  Professionalism  Interpersonal and Communication Skills
TOTAL FOR SIX COMPETENCIES  5 FINAL GRADE AWARDED (A = 54-60, B = 48-53, C = 42-47, F = 0-41)  OKLAHOMA STATE BOAR MEDICAL LICENSULE AND SUPERVISION
FOR CORE ROTATIONS ONLY - Logbook Entries: Check the box as verification that all logbook entries for this rotation have been reviewed and verified.    Certify, that I have not been involved in providing health care to the student.
low the student can improve performance for the remainder of the rotation:
excellent stude
Preceptor's Signature: Date: 1/17/20
lease return this form by mall to: Saint James School of Medicine 146 N. Marine Driv Park Ridge, IL 60068.  Saint James School of Medicine Fax: 847-375-0543 Fax: 847-298-2375 Sismclinical@mail.sism.org THANK YOU!



Chicago, IL 60640

### End of Clinical Rotation Assessment Form

Rotation: General S	Stud	lent Name: Akeem OS	irs96
Start Date: 1	5-88.19 End Date:	No. of We	eks
Preceptor: Dr. Philli		pital/Site: Weiss Hemo	ial Hospital
Address/ City/State/Zip:	bull in Marine Dr		
Contact Phone: 773.51		il: Zaretm& gmail.	COLU
	Student Ass	sessment Scores	
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Detailed informa		rning outcomes is available on rg/resources/downloads/	the website:
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	SIX COMPETENCIES E AWARDED (A = 54-60, B = 4	8-53, C = 42-47, F = 0-41)	MAY 16 2022  OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
	LY - Logbook Entries: Chec this rotation have been rev		$\bowtie$
I certify, that I have not be	en involved in providing h	ealth care to the student.	
Comments for Dean's Letter	Please note all comment residency applications. F	ts will be used in student's pe	erformance review for
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Preceptor's Signature:		Date:	1-/6/12
Please return this form by mail to:	Saint James School of Medicine 1480 Renaissance Dr. Suite 300,	Phone: 847-375-0543 Fax: 847-298-2375	
eies Hosnital	Park Ridge, IL 60068.	sismclinical@mail.sism.org	THANK YOU!



# End Mid Rotation Assessment Form

	To be used for assessment purposes only. Do not use for billing	). A
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Start Date	: 10/28/19 End Date: 1/17/20 No. of W	/eeks_12
Preceptor: DR	Philip Zar Hospital/ Site: JUE159 4646 N- Marine dr Chango IL	Mem Hospu
Address/ City/State/Zip:	4646 D- marine dr Chego 1L	60640
Contact Phone:	Email:	101
	Student Assessment Scores	
	e student's achievement of each competency below on fing, 9 = Advanced, 8 = Proficient, 7 = Needs Remediation, 0-6	
	mation about SJSM intended learning outcomes is available o https://www.sjsm.org/resources/downloads/	
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I certify, that I have no	t been involved in providing health care to the student.	T
How the student can imp	rove performance for the remainder of the rotation:	
excellen	& Studen	
Preceptor's Signature:	Date:	
Please return this form by mall		THANK YOU!

# Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

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omple	eted a clerkshi	p offered by We	CISS IVICITIO	Name of	Facility	-	Dilia	BORCIETAT
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### End of Clinical Rotation Assessment Form

Rotation: Internal	Medicine Student Name: Akeem Oseni
Start Date:	- 20 - 20 End Date: 8-14-20 No. of Weeks 4
	Hospital/site: Weiss Memorial Hospital  46 D. Marine Drive  9.4518 Email: ecicui sum @ Yahao.com
10 = Outstanding,	Student Assessment Scores  Ident's achievement of each competency below on a scale of 0-10:  9 = Advanced, 8 = Proficient, 7 = Needs Remediation, 0-6 = Poor/Failing on about SJSM intended learning outcomes is available on the website:
Patient Care ( Medical Know Practice-Based Systems Based Professionalis	https://www.sism.org/resources/downloads/ Integration of clinical knowledge and skills in patient care) Viedge (Integration of basic science in medicine) d Learning and Improvement (Life-long learning and self-improvement) d Practice (Organization and system-based approach to medicine)
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that all logbook entries for t	Y - Logbook Entries: Check the box as verification his rotation have been reviewed and verified. en involved in providing health care to the student.
Comments for Dean's Letter:	Please note <b>all</b> comments will be used in student's performance review for residency applications. Please write legibly.
Preceptor's Signature:	Date: 9/23/76  Saint James School of Medicine Phone: 847-375-0543 We is s Hospital
	1480 Renalssance Dr. Suite 300, Fax: 847-298-2375 4 6 4 6 N. Marine Driv Park Ridge, IL 60068. Signclinical@mail.sign.org Chica THANK YOULE 6 D F 4 7



4646 N. Marine Drive Chicago, IL 8067

### End of Clinical Rotation Assessment Form

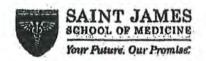
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Start Date: 7.37.30 End Date: 8.31.30 No. of Weeks \\	
Preceptor: Dr. Cric Million Hospital/Site: Weiss Hemanial Hos	p.7a)
Address/ City/State/Zip: 4646 0 Harine Toice	
Contact Phone: 173 564. 6183 Email: Ecocmizuno (Byahop. Com)	_
Student Assessment Scores  Please rate the student's achievement of each competency below on a scale of 0-10:  10 = Outstanding, 9 = Advanced, 8 = Proficient, 7 = Needs Remediation, 0-6 = Poor/Failing	
Detailed information about SJSM intended learning outcomes is available on the website: <a href="https://www.sjsm.org/resources/downloads/">https://www.sjsm.org/resources/downloads/</a>	
Patient Care (Integration of clinical knowledge and skills in patient care)  Medical Knowledge (Integration of basic science in medicine)  Practice-Based Learning and Improvement (Life-long learning and self-improvement)  Systems Based Practice (Organization and system-based approach to medicine)  Professionalism  Interpersonal and Communication Skills	CIVIC 16 2022
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FOR CORE ROTATIONS ONLY - Logbook Entries: Check the box as verification	_
that all logbook entries for this rotation have been reviewed and verified.	
I certify, that I have not been involved in providing health care to the student.	1
Comments for Dean's Letter: Please note all comments will be used in student's performance reversidency applications. Please write legibly.	iew for
Preceptor's Signature:  Please return this form by mail to: Saint James School of Medicine Phone: 847-375-0543	>
1480 Renaissance Dr. Suite 300, Fax: 847-375-0543  Ye is s Hospital  Prone: 847-375-0543  Fax: 847-298-2375  Sismclinical@mail.sism.org  THANK YO	iu!

# Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

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### End of Clinical Rotation Assessment Form

Rotation: Redictory Student Name: Akeem Oseni
Start Date: 6:15:20 End Date: 7-10:20 No. of Weeks 4
Preceptor: Dr. Arnit Kapur Hospital/Site: Weiss Memorial Hospital  Address/ City/State/Zip: 4646 N. Marine Dr.
Contact Phone: 773-564-6183 Email: ownitkapur 60 gmail .com
Student Assessment Scores  Please rate the student's achievement of each competency below on a scale of 0-10:  10 = Outstanding, 9 = Advanced, 8 = Proficient, 7 = Needs Remediation, 0-6 = Poor/Failing
Detailed information about SISM intended learning outcomes is available on the website: https://www.sism.org/resources/downloads/
Patient Care (Integration of clinical knowledge and skills in patient care)  Medical Knowledge (Integration of basic science in medicine)  Practice-Based Learning and Improvement (Life-long learning and self-improvement)  Systems Based Practice (Organization and system-based approach to medicine)  Professionalism  Interpersonal and Communication Skills  MAY 16 2022
TOTAL FOR SIX COMPETENCIES  Total Grade Awarded (A = 54-60, B = 48-53, C = 42-47, F = 0-41)
FOR CORE ROTATIONS ONLY - Logbook Entries: Check the box as verification that all logbook entries for this rotation have been reviewed and verified.
I certify, that I have not been involved in providing health care to the student.
Comments for Dean's Letter: Please note all comments will be used in student's performance review for residency applications. Please write legibly.
MR Oseni WILL BE AN ASSET TO THE MEDICAL COMMUNITY.
Preceptor's Signature: Date: 7/3/20
Please return this form by mall to: 153int James School of Medicine Phone: 847-375-0543 1480 Renaissance Dr. Suite 300, Park Ridge, IL 60068. Phone: 847-375-0543 1480 Renaissance Dr. Suite 300, Sismclinical@mail.sism.org



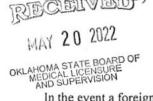
FORM #4 (MD)

## Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Student's Name  a student of Saint James School of Medicine  Date of Birth  Completed a clerkship offered by South Loop Urgent Care  Name of Facility  1430 S. Michigan Ave. Chicago, IL 60605  Address of Facility  Address of Facility  Tom November 23 2020 through December 18 2020 in the clinical area Month Day Year  William Day Year  Urgent Care  Clinical Area  This facility has programs that are accredited by ACGME in the areas of Urgent Care  Specialty  Level 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	This is to certify that_	Akeem Oseni							
Date of Birth  Medical School  Sompleted a clerkship offered by  South Loop Urgent Care  Name of Facility  Address of Facility  Trom November 23 2020  Month Day Year  Month Day Year  Month Day Year  Clinical Area  This facility has programs that are accredited by ACGME in the areas of Urgent Care  Clinical Area  This facility has programs that are accredited by ACGME in the areas of Urgent Care  Specialty  Accord Levite) We, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that he attements made herein are accurate.  Institution  Seal  Institution  Seal  State  Type or Print Name of Pacility Program Director or Instructor  State  Telephone Number  Total Agade  Month) 2022 (Year).  Notary Public Signature  My Commission Expires: Manuel 29, 2023	Time is to certify that_	Student's N	ame		U.S.	Social Sec	urity Numbe	er	
Date of Birth  Medical School  Sompleted a clerkship offered by  South Loop Urgent Care  Name of Facility  Address of Facility  Trom November 23 2020  Month Day Year  Month Day Year  Month Day Year  Clinical Area  This facility has programs that are accredited by ACGME in the areas of Urgent Care  Clinical Area  This facility has programs that are accredited by ACGME in the areas of Urgent Care  Specialty  Accord Levite) We, swear or affirm that I am/was the individual facility program director or instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form and that he attements made herein are accurate.  Institution  Seal  Institution  Seal  State  Type or Print Name of Pacility Program Director or Instructor  State  Telephone Number  Total Agade  Month) 2022 (Year).  Notary Public Signature  My Commission Expires: Manuel 29, 2023		a ct	udent of Saint J	ames Schoo	of Medicine	е			
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Address  Chi: CyD  City  State  312 6633572  Telephone Number  Telephone Number  Signature  Notary Public, State of Illinois  Notary Public, State of Illinois  Notary Public, State of Illinois  My Commission Expires:  My C	Seal		1	430 5	Arich	16-	Ane		
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Telephone Number  Telephone Number  Signature  In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.  In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.  Month  OFFICIAL SEAL  Notary Public Signature  Notary Public, State of Illinois  Notary Public, State of Illinois  My Commission Expires:  My Commission Expires:			City	y		State	1	/ Zip Code	
igned and sworn before me this 12th day of 100 May (Month) 2027 (Year).  DASHURIJE BEKTESHI OFFICIAL SEAL Notary Public, State of Illinois Notary Public, State of Illinois My Commission Expires: 100 May 100			-		-( C		any	M	_
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# Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

### VERIFICATION OF CLINICAL CLERKSHIP

In the event a foreign medical school utilized clerkships in the United States, its territories or possessions, and the applicant graduated from medical school after July 1, 2003, such clerkships shall have been performed in hospitals and schools that have programs accredited by the Accreditation Council for Graduate Medical Education (ACGME).

### One form must be completed and mailed directly to the Board for each clerkship.

This is to certify that_	Ch. L. C. M.							
	Student's Name		U.S. Social Security Number					
	a stude	ent of Sai	nt James School of Medicine					
Date of Birth			Medical School					
Completed a clerkship	offered by Neuro	logical Ca	are Specialists					
,			Name of Facility					
908 N. Elm St. Hir	sdale, IL 60521							
			Address of Facility					
From December	21	2020	through January 15 2021 in the clinical are					
Month	Day	Year	Month Day Year					
Of Neurology								
Clinical Area	1							
			ACGME in the areas of Neurology					
Institution			Type or Print Name of Facility Program Director or Instructor					
Seal								
			908 N. E/m St. Suite 110					
			Address Hinsdale IL 6052/ City State Zip Code					
			630-986-8770 Telephone Number Signature					
		I she Peal	Lity Decument Diseason or Instructor's signature must be not vised					
In the absence of an o	fficial institution sea	ii, the Facil	lity Program Director or Instructor's signature must be notarized.					
	154	sh	May (Month) 2022 (Year).					
In the absence of an o Signed and sworn before Notary	154	sh						

My Commission Expires March 29, 2023

403 dole



3624 Market Street Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 26 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: 1-036-771-2

Applicant's Name: Akeem Olarewaju Oseni

Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 15 Mar 2022 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	14 Sep 2018		*
USMLE Step 2 CK	02 Oct 2020	*	1*

#### Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date	
ECFMG Clinical Skills Pathway **	N/A	

<sup>\*\*</sup> 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: Saint James School of Medicine Anguilla, The Quarter, ANGUILLA

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: YVCOA857P7

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.

(MD396)



# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

AKEEM OLAREWAJU OSENI

Birth date

**Primary Office Address** 

ST ANTHONY HOSP STE 1000 608 NW 9TH ST OKLAHOMA CITY, OK 73102-1014

Phone UNKNOWN

OKLAHOMA STATE SCARO OF

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: SAINT JAMES SCHOOL OF MEDICINE ANGUILLA

Degree Awarded:

YES

Enrollment Date: NOT REPORTED

Degree Type:

Data.

MD

Degree Date:

2020

AMA files checked 06/4/2024 09:52:29 AMA Physician Profile for Akeem Olarewaju Oseni, 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: ST ANTHONY HOSPITAL

Sponsoring State: OKLAHOMA

Program name: SSM HEALTH ST ANTHONY HOSPITAL PROGRAM

Specialty: FAMILY MEDICINE

Training Type: SPECIALTY

**Dates:** 06/20/2022 - 09/24/2025 **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
39698	MD	OK	07/01/2022	09/30/2024		ACT	RES	05/06/2024	AKEEM OLAREWAJU OSENI



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: 10367712

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 <a href="https://cvsonline2.ecfmg.org/">https://cvsonline2.ecfmg.org/</a>

#### **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 Data<sup>TM</sup>, 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.



# Illinois Department of Financial and Professional Regulation





### **Lookup Detail View**

Contact

Contact Information

Name	City/State/Zip	DBA / AKA
AKEEM OLAREWAJU OSENI	Chicago, IL 60649	

### License

License Information

License Number	Description	Status	First Effective Date	Effective Date	Expiration Date	Ever Disciplined
041447121	REGISTERED PROFESSIONAL NURSE	ACTIVE	10/13/2016	08/10/2020	08/31/2022	N

Generated on: 5/9/2022 4:02:20 PM



PAGE 393 of 512



MAY 09 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



### Verification Report

Primary Source Board of Nursing Report Summary for

#### AKEEM OLAREWAJU OSENI

Monday, May 09 2022 04:04:19 PM

For a more accurate search, select "Search by License Number" or "Search by NCSBN ID" above.Partial name searches are accepted

For nurses (RNs and LPNs) this report is not sufficient as primary license verification when applying to another board of nursing for licensure. For primary verification to transfer/endorse to another state, use the Nurse License Verification (https://www.nursys.com/) service to request the required verification of licensure.

Temporary and Permanent (Post Exam) License(s)/Certificate(s)

Name on License	License/Certificate Type	License/Certificate Number	License Status	Original Issue Date	Current Expiration Date	Compact Status	Discipline
OSENI, AKEEM OLAREWAJU	RN	R0089729	Lapsed	07/16/2007	09/30/2018	N/A	NO

#### License type information

- · RN: Registered Nurse
- · PN: Practical Nurse (aka Licensed Practical Nurse (LPN), Vocational Nurse (VN), Licensed Vocational Nurse (LVN))
- CNP: Certified Nurse Practitioner
- . CNS: Clinical Nurse Specialist
- . CNM: Certified Nurse Midwife
- · CRNA: Certified Registered Nurse Anesthetist

#### Nurse Licensure Compact (NLC) information

- Multistate licensure privilege: Authority to practice as a licensed nurse in a remote state under the current license issued by the individual's home state
  provided both states are party to the Nurse Licensure Compact and the privilege is not otherwise restricted.
- . Single state license: A license issued by a state board of nursing that authorizes practice only in the state of issuance.
- · More information about the Nurse Licensure Compact (NLC) (https://www.ncsbn.org/nurse-licensure-compact.htm)



OKUMUOMA STATE BOARD OF LEE STATE BOARD OF ARD SUPERVISION

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

### **OKLAHOMA CITY OK 73105**

**EVIDENCE OF STATUS - PART A** 

Full Legal Name:	AKEEM	02	AREWIU	ØSEN!	
	Fleeb		at della	Lack	Malden (If applicable)
<b>Mailing Address:</b>		Charles Address on Board	010		
				Security #:	
City	State	Zip Code	Telephone Number		PANASTOCKOW POCKESWIPPINICOS OF S

### 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

docu	uments to this form. Place a checkmark below to indicate the document that is a	ttached.
	A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the North foreign diplomats residing in the U.S.	
X	United States passport (except limited passports, which are issued for periods of less that	n five years)
	Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U	
	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Report of copies available from the Department of State	
	<b>Certificate of Naturalization (N-550 or N-570)</b> (issued by the INS through a Federal or Sta after December 1990 to individuals who are individually naturalized; the N570 is a replac lost or mutilated or the individual's name has been changed)	ement certificate issued when the N-550 has been
	Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who derive U replacement certificate issued when the N-560 has been lost or mutilated or the individuals	al's name has been changed)
	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 to border who needed it for frequent border crossing) (formerly Form I-179, last issued in F	
	Northern Mariana Identification Card (issued by the INS to a collectively naturalized citiz Mariana Islands before November 3, 1986)	en of the U.S. who was born in the Northern
	Statement provided by a U.S. consular officer certifying that the individual is a U.S. citiz U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or DS-	
	American Indian Card with a classification code "KIC" and a statement on the back (ide Kickapoos living near the U.S./Mexican border.)	ntifying U.S. citizen members of the Texas Band of
	Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card")	
.0	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 ir ompanying documents provided to substantiate my Evidence of Status application	
Sign	nature William	Date4-26-2022
Subs	scribed and sworn before me this 26 <sup>th</sup> day of April	
Nota	ary Public Colonida Maria	
Com	nmission Number 937270	NOTARY SEAL
Му	commission expires August 16,2025	"OFFICIAL SEAL" CEONNA A MARTIN Notary Public - State of Illinois My Commission Expires August 16, 2025

#### DEFICIENCY UPDATED

- 1. Exam verification date...... N/A (Cleared over the phone).
- 3. PostGrad Form 2 ST ANTHONY HOSPITAL.... N/A (1ST year training, cleared over the phone)
- 4. USMLE Exams Incomplete........... N/A (Cleared over the phone).
- 5. An extended Background Check was completed and the link to the result was emailed to me on May 2, 2022. I will attach a copy to this email.

I have lived in Oklahoma City, Oklahoma, and Chicago, IL only in the United States. I have never visited or resided in New Orleans and the Florida States.

- 6. Time DEFICIENCIES: 9/95 9/96 (PLEASE USE TIME DEFICENCY FORM) .... I emailed an updated copy on May 2, 2022. I will attach a copy to this mail.
- 7. OTHER DEFICIENCIES: NEED EVAL OF US ROTATIONS \*OR\* FORM 4 FOR EACH:

I have contacted all the institutions, some have mailed the forms, and others promised that they would be mailed out this week.

8. WHAT IS YOUR JOB TITLE AT FAMILY DR URGENT CARE IN CHICAGO?

Graduate medical student assistance. I do not have any job title; I do the same work as a medical student.

In August 2021, I applied to Family medicine urgent care as a medical student and after I graduated in September 2021, I was no longer a medical student and became a graduate medical student assistant. I am continuing to do the same job that I was doing as a medical student, responsible for taking patient history, physical examination, and patient education, and now am mentoring other medical students. I worked under the supervision of my attending physician, and the main purpose of this job is to prepare for the residency program. The job does not require any license, because I was only allowed to do the work I was doing as a medical student.

 ADDRESS ON APPLICATION DOES NOT MATCH ADDRESS ON BACKGROUND CHECK NEED CURRENT MAILING ADDRESS REQUIRED/

I moved from Oklahoma City, Oklahoma to Chicago IL for school, and I am moving back to Oklahoma on May 31st, 2022.

My current address from now - May 31, 2022.



I will be moving back to my house in Oklahoma City, Oklahoma on June 1st, 2022. My address in Oklahoma is as follows:

Mailing address is

\*DO NOT NEED:

Verify License from OK RN R0089729......Done Verify License from IL 041447121.....Done

MAY 1 3 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE MEDICAL LICENSURE AND SUPERVISION



Name:	AKEEM OSENI	Application #
ivallie.	AREEM OSLIN	Application #

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.

EDUC/	TION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degre	e
<b>—</b> 08	1994	07	1996	Kaduna Polythecnic	ZARIA	NIGERIA	Left	for USA
08	1997	05	2000	Oklahoma City Community College	Oklahoma City	ОК	Associa	te of Scienc
01	2000	05	2002	University of Oklahoma	Norman	ОК	B.S. Bi	ochemistry
08	2005	05	2007	University of Oklahoma Health Science	Oklahoma City	ОК	B.S	Nursing
WORK	HISTO	DRY						
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
09	1996	08	1997	McDonald Coporation	Oklahoma City	Ok	(	Cook
09	01	01	2008	Bob Howard Auto Group	Oklahoma City	ОК	Auto Sa	iles consultan
06	2007	08	2014	University of Oklahoma Medical Center Oklahoma City OK		Registered nurse		
08	2016	12	2018	Buying/Selling goods to finance my school/ Study for STEPS Exams. Chicago IL		5	Sales	
08	2001	Till date	Till date	Family Doctor Urgent Care	Chicago	IL.	Medical g	raduate Assistanc
OTHE	R ACTI	VITY						
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Stay at home pa	rent, etc.)	City		State
08	2014	12	2015	Saint James School of Med	licine	Angu	illa	Anguila
01	2016	01	2016	School break for transistion from Ag	uilla to USA	Kwa	ra	Nigeria
01	2016	02	2016	Singool break for Transition from Ag	uilla to USA	Oklahor	na Ci	Oklahon
03	2016	08	2016	Saint James School of Med	licine	Chica	ago	IL.
08	2016	12	2018	Leave of absence due to financia	al difficulty	Chica	igo	IL
01	2019	09	2021	Saint James School of Med	licine	Chica	ago	IE.

9/1995-9/1996



MAY 1 3 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION





#### 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.
- 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.
  - 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 icensure.

Allem Olgrewayy GSOni Name of Applicant (type or print)

4-26-2022 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.



#### To Whom It May Concern:

In August 2016, I took a leave of absence to save money for my education, while also preparing for my Step 1 exam. I started an online business during this time, and I stopped in December 2018. I would search for the products I wanted to sell from a big company and then list these products for a higher price on website like eBay and Amazon. Once a customer purchases a product from me, I will order it from the big company and shipped directly to the customers, saving the profits to finance my education and other expenses because I could not get a loan and my school does not offer guaranteed student loans.

Akeem Oseni

Notarized by Ceonna Maro

"OFFICIAL SEAL"
CEONNA A MARTIN
Notary Public - State of Illinois
My Commission Expires August 16, 2025

Took X

05/09/2022

AKEEM OLAREWAJU OSENI

RE: MD Application #39698

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP21992151
Password:Last 4 SSN

Dear AKEEM OSENI,

# 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:

Exam verification date

**Translations** 

PostGrad - Form 2 ST ANTHONY HOSPITAL

**USMLE** Exams Incomplete

Extended Background Check

Time DEFICIENCIES: 9/95 - 9/96 (PLEASE USE TIME DEFICENCY FORM)

OTHER DEFICIENCIES: NEED EVAL OF US ROTATIONS \*OR\* FORM 4 FOR EACH / WHAT IS YOUR JOB TITLE AT FAMILY DR URGENT CARE IN CHICAGO? / ADDRESS ON APPLICATION DOES NOT MATCH ADDRESS ON BACKGROUND CHECK NEED CURRENT MAILING ADDRESS REQUIRED/ \*DO NOT NEED:

Verify License from OK RN R0089729

Verify License from IL 041447121

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: <a href="http://www.okmedicalboard.org/resources">http://www.okmedicalboard.org/resources</a>

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is <a href="AP21992151">AP21992151</a> (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

Name

Type

Number

Exam verification date PostGrad - Form 2 ST ANTHONY I JSMLE Exams Incomplete DTHER DEFICIENCIES: *DO NOT AMA Profile Not Received (to be co	T NEED: FORM 2, STEP 3, AN ompleted by OSBMLS Staff)	
Last Medical School Attended: 793-02 St. James School of Medic Number of Lic		npus) frmly 665-03  Graduates of this Medical School:1
Application for: Resident		
The Secretary of the Board has re	eviewed this application and	i
1) AUTHORIZED CIRCULARIA	ZATION TO OTHER BOARD I	MEMBERS
2) ALL FIVE CRITERIA HAVE	BEEN MET [Fast Track]	
E) ALL I IVE OMITEMATIAVE		
- Passed USMLE		
<ul> <li>Passed USMLE</li> <li>No DUIs or Legal Issues</li> <li>No Significant Malpractice</li> </ul>	e Issues	
<ul> <li>Passed USMLE</li> <li>No DUIs or Legal Issues</li> <li>No Significant Malpractice</li> <li>US Graduate</li> </ul>		
<ul> <li>Passed USMLE</li> <li>No DUIs or Legal Issues</li> <li>No Significant Malpractice</li> <li>US Graduate</li> <li>Graduated Medical School</li> </ul>	ol on time	
<ul> <li>Passed USMLE</li> <li>No DUIs or Legal Issues</li> <li>No Significant Malpractice</li> <li>US Graduate</li> </ul>	ol on time	<i>I1</i>
<ul> <li>Passed USMLE</li> <li>No DUIs or Legal Issues</li> <li>No Significant Malpractice</li> <li>US Graduate</li> <li>Graduated Medical School</li> </ul>	ol on time  RY LICENSE THROUGH	1_1_ My 6-2-22
- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice - US Graduate - Graduated Medical School 3) HAS ISSUED A TEMPORAL	ol on time  RY LICENSE THROUGH  PGY-1 TRAINING LICENSE	1_1_ My 6-2-22
- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice - US Graduate - Graduated Medical School 3) HAS ISSUED A TEMPORAL	ol on time  RY LICENSE THROUGH  PGY-1 TRAINING LICENSE	1_1_ My 6-2-22
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- Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice - US Graduate - Graduated Medical School 3) HAS ISSUED A TEMPORAL	ol on time  RY LICENSE THROUGH  PGY-1 TRAINING LICENSE	1_1_ My 6-2-22

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

oktraining@okmedicalboard.org

BECEIVED

JUN 3 0 2023

# 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 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-

FULL

NAME

CELL

PHONE

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

		A		CIAL	TV Femily medicine
and the	PAÝN	IENT	COMP	LET	
X	\$150 payment made on Billpay for RENEWAL of training license		\$250 licen		ment made on Billpay for <b>UPGRADE</b> of training
1000	DOCUMI	ENTA	TION	REQ	JIRED
	Form 2 (must be received directly from program) **ONLY FOR UPGRADE - ATTACHMENT			Eva	aluation (must be received directly from program) -
中	USMLE Step 3 (must be received directly from USMLE)		A	An	swer confidential questions (on back of this form)
55.00 S	FOREIGN	TRA	INED S	TUI	DENTS
	Current visa				Social Security Number **if not provided at initial application
	Background Check **if not done at initial applie	cation	1		

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

T39698

FIRST NAME

EMAIL ADDRESS LICENSE

NUMBER

# RECEIVED

JUN 3 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

	MILLANDO	Men	. A	
NAME_	PKUUM	Osem,	MD	
			1	

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)?	×	
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	Ø	0
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		A
Have you been reported to the National Practitioner Data Bank (NPDB)?		Ø
Have you ever been denied, had removed, or suspended hospital privileges?	0	Ä
Have you surrendered hospital privileges while under investigation or to avoid investigation?		4
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	16
Has your application for licensure ever been denied?		×
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)?		M
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		文
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	0	M
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		Ą
Have you been addicted to or abused any drug or chemical substance including alcohol?		- IX
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)?	0	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

Date

T39698

-

RENEWAL QUESTIONNAIRE UPDATED 01-2023

Name: Akeem Oseni

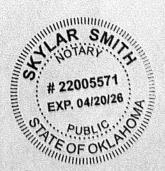
LIC ID: 39698

# To Whom It May Concern

This letter is written to notify Oklahoma Medical Board that I failed on my first attempt of Steps 3 exam which was written on March 23 & 25, 2023. It was retake, and passed on the second attempt which was written on May 12 & 13, 2023. On June 16, 23 I was placed on probation for clinical competence and I will be reassessed on September 24th, 2023.

Thank you Oseni, Akeem MD

07/27/2023 Exp: 04/20/2026



#### RETURN FORM TO:

# OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION oktraining@okmedicalboard.org FORM MUST BE RETURNED BY THE PROGRAM, NOT THE APPLICANT

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

ATTACHMENT 4

RECEIVED

JUL 27 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name of Resident (please print) Akc	em Olarev	vaju Ose	ni			
Icense Number 39698	Speci	alty <u>Fom</u>	ily Medicino	)		
nstitution Name <u>St. Anthony Hospit</u>	al		t			
Program Director (please print)Cl	neyn Onar	ecker, M	,D,			-
Program Director Email_cheyn.onarcc	ker@ssml	nealth.co	m			
Instructions: Please rate each resident (Fair) or 2 (Below Average) YOU MUST						
ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
MEDICAL KNOWLEDGE			U			
APPLICATION OF MEDICAL KNOWLEDGE				Image: selection of the content of th		
COMMUNICATION SKILLS						
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS	П				Image: Control of the	
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP			U			
REMARKS/COMMENTS Resident Oscal September 24, 2023. Dr. Usen i wi	us pla	ced w	n a cade	mil prop	bation a	
and be ready for promot completed by (please print) Cheyn	For		hiha Ki	nect p	robakion	requiremen
SIGNATURE Chuga Knowled	in			DATE_	7/17/2	r043
Evaluation revised 1-2023				DV		

MD 41337 RACHELANNE OURSBOURN
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:
028-46 UNIV OF MO-KANSAS CITY SCH OF MED, KANSAS CITY MO 64108
Number of Licenses Previously Granted to Graduates of this Medical School:174
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

Number

Name

MD

41337

RACHEL ANNE OURSBOURN

MEDICAL DOCTOR

**Practice Address:** 

April 19, 2023

Status:

Res: TR

Received: 03/29/2023 Entered: 03/29/2023

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 #: 41337

Sex: F Ethnic Origin: 1 Endorsed By: USMLE

Score	Date Taken	Date Verified	Attempts
PASS	03/18/24	4/12/24	1
<b>PASS</b>	06/17/21	4/3/23	1
PASS	08/29/22	4/3/23	1
	PASS PASS	222 EU TO	Score         Taken         Verified           PASS         03/18/24         4/12/24           PASS         06/17/21         4/3/23

Note: PASS means higher than 75

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

#### PRE-MED EDUCATION

School Name: UNIVERSITY OF MISSOURI - KANSAS CITY

City: KANSAS CITY

State: MO Country: UNITED STATES From: 8/2015 To: 5/ 2022 Verified:

Degree: BACHELOR OF ARTS - BIOLOGY

School Name: LEBANON HIGH SCHOOL City: LEBANON

Degree: DIPLOMA

State: MO Country: UNITED STATES From: 8/2011 To: 5/2015 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: UNIV OF MO-KANSAS CITY SCH OF MED, KANSAS CITY MO 64108

Foreign Name:

City: Kansas City

State/Country: United States of America

Degree: MEDICINE - MD From: 5 / 2019 To: 5 / 2023 Diploma Ver'd:

Υ

Type Number Name

MD 41337

RACHEL ANNE OURSBOURN

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty:PEDIATRICS

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AM

Verified:

From: 7 / 2023

1

To:

1

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed:

Supervisor:

City:

State:

Country:

Specialty:

From:

To:

1

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

RECEIVED

APR 1 4 2024

#### QUESTIONNAIRE

Please read and follow ALL instructions

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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 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

NAME EMAIL ADDRESS LICENSE NUMBER HOME ADDRESS		Rachel	N	IAME	Oursbourn		
		41337	P	HONE ITY/ST IP COE			
ATTE	GRAM NDING						
	1000	PA	YMENT CO	MPLET	ED		
		yment made on Billpay for RENEWAL	* I		yment made on Billpay for UPGRADE of training		
	of trainir	ng license	1110	ense	Paid 4/11/2024		
	of trainir						
	Form 2	DOCL  2 (must be received directly from pro	IMENTATIO	N REQ	UIRED aluation (must be received directly from program)		
	Form 2	DOCL	IMENTATIO ogram)   1	N REQ	UIRED aluation (must be received directly from program)		
0	Form 2	DOCL 2 (must be received directly from process of the sent of the	IMENTATIO ogram)   1	N REQ	UIRED aluation (must be received directly from program) swer confidential questions (on back of this form)		
0	Form 2	DOCL 2 (must be received directly from processor of the send of th	IMENTATIO ogram)   1 - (6   30   2 om   1	N REQ	UIRED aluation (must be received directly from program) swer confidential questions (on back of this form)		

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

RENEWAL QUESTIONNAIRE UPDATED 03-2024

FIRST

141337



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

# NAME Rachel Oursbourn

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whiche recent)	verisn	IUSE
you failed any part of the USMLE exam (not previously disclosed)?  you been the subject of investigation or disciplinary action (Including probation) by a hospital or ng program?  you had any adverse judgment or settlement against you rising from a professional liability claim?  you been reported to the National Practitioner Data Bank (NPDB)?  you ever been denied, had removed, or suspended hospital privileges?  you surrendered hospital privileges while under investigation or to avoid investigation?  you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal n?  your application for licensure ever been denied?		NO
recent)  ESTIONS  The you failed any part of the USMLE exam (not previously disclosed)?  The you been the subject of investigation or disciplinary action (including probation) by a hospital or ining program?  The you had any adverse judgment or settlement against you rising from a professional liability claim?  The you been reported to the National Practitioner Data Bank (NPDB)?  The you ever been denied, had removed, or suspended hospital privileges?  The you surrendered hospital privileges while under investigation or to avoid investigation?  The you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal ion?  The your application for licensure ever been denied?  The you surrendered a license or had any disciplinary action taken on any license?  The you been investigated by or requested to appear before a licensing or disciplinary agency (other		A
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		N
Have you had any adverse Judgment or settlement against you rising from a professional liability claim?		A
Have you been reported to the National Practitioner Data Bank (NPDB)?		A
Have you ever been denied, had removed, or suspended hospital privileges?		A
Have you surrendered hospital privileges while under investigation or to avoid investigation?	0	N
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?		×
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)?		N
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		A
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		N
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		N
Have you been addicted to or abused any drug or chemical substance including alcohol?		N
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		N
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		1

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 /

Quelar

Date 4/11/2024

RENEWAL QUESTIONNAIRE UPDATED 03/2024

#### Lisa Cullen

From: Rachel Wright-Oursbourn

Sent: Thursday, June 8, 2023 4:01 PM

To: OK Training

Subject: [EXTERNAL] Oklahoma MD Application #41337

To Whom It May Concern,

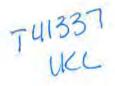
I noticed a deficiency on my MD license application (#41337) regarding academic probation. To clarify, I was placed on academic probation for failure to complete one undergraduate course. My probation period was approximately one and a half years before meeting criteria to be released. If I had marked "no" on my application, it was an oversight and I apologize for the confusion. Please let me know if you require any additional information to resolve this issue.

Thank you in advance, Rachel Oursbourn

SECENAED

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

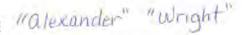


## Oklahoma State Board of Medical Licensure and Supervision 13 of 512

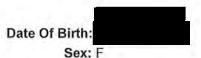
## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/29/2023

Applicant Name: OURSBOURN, RACHEL ANNE



MD 41337



Place Of Birth (City, State): LEBANON, MO

: F Race: Caucasian

Educ Type	ation Name	City	ST Country	From	То	Degree	Comments	Veri
	UNIVERSITY OF MISSOURI - KANSAS CITY	KANSAS CITY	МО	8/2015	5/2022	BACHELOR OF ARTS - BIOLOGY		

Medical School Name	City	State Country	Comments	From	То
UNIV OF MO-KANSAS CITY SCH OF MED, KANSAS CITY MO 64108	Kansas City	MO United States		5/2019	5/2023

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
					1		

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

B250/

# Oklahoma State Board of Medical Licensure and Supervision 114 of 512

#### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/29/2023

Que	estions Answered 03/27/2023	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
Σ.	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, training program or professional school?	N
1.	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
ί.	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
1.	Have you ever surrendered a license or had a license revoked?	N
١.	Has any disciplinary action been taken on any license?	N
).	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
).	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
•	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
<i>'</i> .	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 115 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:03/29/2023

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: University of Oklahoma
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 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 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.

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.



2	Kraciannald	
Chulm	MAR 3 0 2023	
Applicant's signature (must be signed in the	presence of a notary MEDICAL LICENSURE AND SUPERVISION	
Oursbourn, Rachel, Applicants printed last name, first name, min		
3/20/2023		

State of MISSOURI, County of	Jackson
applicant by (a) comparing his/her physical appe	vidual named above did appear personally before me and that I did identify this rance with the photograph on the identifying document presented by the , and (b) comparing the applicant's signature made by my presence on this form nt.
The statements on this document are subscribed a	d sworn to before me by the applicant on this 28th day of MARCh , 2023
Notary Public Signature Chene Bup	My Notary Commission Expires 12/16/2023 .

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

NOTARY

NOTARY

(4135)



#### 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: 04/11/2024

Examinee:

Oursbourn, Rachel Anne

Examinee ID: 4-166-071-3

Alt Name(s): Wright, Rachel Anne

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 06/17/2021	Pass/Fail Pass	Score 209	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)			
<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments
08/29/2022	Pass	237	(214)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/18/2024	Pass	219	(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.





Rev 2018



# 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: Oursbourn, Rachel Anne

Examinee ID: 4-166-071-3

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.

#### 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 Rachel	A. Oursb	0	_	_
Institution: University of M	issouri-Kansas City	City/State Kansas City, MO		
Our records indicate that the above name	d applicant attended our me	edical school on the following dates:		
From 08 / 22 / 2016 To Month Day Year	05 / 26 /2023 Month Day Year	and was awarded the degree Doctor of Medicin	е	-
Please complete the following question:	8.			
Does this individual's official record explain.	reflect (an) interruption(s) or	extension(s) in his/her medical education? If yes, please	VES VES	□ NO
Does this individual's official record his/her medical education? If yes, pl		placed on academic or disciplinary probation during	YES	□ NO
	eflect that he/she was ever t	the subject of negative reports for behavioral reasons or s, please explain below.	□ YES	M NO
	eflect that he/she was ever o	disciplined for unprofessional conduct/behavioral	☐ YES	NO
Does this individual's official record	eflect that there were any lin	mitations or special requirements imposed on the olinary problems, or any other reason? If yes, please	□ YES	MNO
Please explain any "YES" response from a	ibove:	nsion time 6/1/2018-5/31/2019 due to ac n Structure Function III resultedin placem		
		probation end date was extended to Jan	uary 5,	
following a repeat C+ in a re	quired science cour	se (Human blochemistry 1).		
		1/ · f · > M' · ·		
l attest that the completion of the follow this individual's records and is true and co		Verifying Official he program director and that the information above is an		
Name: Kimberlee Kalaiwaa		Signature Kimberlie Kalar	was	
Title of Signatory: Verifying O	fficial	Date of Signature 05/26/2023		
Tel: 816-235-1900 Fax:	816-235-5593	E-Mail: umkcsomcareerservices@um	kc.edu	
SERSITATIS:	If no seal is available, this	form must be notarized		
	Notary Public			
	Commission #			
	My commission expires:			
OCCCXXXII	RECE	WED)		
		Notary		

Seal



# Thall whom; it may concern: (Greeting:

Be it known that the Curators, having been advised by the Faculty that

# Rachel Anne Oursbourn

has completed the Course of Study required of candidates for the degree of

# Doctor of Medicine

and is qualified to receive the same, do confer said degree with all the honors and privileges appertaining thereto.

In testimony whereof the signatures of the proper officials and the seal of the Hniversity are affixed.

Done at the

University of Missouri-Kansas City

in the City of Kansas City, State of Missouri, this twenty-sixth day of May, in the year two thousand and twenty-three.

Chair of the Board of Curators

Chancellor Chancellor



Mu y Cho

Maydunest Dean Bean

### University of Missouri - Kansas City Date

Official Transcript

Date: 06/08/2023 Page: 1 of 3

Name: Student ID: Date of Birth: Oursbourn, Rachel Anne

udent ID: 16198649

Soc. Sec. Number:



UMKC School of Medicine	

Course Number		Course Tit	tle	Grade	Hours	Remarks
Degrees Awar	rded					
		i - Kansas City				
	ne-Md N			05-26-202	3	
Biology				05-13-202		
	try Min	or		05-13-202		
		1		22,000		
	Engl Pi	rof/Writ & Read	d Assmnt			
01 RW	RW	Roo Writer (E	)			08/02/2016
FALL 2013	Drury	University				
Hist	101	Survey of U.S	. History I	Α	3.0	
SPNG 2014	Deury	University				
Hist		Survey U.S. H	distory II	Α	3.0	
1 1130	102	July Dist.	matery in		Mie	
SPNG 2015		University				
Math	109			A-	3.0	
Plsc	101	US Political S	ystem	A	3.0	
FALL 2015	Univ o	of MO-KC	Ugrd	Biol-BS		
Anch	106	Money/Med/Med/Med/Med/Med/Med/Med/Med/Med/Med	Morals	A	3.0	
Biology	108			В	3.0	
Biology	108L	GET E1 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1 E 1		A	1.0	
Chem	211			В	4.0	
Chem	211L		I Chem I	В	1.0	
Disc	100	Discourse l'		A	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		15.0	15.0	52.00		3.467
UGRD CUM:		15.0	27.0	52.00		3.467

Course Number	2	Course Ti	tle	Grade	Hours	Remarks
SPNG 2016	Liniv o	f MO-KC	Ugrd	Biol-BS		
Anch	214		tures, Hist & Id		3.0	
Biology	109	General Biolo		A	3.0	
Biology	109L	General Biolo	67	A	1.0	
	212LR	Exper Genera		В	1.0	
Chem	212R	General Cher		В	4.0	
Disc	200	Discourse II	mady n	A	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA.
UGRD Term:		15.0	15.0	55.00		3.667
UGRD CUM:		30.0	42.0	107.00		3.567
EALL 2016	1 faire of	of MO-KC	Hard	Mad Line	los	
FALL 2016			Ugrd	Med-Und		
Ls Anato	218L			A	2.0	
Ls Anato	219			B+	3.0	
Medicine	9110	Fundamtl Me		H	5.0	
Medicine	9115	Medical Term		CR	1.0	
Medicine	9119	Learn Basic A		A	1.0	
Psych Stat	210	General Psyc Elementary St		A	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		12.0	18.0	45.90		3.825
UGRD CUM:		42.0	60.0	152.90		3.640
			Grant.			
SPNG 2017		of MO-KC	Ugrd	Med-Und		
Chem	320			A	4.0	
Chem	320L	Exper Organi		A	1.0	
Ls Mcr	121	Human Biolo		В	3.0	
Ls Mcr	121L	Hum Bio III(A		A	1.0	
Medicine	9120	Fundamntl M		HP	5.0	
Sociol	101	Sociology: Ar	n Introductn	Α	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		12.0	17.0	45.00		3.750
UGRD CUM:		54.0	77.0	197.90		3.665
SUM 2017	Univ	of MO-KC	Ugrd	Med-Und	lec	
Anch	307	Arch: Frauds		Α	3.0	E
Biology	202	Cell Biology	T. V. V.	Α	3.0	
Disc	300	Discourse III		Α	3.0	
Medicine	9221	Hospital Tear	m Exp	CR	1.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		9.0	10.0	36.00		4.000
UGRD CUM:		63.0	87.0	233.90		3.713
FALL 2017	Univ	of MO-KC	Ugrd	Med-Und	lec	
Biology	206	Genetics		Α	3.0	
Bms	9265	Human Bioch	nemistry-I-Med	C	5.0	
Cnsvty	125	Hist & Dev R		A	3.0	
Medicine	9210		ical Practice III	Н	5.0	
Sociol	211		ev Thro Lifcy	Ä	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		14.0	19.0	46.00		3.286
UGRD CUM:		77.0	106.0	279.90		3.635

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JUN 0 9 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



Any Me Registrar, Amy Cole



#### Date: 06/08/2023 Page: 2 of 3

# University of Missouri - Kansas City

Official Transcript

Name: Student ID: Oursbourn, Rachel Anne

16198649

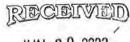
Date of Birth: Soc. Sec. Number:

This transcript has been produced for:

**UMKC School of Medicine** 

Course Number	2-	Course Ti	tle	Grade	Hours	Remarks
SPNG 2018	Univ o	f MO-KC	Ugrd	Med-Und	lec	
Bms	9296	Human Struc	ture Func I	C+	7.0	
Bms	9297	Human Struc	ture Func II	C	6.0	
Bms	9298	Human Struc	ture Func III	D+	5.0	
Medicine	9220	Fundamntl M	ed Pract IV	H	5.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		18.0	23.0	34.60		1.922
UGRD CUM:		95.0	129.0	314.50		3.311
SUM 2018	Univ o	f MO-KC	Ugrd	Med-Und	lec	
	498WI	Crtcl Anlys of		Α	3.0	
Chem	206	Human Nutri		Α	3.0	
Chem	311	Lab Safety &		A	1.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		7.0	7.0	28.00		4.000
UGRD CUM:		102.0	136.0	342.50		3.358
FALL 2018	Univ o	f MO-KC	Ugrd	Med-Und	lec	
Biology	409	Development		В	3.0	
Bms	9265		nemistry-I-Med	C+	5.0	
Ls Phs	316	Principles of		В	3.0	
	44.00		,		100	

222 (232 223 232 232		Course Ti	tle	Grade	Hours	Remar	k
SPNG 2019	Unive	f MO-KC	Ugrd	Med-Und	lec		
Bms	9296			В	6.0		
Bms	9297	Human Struct	200 4 3 7 8 9 7 8	B-	5.0		
- 14.55		St. A. color of Contract Colors Services	doller i editoria	-	990,000		
Bms	9298			B+	5.0		
Medicine	9226	Ambulatory C	are II	Н	2.0		
		GPA Hrs Att	Hrs Em	Qual Pt		GPA	
UGRD Term:		16.0	18.0	48.00		3.000	
UGRD CUM:		132.0	170.0	432.00		3.273	
SUM 2019	2 2 1 2 2 2 2 2 2	f MO-KC	Meds	Med-Md	1		
Bms	9399	Human Struc	and the second of the second o	C+	6.0		
Medicine	9310	History of Me	edicine	A	1.0		
Medicine	9390	Clinical Corre	elations	B+	5.0		
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA	
MEDS Term:		12.0	12.0	34.30		2.858	
MEDS CUM:		12.0	12.0	34.30		2.858	
MILES COM		12.0	12.0	5 1.50		2.050	
FALL 2019	Unive	of MO-KC	Meds	Med-Md			
Bms	9310	Medical Neur	17.7 2000	В	9.0		
Medicine	9308		1000	H	3.0		
		The Charles of Charles	ice of Med I		100,000		
Medicine	9312			В	10.0		
Medicine	9383	Continuing C		AT	0.0		
Medicine	9385	Intro Pharmac	cology	A	2.0		
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA	
MEDS Term:		21.0	24.0	65.00		3.095	
MEDS CUM:		33.0	36.0	99.30		3.009	
SPNG 2020	Univ o	f MO-KC	Meds	Med-Md			
Bms	9311	Medical Micr	obiology	B-	5.0		
Medicine	9309	Clinical Pract	ice of Med II	HP	5.0		
Medicine	9313	Pathology II	Charles Williams	В	11.0		
Medicine	9383	Continuing C	are Clinic	Н	5.0	u 2	
		GPA Hrs Att	Hrs Em	Qual Pt		GPA	
MEDS Term:		16.0	26.0	46.50		2.906	
MEDS CUM:		49.0	62.0	145.80		2.976	
SUM 2020	20000	of MO-KC	Meds	Med-Md	75.2		
Medicine	9408	Pharmacolog		В	10.0		
Medicine	9483	Continuing C	are Clinic	Н	1.0		
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA	
		10.0	11.0	30.00		3.000	ì
MEDS Term:							



9224

106

206

189BE

Medicine

Phys Ed

Phys Ed

Phys Ed

UGRD Term:

UGRD CUM:

Ambulatory Care I

First Aid and Safety

Special Topics: Activity

- Beginning Equestrian

Hrs Ern

16.0

152.0

Badminton

**GPA Hrs Att** 

14.0

116.0



2.0

1.0

1.0

1.0

GPA

2.964

3.310

Qual Pt

41.50

384.00

Registrar, Amy Cole

#### Date: 06/08/2023 Page: 3 of 3

## University of Missouri - Kansas City

Official Transcript

Name: Student ID: Oursbourn, Rachel Anne

ident ID: 16198649

Date of Birth: Soc. Sec. Number:

This transcript has been produced for:

**UMKC School of Medicine** 

Course Number		Course Ti	tle	Grade	Hours	Remarks
FALL 2020	Univ o	of MO-KC	Meds	Med-Md		
Medicine	9401	Int Med/Doc	Int Med/Doc Inst Yr 4			
Medicine	9471	Family Medic	ine	HP	5.0	
Medicine	9472	Behavioral Sc	i in Med	SP	5.0	
Medicine	9482	Patient Phys S	Society I	В	2.0	
Medicine	9483	Continuing C	are Clinic	Н	2.0	4.0
Medicine 9	885C51	Path Anatomi	c&Cli-Genera	Н	5.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		2.0	29.0	6.00		3.000
MEDS CUM:	.1	61.0	102.0	181.80		2.980
SPNG 2021	Unive	of MO-KC	Meds	Med-Md		
Medicine	9483	Continuing C	The same of the sa	H	2.0	
Medicine	9484	Patient Phys S		CR	2.0	
Medicine	9485		Care Pharmacl	A	2.0	
Medicine	9714A	Academic Ge		CR	5.0	
Medicine	9714A	Academic Ge		CR	5.0	
	9716A1	Independent		CR	5.0	
	9716A1	Independent		CR	5.0	
Medicine 98			s - Miscellaneo		5.0	
Orania dia	10.00		inical Encount		. 4.4	
Medicine 98	18-C91		s - Miscellaneo		5.0	
Triculante 50	14 42 1		inical Encount		219	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		2.0	36.0	8.00		4.000
MEDS CUM:		63.0	138.0	189.80		3.013
SUM 2021	Univ	of MO-KC	Meds	Med-Md		
Medicine	9506	Obstet-Gyneo	115440	HP	10.0	
Medicine	9578	Medicine and		A	5.0	
Medicine	9583	Continuing C	0.00.00.00	AT	0.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		5.0	15.0	20.00		4.000
MEDS CUM:		68.0	153.0	209.80		3.085

of MO-KC	Meds	Med-Md		
A STATE OF THE PARTY OF THE PAR	TYICUD			
	Inct Vr 5	HP	10.0	
		SP		
Gen Surgery I			10.0	
Continuing C	are Clinic	AT	0.0	
GPA Hrs Att	Hrs Ern	Qual Pt		GPA
0.0	20.0	0.00		
68.0	173.0	209.80		3.085
40.2 0.3	V. 4	A		
		The second section of the last		
Peds Rotation	1	HP	10.0	
Psychiatry Ro	tation	HP	5.0	
Continuing C	are Clinic	H	5.0	
Independent :	Study Month	CR	5.0	
Pediatrics-Ger	nerl	H	5.0	
GPA Hrs Att	Hrs Em	Qual Pt		GPA
0.0	30.0			
68.0	203.0	209.80		3.085
of MO-KC	Meds	Med-Md		
Presch Specia	l Popultns	A	2.0	
		-		
		H	5.0	
GPA Hrs Att	Hrs Ern	Qual Pt		GPA
2.0	the contract of the contract o			4.000
70.0	215.0	217.80		3.111
of MO-KC	Meds	Med-Md		
Emergency M	ledicine	HP	5.0	
Continuing C	are Clinic	AT	0.0	
Rational & Sa	fe Prescrb	B+	2.0	
Academic Res	search	H	5.0	
	search	н	5.0	
GPA Hrs Att	Hrs Ern	Qual Pt		GPA
				3.300
72.0	232.0	224.40		3.117
A 10 Table 2				
and the same of th	Meds	Med-Md		
		H	10.0	
		CR	5.0	
		CR	5.0	
Academic Ge	neral	CR	5.0	
		CR	5.0	
Garage N.				Caracteria.
GPA Hrs Att	Hrs Em	Qual Pt		GPA
0.0	30.0	0.00		
72.0	262.0	224.40		3.117
graduate/Profes	-C-TV			
	o.0 68.0  of MO-KC Peds Rotation Psychiatry Ro Continuing C Independent Pediatrics-Ge  GPA Hrs Att 0.0 68.0  of MO-KC Prescb Specia Continuing C Independent Ped Critical C GPA Hrs Att 2.0 70.0  of MO-KC Emergency M Continuing C Rational & Sa Academic Re: Academic Re: Academic Re: CPA Hrs Att 2.0 72.0  of MO-KC Int Med/Doc Continuing C Academic Ge	0.0 20.0 68.0 173.0  of MO-KC Meds Peds Rotation Psychiatry Rotation Continuing Care Clinic Independent Study Month Pediatrics-Generl  GPA Hrs Att Hrs Ern 0.0 30.0 68.0 203.0  of MO-KC Meds Prescb Special Popultns Continuing Care Clinic Independent Study Month Ped Critical Care Med  GPA Hrs Att Hrs Ern 2.0 12.0 70.0 215.0  of MO-KC Meds Emergency Medicine Continuing Care Clinic Rational & Safe Prescrb Academic Research Academic Research GPA Hrs Att Hrs Ern 2.0 17.0 72.0 232.0  of MO-KC Meds Int Med/Doc Inst Yr 6 Continuing Care Clinic Academic General GPA Hrs Att Hrs Ern 0.0 30.0	0.0 20.0 0.00 68.0 173.0 209.80  of MO-KC Meds Med-Md Peds Rotation HP Psychiatry Rotation HP Continuing Care Clinic Independent Study Month Pediatrics-Generl H  GPA Hrs Att Hrs Ern 0.0 209.80  of MO-KC Meds Presch Special Popultns Continuing Care Clinic Independent Study Month Ped Critical Care Med H  GPA Hrs Att Hrs Ern 0.00 GPA Hrs Att Hrs Ern 0.00 To 12.0 8.00 To	0.0         20.0         0.00           68.0         173.0         209.80           of MO-KC         Meds         Med-Md           Peds Rotation         HP         10.0           Psychiatry Rotation         HP         5.0           Continuing Care Clinic         H         5.0           Independent Study Month         CR         5.0           Pediatrics-Generl         H         5.0           GPA Hrs Att         Hrs Ern         Qual Pt           0.0         30.0         0.00           68.0         203.0         209.80           of MO-KC         Meds         Med-Md           Prescb Special Popultns         A         2.0           Continuing Care Clinic         AT         0.0           Independent Study Month         CR         5.0           Ped Critical Care Med         H         5.0           GPA Hrs Att         Hrs Ern         Qual Pt           2.0         12.0         8.00           70.0         215.0         217.80           of MO-KC         Meds         Med-Md           Emergency Medicine         HP         5.0           Academic Research         H         5.0

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OKLAHOMA STATE BOARD O MEDICAL LICENSURE AND SUPERVISION





# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

Primary Office Address

RACHEL ANNE WRIGHT UMKC SCHOOL OF MEDICINE 2411 HOLMES ST 2411 HOLMES ST KANSAS CITY, MO 64108-2741

Phone UNKNOWN



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

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 MISSOURI-KANSAS CITY SCHOOL OF MEDICINE

Degree Awarded:

YES

**Enrollment Date:** 

05/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/10/2024 12:06:31 AMA Physician Profile for Rachel Anne Wright, 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: PEDIATRICS 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

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 Data<sup>TM</sup>, 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

#### NOTARIZED FORM CAN BE EMAILED TO OKTRAINING@OKMEDICALBOARD.ORG

						Alexand
Full Legal Name:	Kachel	Ana	ne le	Quest	ourn	Malden (if applicabl
Mailing Address:						
numing recent coort		Street Address or Post Off	ісе Вох			
				ocial Sec	curity #	
City	State Zip	Code	Telephone Number			
	2 - 5 - VS - 5 0 0 - 5 - 5 - 5	PRIMARY EVI				
	(FOR US CITIZENS	s, US NATIONALS	, OR PERMAN	IENT LEGAL RE	SIDENT ALIENS	5)
	itizen, U.S. national, or pe s form. Place a checkmark					one of the following
Virgin Islands	icate showing birth in one of t (on or after January 17, 1917					
	mats residing in the U.S. s passport (except limited pas	sports, which are is	sued for period	s of less than fiv	re vears)	
	th abroad of a U.S. citizen (FS					
Certificate of	birth (FS-545) (issued by a fo	reign service post)				ed by the Department of St
copies availab	ble from the Department of St			1 1 0 1		
	Naturalization (N-550 or N-5 per 1990 to individuals who ar					
	ited or the individual's name h		dized, the 1457	o is a replaceme	in contineate 133	ded when the N 550 has be
TANK TO SECURE A SECURITION OF THE PARTY OF	Citizenship (N-560 or N-561)	A STATE OF THE PARTY OF THE PAR				
replacement	certificate issued when the N					
The second secon	s Citizen Identification Card (I needed it for frequent border	The second secon	The state of the s	AND THE RESERVE TO A STREET OF THE PARTY OF		ar the Canadian or Mexican
	riana Identification Card (issu					vas born in the Northern
Mariana Islan	nds before November 3, 1986)					
	rovided by a U.S. consular off ives citizenship through a pare					an individual born outside th
American Inc	dian Card with a classification					members of the Texas Band
	ing near the U.S./Mexican bor					
100 MORNAGE MADE RECORDER	ly Admitted for Permanent Re			100		
Alian Lawfull	51 (Alien Registration Receipt ly Admitted for Permanent Re		nown as a "gree	n card")		
	emporary I-551 stamp in forei		NS Form I-94			
	enalty of perjury, under the ocuments provided to subst Meric Burton					
Subscribed and sv	worn before me this 2	8th day of_	MARCO	4	, 20_	03
Notary Public	Cherke Burton	1	-		SOUT FILE	
Commission Num			RECE	INED	NOTARY	
My commission e	expires 12/16/200	23	MAR 3	0 2023	the province	0/1
			OKLAHOMA STA MEDICAL L AND SUP	ATE BOARD OF ICENSURE ERVISION	CO. III	337

JU1833

#### 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:
  - 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.

Kachel A. Oursbourn 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.

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MAR 3 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Page 4 of 4

MD APPLICATION INSTRUCTIONS Revised 08/2021

#### Kenna L. Shaw

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

Sent: Thursday, April 11, 2024 11:41 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

RACHEL ANNE OURSBOURN has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/11/2024 11:04:40am for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41337** 

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



#### TIME DEFICIENCY FORM

	de la companya della companya della companya de la companya della			
Name:	Rachel	A .	Oursbourn	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
08	-11	05	-15	Lebanon High School	Lebanon	Mo	
08	-15	05				no	BA-Biology
01	- 19	05	-23	Uni of MO-kansas City Uni of MO-kansas City	KC	мо	MD
EMPLO	OYMEI	NT IF N	EDED	TO FILL TIME GAP			
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
				NA			
	-			TAY AT HOME PARENT, SUMMER	BREAK, TRA	VELING	
Start Month	Start Year	End Month	End Year	Other		City	State
				N/A			
					····		

\* Of note, I earned my undergraduate degree + gradute degree in a combined BAIND medical program. Thus, the RECIENTED dates of these two degrees overlap.

MAR 3 0 2023

OKLAHOMA STATE BOARD OF

05/03/2023

RACHEL ANNE OURSBOURN

RE: MD Application #41337

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP43735221 Password:Last 4 SSN

Dear RACHEL OURSBOURN,

# 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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

Exam verification date

MedSchool-Transcript UNIV OF MO-KANSAS CITY SCH OF MED, KANSAS CITY MO 64108 MedSchool-Form 1 UNIV OF MO-KANSAS CITY SCH OF MED, KANSAS CITY MO 64108 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: <a href="https://secure.okmedicalboard.org/applicant/signin">https://secure.okmedicalboard.org/applicant/signin</a>

Your user name is <u>AP43735221</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

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

omplete Information (due to space limitations on this page, t Exam verification date	this may not be a complete list)
PostGrad - Form 2 COLLEGE OF MEDICINE OKC	
JSMLE Exams Incomplete	
Last Medical School Attended:	
028-46 UNIV OF MO-KANSAS CITY SCH OF MED, KANSAS CI	TY MO 64108
	7 - 37 - 6 - 1 - 6 - 6
Number of Licenses Previously Granted to G	raduates of this Medical School:167
pplication for: Resident Full License	Reinstatement
pplication for resident ran Election	
he Secretary of the Board has reviewed this application and	
ne Secretary of the Board has reviewed this application and	<b>5</b> .1
A ALITHODITED CIDOUS ADIZATION TO CTUED DOADD A	ACTADEDO.
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD IN	MEMBERS
	MEMBERS
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2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]  - Passed USMLE  - No DUIs or Legal Issues  - No Significant Malpractice Issues  - US Graduate	MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]  - Passed USMLE  - No DUIs or Legal Issues  - No Significant Malpractice Issues	MEMBERS
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### Oklahoma State Board of Medical Licensure and Supervision **Application Summary**

<b>Type</b> MD	Number 41628	Name BRIAN PADILLA	
MEDIC	AL DOCTOR	R	
Incomple	ete Informati	tion (due to space limitations on this page, this may not be a complete list)	
		NCIES: NEED USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALU	ATION
	verification d	date 2 COLLEGE OF MEDICINE OKC	
	E Exams Inc		
		popular <b>F</b> -concess	
		a d	
Last N	Medical Scho	ool Attended:	
039-0	1 Univ Of Ok	Coll Of Med, Oklahoma City Ok 73190	
	Nun	mber of Licenses Previously Granted to Graduates of this Medical School:7,35	59
		9	
Annlina	tion for Do	onident Full Lineage Deinstatement	
Applica	tion for. Re	esident Full License Reinstatement	
1000	6 1969a		
The Se	ecretary of the	the Board has reviewed this application and:	
41	ALITUODIZE	ED CIDCUL ADIZATION TO OTHER DOADD MEMBERS	
1)	AUTHURIZE	ED CIRCULARIZATION TO OTHER BOARD MEMBERS	
100000	ALL FIVE CI Passed US	CRITERIA HAVE BEEN MET [Fast Track]	
		r Legal Issues	
	No Malprac		
	US Graduated	ate I Medical School in 4 years or less	
	J		
21	HV6 I66I IEI	ED A TEMPODARY LICENSE THROUGH	
3)	TIMO IOOUEI	D A TEMPORARY LICENSE THROUGH / /	
oge -			
4)	HAS ISSUEI	D A SPECIAL PGY-1 TRAINING LICENSE	

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

Type MD Number

Name

41628

BRIAN PADILLA

MEDICAL DOCTOR

**Practice Address:** 

May 04, 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: 06/04/2024 AMA Rec: 06/04/2024

**Board Action:** 

License #: 41628

Sex: M

Ethnic Origin: 4

Endorsed By: USMLE

		Date	Date	
Test	Score	Taken	Verified	Attempts
Test 1: USMLE 2	PASS	01/06/23	6/12/23	1

Test 2: USMLE 1

PASS 06/19/21 6/12/23

Test 3:

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: BACHELOR IN SCIENCE

State: OK Country: UNITED STATES

From: 8/2009 To: 5/ 2014 Verified:

School Name: MUSTANG HIGH SCHOOL

City: MUSTANG

Degree: DIPLOMA

State: OK Country: UNITED STATES

From: 3/2009 To: 5/ 2009 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:

Y

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

Type MD

Number

Name

41628

BRIAN PADILLA

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: INTEGRIS BAPTIST MEDICAL CENTER

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 UPGRADE (LKC)

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE

To:

1

Res. Fellowship: Residency

City: OKLAHOMA CITY

From: 7 / 2023

State: OK Country: UNITED STATES OF AN

Verified:

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: OSOI

Supervisor:

City: OKLAHOMA CITY Specialty: MEDICAL SCRIBE

State: OK Country: UNITED STATES From: 6/2017 To: 8/2019 Verified:

Comments: DOCUMENT PHYSICIAN'S CLINIC NOTES

Employed: NONE

Supervisor:

City: MUSTANG Specialty: UNEMPLOYED

State: OK Country: UNITED STATES From: 1/2017 To: 6/2017 Verified:

Comments:

Employed: CSL PLASMA

Supervisor:

City: OKLAHOMA CITY Specialty: PHLEBOTOMIST

State: OK Country: UNITED STATES From: 12/2015 To: 1/2017 Verified:

Comments: PHLEBOTOMIST: PERFORMED VENIPUNCTURE ON DONORS TO BEGIN PHERESIS

**PROCESS** 

**Employed: NONE** 

Supervisor:

City: MUSTANG Specialty: UNEMPLOYED

State: OK Country: UNITED STATES From: 5/2014 To: 12/2015 Verified:

Comments:

Other Licenses

State Lic Type and Number

**Status** Issued Exp

Verif

**DEFICIENCIES** 

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

Exam verification date

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

USMLE Exams Incomplete

## Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/26/2023

Applicant Name: PADILLA, BRIAN

MD 41628



Date Of Birth:

Place Of Birth (City, State): PASADENA, CA

Sex: M Race: Hispanic

Edu	cation							
Туре	e Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF OKLAHOMA	NORMAN	ОК	8/2009	5/2014	BACHELOR IN SCIENCE		

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	10.50				

Post-Graduate							
Facility	City S	t Country	Specialty	Comments	From	То	
COLLEGE OF MEDICINE OKC	OKLAHOMA CITY C	K UNITED S	INTERNAL MEDICINE		7/2023	1	

<b>Practice History</b>							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
OSOI	MEDICAL SCRIBE		OKLAHOMA CITY	ОК	6/2017	8/2019	
CSL PLASMA	PHLEBOTOMIST		OKLAHOMA CITY	OK	12/2015	1/2017	

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

1250/

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

Received:04/26/2023

Que	stions Answered 04/25/2023	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
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
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
<.	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
₹.	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
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 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE PAGE 439 of 512

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? Yes
If 'Yes', Name of practice: University of Oklahoma College of 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 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 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 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

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.



JUN 0 2 2023 Applicant's signature (must be signed in the presence of a notary)

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

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 OKIahoma	, county of Canaclian	

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.

Mannan Kan this document are subscribed and sworn to before me by the applicant on this 24 day of Man

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

PRIMARY

Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 06/09/2023

Examinee ID: 5-476-290-1

Examinee:

Padilla, Brian Angel

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.

THE PERSON NAMED IN	-	CHE		-
USMI	100			
	4 100		1	

Test Date	Pass/Fail	Score	Minimum Pass	Comments
06/19/2021	Pass	241	(194)	

#### **USMLE STEP 2**

Clinical Knowledge (CK)

Test Date Pass/Fail Score Minimum Pass Comments

01/06/2023 Pass 241 (214)

#### **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.

JUN 1 2 2023

OKLAHOMA STATE BOARD OF

T41628



## 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: Padilla, Brian Angel

Examinee ID: 5-476-290-1 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

## 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	Brian Pa	dilla									
Institution:	Unive	ersity of Ok	daho	ma Coll	ege	of Me	dicine	City/Sta	te O	klahoma City,	OK	
Our records	indicate	that the above	named :	applicant at	tende	ed our me	dical school	on the fo	llowing	dates:		
From 8	<sub>/</sub> 19	2019	To_	5 /	20	,2023	and was aw	arded the	e degree	Doctor of Medici	ne	
Month	n Day	Year		Month D	Day	Year						
Does th		dual's official re	cord ref	lect (an) int	errup	otion(s) or	extension(s	) in his/he	er medi	cal education? If yes, plea	se Y	s No
/		dual's official re l education? If y			/she	was ever	placed on a	ademic o	r discip	linary probation during	Y	s No
Does th	nis indivi		cord ref	lect that he						ts for behavioral reasons	or Y	s V
Does th	nis indivi		cord ref	flect that he	/she	was ever	disciplined f	or unprof		l conduct/behavioral	Y	s V NO
Does th	nis indivi ual beca	idual's official re	cord ref	flect that the	ere w	ere any li	mitations or	special re		nents imposed on the er reason? If yes, please	Y	es 🗸 vo
				that the in	form	ation abo	ve is an acc	ırate accc	ount of	this individual's records a	and is true a	ind correct.
Name: 16	eresa	Scordino, I	W.D.		=		Signat	ure	100	on hou		
Title of Sign	atory:	Associate I	Dean	for Stud	lent	Affairs	Date	f Signatu	re	S/31/23		
Tel: 405	-271-	2316	Fax:	405-2	71-2	2287	E-Mai	. Tere	esa-S	cordino@ouhsc.e	edu	
	Scho Sea			If no seal i	blic		s form mus Torres -896	be notar	ized			
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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Earned

16.00 S

111.50 S

130.00 S

151.00 S

87.00 S

24.00 S

519.50

519.50

0.00 CE

16.00

111.50

130.00

151.00

87.00

24.00

519.50

519.50

Grade

8132

8140

8148

8156

8264

8266

8272

8275

8301

8280

9200

TERM GPA :

TERM GPA :

OUHSC GPA :

GPA :

OUHSC GPA :

Course

INDT

INDT

INDT

INDT

TERM

Course

INDT

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INDT

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INDT

Course

INDT

INDT

INDT

0.000

0.000

Program 2019-07-01 :

INDT INDT INDT

Design/Analysis Clin Res

Beginning of Medicine Record

Fall 2019

0.00 TOTALS :

TOTALS :

Degrees Awarded

External Degrees

Academic Program History

Description

Clinical Medicine I

The Human Structure

Foundations of Medicine

Req Orientation Documents I

0.00

University of Oklahoma Health Sciences Center

Doctor of Medicine

Field of Study : Microbiology

: 2023-05-20

: Medicine

2014-05-09 Bachelor of Science

Medicine MD

Active in Program

2019-07-01 : Medicine - MD Major

2023-05-20 : Completed Program

8110

8122

8124

8125

8244

8555

9100

University of Oklahoma

P. O. Box 26901

United States

Degree

Plan

Confer Date

Oklahoma City, OK 731260901

Prologue

0.000

0.000

GPH:

GPH:

Course

OUHSC GPA :

0.000 GPH: 0.000

Description

GPH:

GPH:

Description

Neurosciences

Course Topic(s): Medical Readers' Theater

Description

Reproduction

MS2 Capstone

GPH:

Cardiovasc, Resp, Renal

PPS II: Clinical Ethics

Clinical Medicine II

0.000

0.000

Gastrointestinal & Hepatobil

Endo, Metab & Nutri Biochem

Blood, Hematopoiesis & Lymph

GPH:

Enrichment Program: Humanities

0.00

98.00 S

70.00 S

40.00 S

TOTALS

Attempted

68.00

85.00

85.00

77.00

315.00

834.50

164.00

166.00

99.00

16.00

35.00

Attempted

480.00

480.00

TOTALS :

Spring 2020

0.00 TOTALS :

0.00 TOTALS :

Fall 2020

Spring 2021

1314.50 1314.50

Grade Attempted Earned

9201 Joint, Skin, and Bone 0.000 GPH:

0.000

0 00

0.00 TOTALS

TOTALS :

40.00 208.00 208.00

1522.50 1522.50

98.00

70.00

Law Klen.

TERM GPA :

OUHSC GPA :

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REGISTRAR, OUHSC

Earned Grade

68.00 S

85.00 S

85.00 S

77.00 S

315.00

834.50

Earned

164.00 S

166.00 S

35.00 S

99.00 S

16.00 S

Page No. 1

Points

0.000

0.000

Points

0.000

0.000

0.000 0.000

under the condition that other parties will not have access to this information without the student's written consent. STUDENT IS IN GOOD STANDING UNLESS NOTED. THIS DOCUMENT REFLECTS ONLY THE ACADEMIC RECORD OF THE STUDENT. 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 445 of 5X2 405) 271-2480 www.ouhsc.edu

RECEIVED

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

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

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Transfer statistics (if posted)

OUHSC statistics
Combined statistics

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 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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JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

United States

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

: Brian Padilla Name

Student ID: 1781054

Birthdate :

Summer II 2021

Summer II 2022

				Dani	mer ir 20.	2, 1								Cuite	101 11 20	22			
Course	1	Des	criptio	on		Attempted	Earned	Grade	Points	Course		Desc	criptio	<u>n</u>		Attempted	Earned	Grade	Points
NDT	9301	Clin	nical T	ransition	ns	40.00	40.00	0 s		INDT	9300	Caps	stone			160.00	160.00	s	
SBS	9520	Psy	chiatry	Clerksh	p	240.00	240.0	) B	720.000	INDT	9403	Sub	interns	hip Elect	tive	160.00	160.00	A	640.000
										Co	ourse Tor	oic(s): R		A SHARE SERVICE AND A SHARE SERVICE		ve			
TERM	GPA :	3.000	GPH:	240.00	TOTALS	280.00	280.00	0	720.000		7727 250	A E 452 3 750			T EVER				
										TERM	GPA :	4.000	GPH:	160.00	TOTALS	: 320.00	320.00	)	640.000
OUHS	GPA :	3.000	GPH:	240.00	TOTALS	1802.50	1802.50	)	720.000										
		1								OURSC	GPA :	3.217	GPH:	1840.00	TOTALS	: 3802.50	3802.50		5920.000
				1	Fall 2021														
														E	Tall 2022				
ourse		Desc	criptic	on .		Attempted	Earned	Grade	Points										
							AV53			Course		Desc	criptio	n		Attempted	Earned	Grade	Points
EUR	9370	Neur	rology	Clerkship	p	160.00	160.00	В	480.000	-									
1	9540	Fam	Med Cl	erkship		160.00	160.00	) B	480.000	INDT	9406	Spec	cial St	udies Ele	ective	160.00	160.00	S	
DI	9650	Pedi	iatric	Clerkship	9	240.00	240.00	A	960.000	Co	urse Top	pic(s): F	M Speci	al Studie	s Electi	ve			
DI	9101	RADI	I Selec	tive		80.00	80.00	s		INDT	9406	Spec	cial St	udies Ele	ective	160.00	160.00	S	
NES	9110	Anes	sthesic	logy Sele	ective	80.00	80.00	S		Co	ourse Top	pic(s): RA	ADI Spe	cial Stud	lies Elec	tive			
TERM	GPA :	3.429	GPH:	560.00	TOTALS :	720.00	720.00	)	1920.000	TERM	GPA :	0.000	GPH:	0.00	TOTALS	320.00	320.00	)	0.000
OUHSO	GPA :	3.300	GPH:	800.00	TOTALS :	2522.50	2522.50	)	2640.000	OURSC	GPA :	3.217	GPH:	1840.00	TOTALS	4122.50	4122.50	)	5920.000
				Sp	oring 2022	2								Sp	oring 202	3			
ourse		Desc	criptio	on.		Attempted	Earned	Grade	Points	Course		Desc	ription	1		Attempted	Earned	Grade	Points
JRG	9760	Surc	mery Cl	erkship		320.00	320.00	В	960.000	INDT	9403	Subi	nterns	nip Elect	ive	160.00	160.00	) A	640.000
D	9250	the second secon	1	lerkship		320.00	320.00	В	960.000	Co		oic(s): F							
HT	9101			ogy Selec	tive	80.00	80.00			INDT	9407			Selecti		160.00	160.00	S	
BGY	9210			yn Clerks		240.00	240.00		720.000			pic(s): Di				4			
		1000	7	4.0.		777.37		3	1201000		*650 10k			ACADE AND AND A	in PHARM				
TERM	GPA :	3.000	GPH:	880.00	TOTALS :	960.00	960.00	1	2640.000	Course			riptio			Attempted	Earned	Grade	Points
OUHSC	GPA :	3.143	GPH:	1680.00	TOTALS :	3482.50	3482.50	)	5280.000	INDT	9407	Four	th Year	r Selecti	.ve	80.00	80.00	s	
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Fourth Year Selective

Course Topic(s): Directed Readings in PHARM

80.00 S

REGISTRAR, OUHSC

80.00

INDT

9407

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

## **EXPLANATION OF RECORD**

PHONE (405) 271-2359 PAGE 447 of 512(405) 271-2480 www.ouhsc.edu

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER **OUHSC FICE CODE 5889** 

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Career totals

Transfer statistics (if posted)

**OUHSC** statistics Combined statistics

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Distinction

Special Distinction Outstanding Distinction

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Official Transcript

PAGE 448 of 512 07-JUN-2023 Page No. 3

: Brian Padilla

Student ID: 1781054

Birthdate :

Spring 2023 (cont.)

JUN 0 8 2023 Course Description Directed Readings in PHARM TERM GPA : GPH: 160.00 TOTALS : 720.00 720.00 640.000 OUHSC GPA : 3.280 GPH: 2000.00 TOTALS: 4842.50 4842.50 6560.000

Medicine Career Totals

THE UNIVERSITY OF OKLAHOMA H

P. O. Box 26901

United States

Oklahoma City, OK 731260901

OUHSC GPA : 3.280 GPH: 2000.00 TOTALS: 4842.50 4842.50 6560.000

Post-Baccalaureate Career Totals

University of Oklahoma Health Sciences Center

OUHSC GPA : 410.000 GPH: 125.00 TOTALS : 302.65 302.65

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

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

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REGISTRAR, OUHSC

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

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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# AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address BRIAN ANGEL PADILLA

Birth date

Primary Office 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 OKLAHOMA COLLEGE OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

**Enrollment Date:** 

08/2019

Degree Date:

05/2023

AMA files checked 06/4/2024 11:15:29

AMA Physician Profile for Brian Angel Padilla, 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: INTERNAL MEDICINE

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 Data<sup>TM</sup>, 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 453 of 512

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

#### OKLAHOMA CITY OK 73105 EVIDENCE OF STATUS – PART A

JUN 0 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Full Legal Name: 13	r.n	Ar	160	Padilla	
/	First		Middle	Last	Malden (if applicable)
Mailing Address:		Stroot Addrore	or Part Office Poy		
				Social Security #:	
City	State	Zip Code	Telephone Number	140.4	= 5

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

посс	uments to this form. Place a checkmark below to indicate the document that  A birth certificate showing birth in one of the 50 States, the District of Columbia, Pue	
U	Virgin Islands (on or after January 17, 1917), American Samoa, Swain's Island or the Notice of the U.S.	
	United States passport (except limited passports, which are issued for periods of less	s than five years)
	Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State	
	Certificate of birth (FS-545) (issued by a foreign service post) or Certification of Repo copies available from the Department of State	
П	Certificate of Naturalization (N-550 or N-570) (issued by the INS through a Federal or after December 1990 to individuals who are individually naturalized; the N570 is a relost or mutilated or the individual's name has been changed)	r State court, or through administrative naturalization placement certificate issued when the N-550 has been
П	Certificate of Citizenship (N-560 or N-561) (issued by the INS to individuals who deri replacement certificate issued when the N-560 has been lost or mutilated or the indi	vidual's name has been changed)
	United States Citizen Identification Card (I-197) (issued by the INS until April 7, 1983 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 Mariana Islands before November 3, 1986)	
	Statement provided by a U.S. consular officer certifying that the individual is a U.S. U.S. who derives citizenship through a parent but does not have an FS-240, FS-545 or	r DS-1350);
	American Indian Card with a classification code "KIC" and a statement on the back Kickapoos living near the U.S./Mexican border.)	(identifying U.S. citizen members of the Texas Band of
	Alien Lawfully Admitted for Permanent Residence: INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green card"	(i)
	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 a companying documents provided to substantiate my Evidence of Status applications.	all information contained in this application and all tion are true and correct.  Date $5-74-23$
Sub	ary Public Halle O La	, 20 2 3
Not		

r	Vame:	Brian Padilla	Application #	41628
1,13		Brian r dama		1.1000

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/							_	
Start Month	Start Year	End Month	End Year	Name of Institution City		State	Degr	ee
WORK	HISTO	DRY						
Start Month	Start Year	End Month	End Year	Name of Employer City	1	State	Job Title	
OTHE	R ACTI	VITY						
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at home pa	arent, etc.)	City		State
3	2009	8	2009	Still in High School from March - May 2009 when I graduated High School , then summer break fi	rom May-August 2009	Must	ang	Oklahoma
5	2014	12	2015	Unemployed	mployed Mustan		ang	Oklahoma
1	2017	6	2017	2017 Unemployed		Must	ang	Oklahoma
							-	

JUN 0 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



### 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	ramination 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;
  - 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.

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

05/04/2023

BRIAN PADILLA

RE: MD Application #41628

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP10638644
Password:Last 4 SSN

Dear BRIAN PADILLA.

# 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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

Evidence of Status

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 3/2009-8/2009, 5/2014-12/2015, 1/2017-6/2017

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

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: <a href="https://secure.okmedicalboard.org/applicant/signin">https://secure.okmedicalboard.org/applicant/signin</a>

Your user name is <u>AP10638644</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

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

ram verification date estGrad - Form 2 COLLEGE OF MEDICINE OKC SMLE Exams Incomplete	this page, this may not be a complete list)
est Medical School Attended: 9-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73 Number of Licenses Previously Gran	3190 Inted to Graduates of this Medical School:7,276
plication for: Resident Full Licens	
1) AUTHORIZED CIRCULARIZATION TO OTHER 2) ALL FIVE CRITERIA HAVE BEEN MET [Fast 7] - Passed USMLE - No DUIs or Legal Issues - No Significant Malpractice Issues - US Graduate - Graduated Medical School on time	A DAY
3) HAS ISSUED A TEMPORARY LICENSE THRO	
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LI	ICENSE And 6-20-23
4) TIAO 1000ED A OI EGIAET OTET TITAITANG E	

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

Type

Number

Name

MD 41678 JAROD JOHN PAMATMAT MEDICAL DOCTOR	
Incomplete Information (due to space limitations on this page, this may not be a complete list)	
OTHER DEFICIENCIES: NEED USMLE STEP 3 /EVALUATION Exam verification date PostGrad - Form 2 COLLEGE OF MEDICINE OKC USMLE Exams Incomplete	
Last Medical School Attended: 048-12 Univ Of TX Southwestern Med Sch At Dallas SW Med Sch, Dallas Tx 75235	
Number of Licenses Previously Granted to Graduates of this Medical School:613	
Application for: Resident Full License Reinstatement	22
Application for: Resident Full License Reinstatement  The Secretary of the Board has reviewed this application and:	22
	2
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 MD

Number

Name

41678

JAROD JOHN PAMATMAT

MEDICAL DOCTOR

**Practice Address:** 

May 12, 2023

Status:

Res: TR

Received: 05/01/2023

Entered: 05/01/2023

Temp Issued:

Temp Expires:

Train Issued: 07/01/2023 Train Expires: 09/30/2024 Fed Rec: 06/04/2024 AMA Rec: 06/04/2024

**Board Action:** 

License #: 41678

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

Test		Score	Date Taken	Date	Attempts
		Score	raken	vermeu	Attempts
Test 1: USMLE	1	PASS	7/10/20	6/8/23	1
Test 2: USMLE	2	PASS	9/9/22	6/8/23	1
Toet 3:	Note:	PASS n	neans high	er than 75	

Test 3:

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

#### PRE-MED EDUCATION

School Name: THE UNIVERSITY OF TEXAS AT DALLAS

City: RICHARDSON, TX

State: TX Country: UNITED STATES

From: 8/2015 To: 5/ 2018 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: Univ Of TX Southwestern Med Sch At Dallas SW Med Sch, Dallas Tx 75235

Foreign Name:

City: Dallas

State/Country: United States of America

Degree: MD

Degree:

From:

8 / 2018 **To:** 5 / 2023

Diploma Ver'd:

Y

#### POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty:PEDIATRICS

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AN

Verified:

From: 7 / 2023 To:

ACGME Ver'd:

Comments:

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

Type MD

Number

Name

41678

JAROD JOHN PAMATMAT

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: NONE

City: TYLER

Specialty: SUMMER BREAK

Supervisor:

Country: UNITED STATES State: TX

From: 5/2015 To: 8/2015 Verified:

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

PAGE 462 of 512

### RETURN FORM TO:

## OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION MAY 2 6 2024

oktraining@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).

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

CELL

NAME

Pamatmat

initial application

NUMBER HOME ADDRESS PROGRAM ATTENDING		1508540584		PHONE					
				CITY/STATE ZIP CODE					
		University of Oklahoma Health Sciences C	Center	SPECIALTY	Pediatrics				
		DOCUME	NTAT	TION TO ATT	ACH				
		PAYN	NENT	COMPLETED					
\$150 payment made on Billpay for RENEWAL of training license			Ø	\$250 paymer license	nt made on Billpay for <mark>UPGRADE</mark> of training				
		DOCUME	ENTA	TION REQUIRE	ED				
	1,300,000	? (must be received directly from progra Y FOR UPGRADE			tion (must be received directly from program)				
☐ USMLE Step 3 (must be received directly from USMLE)				□ Answe	☐ Answer confidential questions (on back of this form)				
		FOREIGN	TRA	INED STUDEN	TS				
	Curren	it visa		□ So	cial 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.

RENEWAL QUESTIONNAIRE **UPDATED 03-2024** 

Background Check \*\*if not done at initial application

FIRST

NAME

**EMAIL ADDRESS** LICENSE

Jarod John



NAME\_ Jarod John Pamatmat

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever is most recent)					
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?		Ø			
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)?		Ø			
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?		Ø			
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	Ø			
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)?	_	Ø			
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?		Ø			
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?		N/Z			
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		Ø			
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		Ø			

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_	well familiant	Date May 26, 2024
_	V	

## Oklahoma State Board of Medical Licensure and Supervision PAGE 464 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:05/01/2023

Applicant Name: PAMATMAT, JAROD JOHN

MD 41678

Date Of Birth:

Place Of Birth (City, State): DEFIANCE, OH

To

Race: Asian/Pacific Islander

Education Type Name

City

Sex: M

ST Country

From

Degree

Comments

Veri

UG THE RICHARDSOI TX

8/2015 5/2018

UNIVERSITY OF **TEXAS AT** 

DALLAS

**Medical School Name** City Univ Of TX Southwestern Med Sch

Dallas

**State Country** TX United States Comments

From To

8/2018 5/2023

At Dallas SW Med Sch, Dallas Tx

75235

Post-Graduate

**Facility** 

City

St Country

Specialty

Comments

1

From

To 7/2023

**Practice History** 

Employer

Specialty

Supervisor

OKLAHOMA CITY OK UNITED S' PEDIATRICS

City

ST Countr From

Verif

Other/ Out-Of-State Licenses

COLLEGE OF MEDICINE OKC

State License # Profession

Status

To

**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:05/01/2023

Que	estions Answered 04/30/2023	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
Ò.	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
repo	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?  ed internal medicine and OBGYN shelf exams largely in part due to untreated  high which made it difficult to study during clerkship year. Placed on academic probation and eated clerkship year. After appropriate diagnosis and treatment, was able to successfully remediate without mer concerns.	Υ
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
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?	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?	Υ
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

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received: 05/01/2023

UK .
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 Sciences Center
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder The University of Texas System Professional Medical Liability Benefit Plan Name of Current Carrier and policy Holder The University of Texas System Professional Medical Liability Benefit Plan 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 (7/1/2023)

I attest that all the above information is accurate as of April 30, 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 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 1 6 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Pamatmat, Jarod John, M

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

6-16-2023

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

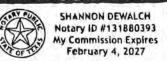
_	0 111	
State of Texas	County of Smith	

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 10 day of 202

Notary Public Signature

My Notary Commission Expires D2-DU-2027





## 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)

FOUR 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Examinee: Pamatmat, Jarod John Munda Alt Name(s): Munda Pamatmat, Jarod John Date: 06/08/2023

Examinee ID: 5-453-167-8
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.

USMILE	51	EP	1
--------	----	----	---

CONTENDED							
Test Date	Pass/Fail	Score	Minimum Pass	Comments			
07/10/2020	Pass	207	(194)				

#### **USMLE STEP 2**

#### Clinical Knowledge (CK)

<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments
09/09/2022	Pass	225	(214)	

#### **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.

JUN 0 8 2023

MEDICAL LICENSURE 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: Pamatmat, Jarod John Munda

Examinee ID: 5-453-167-8

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 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.

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

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Form 1 (MD)

## Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street

JUN 29 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Oklahoma City, OK 73105

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

Applicant's Name Jarod Pamatma				
Institution: UT Southwestern Med	lical Center City/State	Dallas/Texas		
Our records indicate that the above named a	pplicant attended our medical school on the followi	ing dates:		
From 08 / 06 / 2018 To	05 05 / 2023 and was awarded the degree Month Day Year	ree Doctor of Medicine		_
Does this individual's official record refl explain.	ect (an) interruption(s) or extension(s) in his/her me	edical education? If yes, please	VES YES	□ NO
	ect that he/she was ever placed on academic or disc se explain.	ciplinary probation during	YES	□ NO
Does this individual's official record refl	ect that he/she was ever the subject of negative rep or parent university? If yes, please explain below.	oorts for behavioral reasons or	□ YES	NO NO
Does this individual's official record refl	ect that he/she was ever disciplined for unprofessio t university? If yes, please explain below	onal conduct/behavioral	□ YES	NO
	ect that there were any limitations or special require emic incompetence, disciplinary problems, or any ot		□ YES	ts/NO
California The English	we see attached letter		Cont. Was	
CARACIA TO A SECOND	ove: <u>See attached letter</u>		See The	el den deler
Please explain any "YES" response from abo	ove: <u>See attached letter</u>		27. 34.	
Please explain any "YES" response from about the following is certification  Name: Bake Barker, (	that the information above is an accurate account on the information above. Signature	WM_	s true and	correct.
Please explain any "YES" response from about the following is certification  Name: Bake Barker, (  Title of Signatory: ASSOC. Dean	that the information above is an accurate account	U/14/23	4, 4, 5	13 (4) 13 (4) 1 (4) 1 (4)

**Notary Seal** 

Angela Peterman Mihalic, M.D.
Dean of Medical Students and Associate Dean for Student Affairs
Professor, Department of Pediatrics
Distinguished Teaching Professor



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JUN 29 2023

September 28, 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



### IDENTIFYING INFORMATION

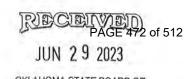
Jarod John Munda Pamatmat is a fourth-year student at the University of Texas Southwestern Medical School in Dallas, Texas.

### NOTEWORTHY CHARACTERISTICS

- As evidence of his passion for leadership and interprofessional teamwork, Jarod was elected as one of the interprofessional education representatives for student government and was a member of the Interprofessional Student Collaborative. His responsibilities included helping organize Convergence Day, a yearly event highlighting the importance of interprofessional education.
- Jarod's commitment to service and clinical improvement is exemplified by his work at various clinics, including the Agape Pediatrics Free Clinic for uninsured patients, During his first and second year of medical school, he attended a weekly clinic and spent his summer off completing pediatrics and internal medicine preceptorships.
- Jarod has conducted research with Dr. Heather Goff focusing on the impact of microstomia on scleroderma patients and the safety and efficacy of dermal fillers in patients with connective tissue diseases. He has published three co-first author papers during his time in medical school.

### ACADEMIC HISTORY

Date of Expected Graduation from Medical School: Date of Initial Matriculation in Medical School: Please explain any extension(s), leave(s) of absence, gap(s), or break(s) in the student's educational program. See below.	05/05/2023 08/06/2018 □ Not applicable
For dual/joint/combined degree students: Date of Expected Graduation from Other Degree Program: Date of Initial Matriculation in Other Degree Program: Type of Other Degree Program:	☑ Not applicable
Was this student required to repeat or otherwise remediate any coursework during their medical education?  During his third year of medical school, Jarod experienced deficiencies Obstetrics and Gynecology clerkship shelf exams. As a result, he was required uring which he was diagnosed with a successfully repeated these clerkships as well as Surgery and Family Medifficulty.	ired to repeat the clerkship year ring appropriate treatment, he
Was this student the recipient of any adverse action(s) by the medical school or its parent institution?	<ul><li>☑ No</li><li>☐ Yes - Please explain:</li></ul>



### **COVID-19 STATEMENT**

Due to the impact of the pandemic, the clerkship length for Surgery was decreased from eight to six weeks. Pre-COVID, all students were required to complete four weeks of Family Medicine and six weeks of Ambulatory Medicine clerkships. Post-COVID, students who completed one of the two clerkships could waive the other and achieve outpatient competencies via approved elective experience. Students who completed neither were enrolled in a new combined Outpatient Care clerkship. Based on the variations among clerkships longitudinally, UT Southwestern has suspended ranking students into quartiles this year.

### ACADEMIC PROGRESS

### **Professional Performance**

Jarod John Munda Pamatmat has met all the stated objectives for professionalism at UT Southwestern Medical School. We have assessed all students' communication skills, adaptability, respect for patients and the health care team, cultural competency, accountability, initiative, and composure under stress.

### **Preclinical Coursework**

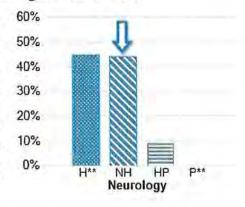
Jarod John Munda Pamatmat successfully completed the preclinical curriculum, which was graded pass/fail.

### Clerkships (in chronological order)

### Neurology (12/30/2019 - 1/24/2020) Grade: NH

Overall grade based on: Clinical - 60%; Exam - 30%; Observed Neurological Exam - 10%

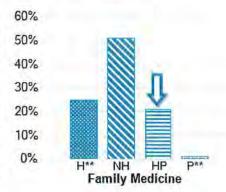
"Jarod has a good fund of knowledge, and it was a pleasure working with him." "Jarod did a great job on his first clinical rotation! This was a challenging two weeks with an unusual cluster of complex neurological diagnoses, and Jarod handled them very well. He was eager to learn, had a great attitude, and came well prepared to rounds. He was kind, courteous, and a valuable member to our team. His neurological exam skills improved throughout the rotation, and his presentations became more fluid. He is humble and took constructive feedback well. He is going to have a very successful training career and will be an asset to any training program he joins."



### Family Medicine (1/27/2020 - 2/21/2020) Grade: HP

Overall grade based on: Clinical - 50%; Exam - 30%; Project Presentation - 10%; Coursework - 10%

"Jarod did great and performed above his level of training," "I worked with Jarod during his second year of medical school, and he did an exceptional job. He is a team player and had immediate rapport with patients." "Jarod did an outstanding job in my experience with him on his family medicine rotation. He is exceptionally bright and well fluent at this point in his training. Since he was so very early on in his clinical training, I feel hard pressed to give an honors grade, but he is certainly deserving and is one of the better students I have had in the past two years." "Jarod is an excellent student who showed medical knowledge and management plans that were above his level of training. He has a



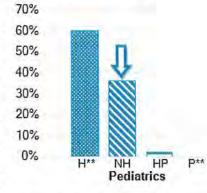


very good bedside manner that helped put patients at ease during their visits. He will be an outstanding physician in whichever specialty he chooses. It was a pleasure to have him in Tyler for his FM rotation." "Jarod is a great student with a great personality. He will serve his community and his patients incredibly and graciously in the future."

### Pediatrics (1/4/2021 - 2/12/2021) Grade: NH

Overall grade based on: Clinical - 50%; Exam - 30%; Case Exam, TBL, CLIPP Cases - 20%

"Jarod was enthusiastic, knowledgeable, and very comfortable interacting with patients and the team. He gave crisp presentations, demonstrating an excellent sense of the important parts of the history and physical, an ability to synthesize the details into an assessment of the patient's status that day, and a clear understanding of the plan. I was impressed with his sensitivity to a patient who was transgender. He was eager for all learning opportunities, and the residents reported he was very helpful." "Jarod was engaged throughout the rotation. He asked very good questions, looked up literature, and solicited feedback on his performance." "Jarod was eager to learn and exceeded all

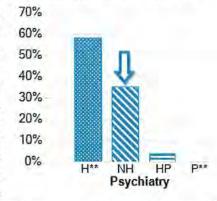


requirements of the rotation." "Jarod was a welcome presence on our team. He was well prepared for rounds each and every day. His presentations made it clear that he had taken the extra steps to read literature and develop well-thought-out differential diagnoses and plans of care for each of his patients. He was able to utilize family appropriate terminology on rounds to explain diagnoses and plans to the families and patients." "I enjoyed having Jarod on our inpatient pediatrics team. He is very hardworking and enthusiastic. He related very well to families, and it was obvious he enjoyed interacting with and caring for children. His positive attitude was greatly appreciated."

### Psychiatry (4/12/2021 - 5/21/2021) Grade: NH

Overall grade based on: Clinical - 50%; Exam - 30%; Write-Up - 8%; Presentation - 8%; TBL - 4%

"I enjoyed working with Jarod. The census on the unit was low, but he did his fair share of inpatient consults and outpatient evaluations. He is a very empathetic and hardworking student who excelled in a plethora of areas. He was very reliable and highly ethical. He is a fast learner and adapted his interview style to suit elderly patients with cognitive deficits. He enjoyed working with geriatric patients and felt at ease and very comfortable with this patient population. He learned quickly about cognitive screenings and cognitive profiles of various neurocognitive disorders. It was a pleasure to have Jarod on our service, and we wish him the very best." "Jarod did a very good job. He quickly became comfortable



interviewing patients with addiction. He wrote good notes and worked very well with the team. He is professional and courteous. He could benefit from continuing to read up on DSM diagnoses and psychopharmacology."





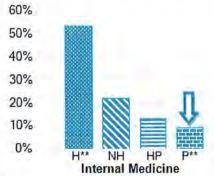
### Internal Medicine (8/16/2021 - 10/8/2021) Grade: P\*\*

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Overall grade based on: Clinical - 60%; Exam - 30%; Completion of Aquifer Modules, EMR H&P Feedback Form, Comprehensive H&P Write-Up, Reflective

Writing Exercise - 10%

"I worked with Jarod for the second two weeks of his general internal medicine ward rotation at CUH. He performed well, and his oral presentations were organized and generally complete with regard to the information I wanted. His written H&P was fair but not as complete as needed. He was open to feedback and suggestions, and his second H&P was much better. He showed initiative in obtaining information from one 15 year old patient admitted with acute liver injury and went above and beyond in extending the history from the patient. He was liked and respected

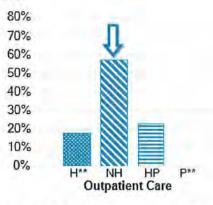


by the team, and I enjoyed working with him." "Jarod was always prepared for rounds, communicated his responsibilities maturely, and engaged in the learning environment. I saw him complete bedside rounds on a challenging and complex patient with many medical problems, and he had good rapport with the patient. I also observed him perform a history on a patient with GBM admitted for acute PE who had many family members in the room. Jarod did an excellent job gathering history on the primary problem. We discussed the challenge of interviewing a patient admitted to the hospital with many involved family members in the midst of tragic circumstances and ways to address the emotion in the room before delving into the business at hand. During my one week with Jarod, he cared for a very complicated woman who was admitted with hemolytic anemia and puzzling post-prandial N/V after a TEE. He did an excellent job presenting her subjective and objective information and needed little assistance ordering her problem list and honing in on a problem representation given the myriad number of disparate yet active problems. For his patient with GBM and PE, he was able to discuss the treatment for PE given the underlying cancer. His next steps should be to create differentials for the entire problem list (constipation, mouth ulcers, etc.) and to consider monitoring for our treatments (glucose for steroids)." "Jarod did great work during our two weeks together. He was able to elicit important histories from his patients and gained their trust. He was gaining proficiency in his physical exams and was eager to learn more. His notes and H&Ps were complete and well researched. He routinely used the literature to inform his patient care. His verbal presentations on rounds were well organized and complete. I enjoyed working with him."

### Outpatient Care (11/8/2021 - 12/17/2021) Grade: NH

Overall grade based on: Clinical - 50%; Exam - 30%; Coursework - 20%

"Jarod performed amazingly well from the first half day I worked with him in my clinic. He was immediately happy to see a variety of patients and was appropriately prepared for each visit. He chart checked and gathered initial information thoroughly, and I was surprised to find my clinic ran efficiently while he and I alternated seeing patents. I enjoyed working with him, as it was like having a team member or colleague rather than a clerkship student. He performed well above his level of training, and I would feel comfortable having him see any of my patients. I encouraged him to consider a career in primary care." "Jarod is organized, thorough, and was able to ask pertinent questions based on the



appropriate differential when performing a history and physical. He was able to interpret data collected and formulate a well-reasoned and prioritized differential diagnosis on straightforward patients. He

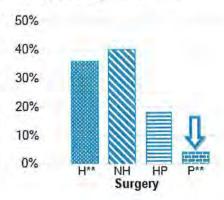


utilized motivational interviewing or similar communication skills to counsel patients and was able to make most patients feel comfortable. He especially excelled in the pediatrics clinic, where he was able to obtain a focused pediatric history, develop a differential diagnosis, and establish rapport with a caregiver on the first visit." "We had very limited time working together in clinic, but Jarod did a solid job. As he continues to read and learn clinical medicine, I anticipate he will become a very capable physician."

### Surgery (1/3/2022 - 2/11/2022) Grade: P\*\*

Overall grade based on: Clinical - 50%; Exam - 30%; Consent Exam - 10%; Suturing Exam - 10%

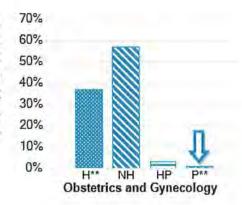
"Jarod performed with distinction on the pediatric surgical rotation. He was professional, pleasant to work with, interested, and involved. He has a good bedside manner and got along well with patients, other medical students, residents, and staff. He is dedicated to learning and asked appropriate questions. He was responsive to feedback, and his fund of knowledge is appropriate for his level. With continued reading and clinical exposure, he will make an excellent physician." "Jarod participated in all aspects of clinical care during the vascular surgery rotation and was well prepared for presentations."



### Obstetrics and Gynecology (2/14/2022 - 3/25/2022) Grade: P\*\*

Overall grade based on: Clinical - 50%; Exam - 30%; OSCE - 20%

"Jarod gave a great presentation to the group on postpartum hemorrhage." "Jarod gathered a complete history and was learning how to perform a sensitive exam." "Jarod was a delight to work with. He integrated into our team very well and will be an asset to any residency program." "Jarod demonstrated good history-taking skills that were well focused and thorough. He had good exam skills and concise documentation of care that improved with repetition."



### SUMMARY

In reviewing several years of Jarod John Munda Pamatmat's accomplishments, several patterns become apparent. Despite struggling initially on the clerkship exams due in part to a previously undiagnosed medical condition, Jarod demonstrated resilience and grit, receiving consistent praise for his strong clinical skills, diligent work ethic, and dedication to his patients. His attendings were impressed with his eagerness to learn and quickly incorporate feedback, his initiative in patient care tasks, and his helpful contribution to the work of the team. His evaluators also complimented his professionalism, dependability, compassion, empathy, and ease at establishing rapport with patients and families. Jarod has demonstrated a commitment to improving access to care for the underserved community as well as to improving team skills through interprofessional education initiatives. His determination to overcome obstacles, along with his dedication to patients will ensure that he is a welcome addition to any postgraduate residency training program and future health care team.





I hope these observations are of assistance in the consideration of Jarod's application for residency.

Respectfully submitted,

Angela Peterman Mihalic, M.D.

Dean of Medical Students and Associate Dean for Student Affairs

### MEDICAL SCHOOL INFORMATION

For additional information about the University of Texas Southwestern Medical School please see: <a href="https://www.utsouthwestern.edu/education/medical-school/curriculum/class-2023.pdf">https://www.utsouthwestern.edu/education/medical-school/curriculum/class-2023.pdf</a>

JUN 29 2023
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### Official UT Southwestern Medical School Record

(Name: Jarod John Munda Pamatmat

Student ID: 168410

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		BURCHE CONTINUE	(D)						
SSN:		JUN 1 6 2053	_	Course	Description	Attempted		Grade	Points
Other Institut	ions Attended	4 E 2022		SCH 1703	SCH ACT-CLIN & TRANSL RESEARCH	6.00	6.00	P	0.00
Other Institut	University of Texas/Dallas	JUN 1 0 2023		STP 1601 STRV 503	USMLE STEP 1 PREPARATION STRIVE: PERSONAL6 PROF DEV III	3.00	0.50	P	0.00
	Tyler Junior College			TTC 1501	TRANSITION TO CLERKSHIPS	0.50	0.50	P	0.00
	Middlebury College	OKLAHOMA STATE BOAR MEDICAL LICENSURE	DOF			7.44		GPA	0.00
	Northeast Texas Community College	AND SUPERVISION				Attempted	Earned	Units	Points
Print Date:	Jun 16, 2023	All Doc -		Term GPA:	3.25 Term Totals:	27.50	27.50	8.00	26.00
12,000,000,000,000		among the state of		Cum GPA:	3.25 Cum Totals:	49.00	49.00	8.00	26.00
	Beginning of Medical	School Record	- 101		VALUE DE L	75.575			
			CIVIR		Medical Year 2020-2021				
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Services -				Program: Plan:	School of Medicine General Medicine Major				
Program: Plan:	School of Medicine General Medicine Major	11 11 1	100	TD	denotal nearthe najor				
rian;	General Medicine Major	11/2	MACO	Course	Description	Attempted	Earned	Grade	Points
Course	Description	Attempted Earned Grade	Points	ANES 2001	EXPLORATION ANESTHESIA	1.00	1.00	P	0.00
BSF 1000	MICROANATOMY	0.50 0.50 P	0.00	COLL 1305	ACADEMIC COLL: CLERKSHIP II	0.50	0.50	P	0.00
BSF 1000	HUMAN STRUCTURE	2.50 - 2.50 P	0.00	COLL 1306	ACADEMIC COLL: CLERKSHIP III	0.50	0.50	P	0.00
COLL 1301	ACADEMIC COLL: PRE-CLRK I	1/00 1.00 P	0.00	GEN 2008W	PLAN YOUR OWN ADVENTURE	1.00	1.00	P	0.00
COLL 1302	ACADEMIC COLL: PRE-CLRK II	1/.00 1/00 P	0.00	MED 1801	INTERNAL MEDICINE CORE CLKSHIP	8.00	0.00	F	0.00
ENRH 118	SIAP: SPANISH INTERPRETER PGM	0.00 0.00 P	0.00	OBG 1807	Repeat (Excluded from GPA) OB/GYN CORE CLERKSHIP	6.00	0.00	F	0.00
ENRH 148 FBS 1101	CULINARY MEDICINE MACROMOLECULES	0.00 0.00 P 0.50 0.50 P	0.00		Repeat (Excluded from GPA)	0.00	0.00		0.00
FBS 1102	CELLS	1.00 1.00 P	0.00	PED 1803	PEDIATRICS CORE CLERKSHIP	6.00	6.00	NH	21.00
FBS 1103	TISSUES	1.00 1.00 P	10.00	PED 2021 PSY 1806	ADOLESCENT TRANSGENDER CARE	1.00	1.00	P	0.00
FBS 1104	GENETICS	1.00 1.00 P	0.00	PSY 1806 STP 2001	PSYCHIATRY CORE CLERKSHIP STEP 1 SELF-DIRECTED STUDY	6.00	6.00	NH	0.00
FBS 1105 FBS 1106	ORGANISMS AND HOST INTRO TO PHARMACOLOGY	2.00 2.00 P 0.50 0.50 P	0.00	SUR 1808	SURGERY CORE CLERKSHIP	6.00	6.00	HP	18.00
FCR 1401	FNDN FOR CLINICAL REASONING	0.50 0.50 P	0.00			4.74		GPA	
IM 1201	MUSCULOSKELETAL AND SKIN	2.00 2.00 P	0.00	- W		Attempted	Earned	Units	Points
IM 1202	HEMATOPOIETIC SYSTEM	2.00 2.00 P	0.00	Term GPA:	3-33 Term Totals:	37.00	23.00	18.00	60.00
IM 1203 IM 1204	CARDIOVASCULAR RESPIRATORY SYSTEM	2.00 2.00 P 2.00 2.00 P	0.00	Cum GPA:	3.31 Cum Totals:	86.00	72.00	26.00	86.00
IM 1205	RENAL AND GENITOURINARY	2.00 2.00 P	0.00	-00	3 1/ 5 /1	200	(117.67)	103333	2.55
STRV 501	STRIVE: PERSONAL & PROF DEV I	0.00 0.00 P	0.00	1	Medical Year 2021-2022				
STRV 502	STRIVE: PERSONAL & PROF DEV II	0.00 0.00 P	0.00	15	11 6 8 10				
		GPA		Program: Plan:	School of Medicine General Medicine Major				
		Attempted Earned Units	Points		General Medicine Major				
Term GPA:	0.00 Term Totals:	21.50 21.50 0.00	0.00	Course	Description	Attempted	Pannad	Cunda	Defete
Cum GPA:	0.00 Cum Totals:	21.50 21.50 0.00	0.00	COLL 1305	ACADEMIC COLL: CLERKSHIP II	Attempted 0.50	Earned 0.50	Grade P	Points
			LAT	COLL 1306	ACADEMIC COLL: CLERKSHIP III	0.50	0.50	P	0.00
	Medical Year 2019-2020			FAMB 1809	OUTPATIENT CARE CLERKSHIP	6.00	6.00	NH	21.00
Dynama	School of Medicine		1	-MED 1801	INTERNAL MEDICINE CORE CLKSHIP	8.00	8.00	P**	16.00
Program: Plan:	General Medicine Major				First Attempt: F				
	denoted negative najor				Second Attempt: NH Final Grade: P**				
Course	Description	Attempted Earned Grade	Points		Med School Repeat (Max grade of	of D**)			
COLL 1303	ACADEMIC COLL: PRE-CLRK III	1.00 1.00 P	0.00	OBG 1807	OB/GYN CORE CLERKSHIP	6.00	6.00	P**	12.00
COLL 1303	ACADEMIC COLL: PRE-CLRX III	0.50 0.50 P	0.00		First Attempt: F		18.100		
ENRH 139	LOOC PROGRAM	0.00 0.00 P	0.00	11-1	Second Attempt: HP				
ENRH 156	MEDICAL SIMULATIONS	0.00 0.00 P	0.00	SF 2 2	Final Grade: P** Med School Repeat (Max grade of	£ D++1			
FAM 1802	FAMILY MEDICINE CORE CLERKSHIP	4.00 4.00 HP 0.50 0.50 P	12.00	PATH 2104	HEMATOPATHOLOGY	2.00	2.00	P	0.00
FCR 1401 IM 1206	FNDN FOR CLINICAL REASONING GASTROINTESTINAL SYSTEM	0.50 0.50 P 2.00 2.00 P	0.00	PED 1906	SEL- ACUTE NEONATAL ICU (CMC)	2.00	2.00	H	0.00
IM 1207	ENDO ENGY HOMEO & REPROD HLTH	2.50 2.50 P	0.00	PED 2106	PEDI CL GASTROENTEROLOGY	2.00	2.00	P	0.00
IM 1208	BRAIN AND BEHAVIOR	3.00 3.00 P	0.00	PMED 2001 PMED 2004	EXPLORE PMGR	1.00	1.00	P	0.00
NEUR 1805	NEUROLOGY CORE CLERKSHIP	4.00 4.00 NH	14.00	PSY 2016	ADVANCED PM&R- PED REHAB MED EXPLORE MINDFULNESS FOR MED ST	1.00	1.00	P	0.00
					THE ST	1.00	2.00	-	0.00
					DDIMADV			100	0

### Official UT Southwestern Medical School Record

Name: Jarod John Munda Pamatmat

Student ID: 168410

Course RAD 2001 SUR 1808	Description EXPLORE RADIOLOGY SURGERY CORE CLERKSHIP	1.00 1.00 6.00 6.00	P 0.00 P** 12.00	Attempted:	COPY		
			GPA	Clerkship Ob	jective Structured Clinical Exa	m	
Term GPA:	2.35 Term Totals:		Units Points 26.00 61.00	Status: Program:	Completed School of Medicine		
Cum GPA:	2.83 Cum Totals:		52.00 147.00	Date	2021-04-18		
				Completed: Milestone	Exam		
	Medical Year 2022-2023	0001/	1	Level:			
Program: Plan:	School of Medicine General Medicine Major	COPY	SIVIA	Date Attempted:	2021-04-18 Completed		COP
Course	Description	Attempted Earned	rade Points	CID	3. 3.		
COLL 1307	ACADEMIC COLL: POST CLRK I	1.00 1.00	P 0.00	SIDITE	End of Official UT Southw	estern Medical S	chool Record
COLL 1308 EMED 2102	ACADEMIC COLL: POST CLRK II CLINCAL TOXICOLOGY	1.00 1.00	P 0.00	V CIN		Charles California	
FIM 2207	FIM- RESUSCITATION MEDICINE	2.00 2.00	P 0.00 P 0.00		7 11 10		
GEN 2101 PAS 2301	BIOSTATISTICS PHYSICIANS & SOCIETY	2.00 2.00	P 0.00	Th			1/21/
PED 1901 PED 1904	SEL - ACUTE PEDI EMERG ROOM	2.00 2.00	HP* 0.00	15			
PED 1904 PED 2199	SEL - PEDIATRIC SUBINTERNSHIP SPECIAL TOPICS	2.00 2.00	P 0.00				
	c: SPECIAL TOPICS IN PEDIATRICS RESIDENCY ESSENTIALS	2.00 2.00	P 0.400		1 × 1		
RES 2401	RESIDENCI ESSENTIALS		GPA 10	, Dr			
		Attempted Earned 1	Jnits Points	1 32			
Term GPA:	0.00 Term Totals:		0.00				
Cum GPA:	2.83 Cum Totals:	141.00 127.00	52.00 147.00	7			
	Degrees Awa	arded	) 180	100			
Degree: Confer Date:	Doctor of Medicine May 5, 2023		S / SIN		5//2/		
Plan:	General Medicine	V	0/3	1	5 / ET		
INTERNSHIP: University of	Oklahoma College of Medicine	11-21	1 2	7 50	110011		
Oklahoma City, Pediatrics		1/2					
			14 - 3 -				
Basic Life Sun	Non-Course Milest port Certification	ones	1 Er	-	150	ECIEIVEI	
Status:	Completed		NA.	MEU			
Program: Date	School of Medicine 2018-08-08		at A	INT	J	UN 1 6 2023	
Completed:							
Date Attempted:	2018-08-08 Completed				OKLAH	HOMA STATE BOARD	OF
compacut	Exam Taken					AND SUPERVISION	
	Course Grade: P						
	bjective Structured Clinical Exam						
Status: Program:	Completed School of Medicine			- 4 4	DDIMAR	VC	
Date	2019-11-16				E DIIVI/A	1.1	

Date

Level:

Date

Completed: Milestone

2019-11-16 Completed

Exam

PRIMARY

Dadistrar



# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

JAROD PAMATMAT OU CHILDREN'S HOSP A2 14000 1200 CHILDRENS AVE OKLAHOMA CITY, OK 73104-4637 Primary Office Address Address State Office Address State Office Address State Office State Office O

Phone

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

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 TEXAS SOUTHWESTERN MEDICAL SCHOOL

Degree Awarded: Enrollment Date: YES

08/2018

Degree Type:

MD

Degree Date:

05/2022

AMA files checked 06/4/2024 11:15:23 AMA Physician Profile for Jarod Pamatmat, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3

141679



### 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:** PEDIATRICS **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

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 Data<sup>TM</sup>, 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

RECEIVED

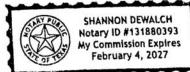
JUN 1 6 2023

OKLAH	MC	A CIT	у ок	73105	
EVIDENCE	OF	STA	TUS	- PAR	ΤА

Full Legal Name:	rod John	4	Nunda	Pamatmat	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
	Eirst		Middle	last	Malden (If applicable)
Mailing Address:					
		Charact Address	as Dark Office Boy		
,				Social Security #:_	
City /	Stato	Zip Codo	Telephone Number		

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

	i are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following 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.
<u>B</u>	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
	are 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
Subsc	cribed and sworn before me this 10th day of Sune 20 33.
Notar	y Public Shannon Dudch)
Comn	nission Number 131880393 SEAL (
Mv co	emmission expires $(22-04-308)$





### Jarod John Pamatmat As of April 30, 2023, 3:44 pm

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?
Yes
No

Failed internal medicine and OBGYN shelf exams largely in part due to which made it difficult to study during clerkship year. Placed on academic probation and repeated clerkship year. After appropriate diagnosis and treatment, was able to successfully remediate without further concerns.

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?

Jarod John Pamatmat As of April 30, 2023, 3:44 pm

State of: Texas

County of: Smith

The person or persons whose signature appears below personally appeared before the undersigned, a NOTARY PUBLIC, in and for the above named county and state, on the <u>londary of longary of</u>

Seal

SHANNON DEWALCH Notary ID #131880393 My Commission Expires February 4, 2027 Signature of Applicant

Notary

-O↓-&O&\\
My Commission Expires

RECEIVED

JUN 1 6 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

July 8

### 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 Ouestionnaire.
- 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.

Jarod John Pamatmat	Just I dominant	6/17/2023
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.

۸		
	Name: Jarod John Pamatmat	Application # 41678

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.

EDUCA	TION							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degr	ee
April	2015	May	2015	All Saints Episcopal School	Tyler	TX	High	n Schoo
August	2015	May	2018	The University of Texas at Dallas	Richardson	TX	Biol	ogy, BA
August	2018	May	2023	UT Southwestern Medical School	Dallas	TX		MD
WORK	HISTO	)RV						
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
OTHER	R ACTI	VITY						
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at ho	ome parent, etc.)	City		State
May	2015	August	2015	Summer Break		Ty	ler	TX
May	2018	August	2018	Summer Break		Ту	ler	TX
	1							





05/12/2023

JAROD JOHN PAMATMAT

RE: MD Application #41678

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP56762978
Password:Last 4 SSN

Dear JAROD JOHN PAMATMAT,

# 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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

If a "Time Deficiency" is listed, please complete a time deficiency form and e-mail the document to <a href="https://okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

Evidence of Status

Affidavit DEFICIENCIES: NOTARIZED STATEMENT RE:YES ANSWERS

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 4/2015-8/2015

OTHER DEFICIENCIES: FCVS/ WHY DID MED SCHOOL TAKE 5 YEARS?

Exam verification date

MedSchool-Transcript Univ Of TX Southwestern Med Sch At Dallas SW Med Sch, Dallas Tx 75235 MedSchool-Form 1 Univ Of TX Southwestern Med Sch At Dallas SW Med Sch, Dallas Tx 75235 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>AP56762978</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

### Kenna L. Shaw

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

Sent: Sunday, May 26, 2024 6:33 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

JAROD JOHN PAMATMAT has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 05/26/2024 06:05:33pm for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41678** 

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 Application Summary

		ations on this page, thi	s may not be a complete list)
am verification da stGrad - Form 2 0 6MLE Exams Inco	COLLEGE OF MEDICII	NE OKC	
	Southwestern Med Sch	At Dallas SW Med Sch,	Dallas Tx 75235 duates of this Medical School:599
plication for: Re	/	Full License	Reinstatement
2) ALL FIVE CR - Passed USM - No DUIs or L - No Significa - US Graduate	ITERIA HAVE BEEN N LE .egal Issues nt Malpractice Issues		-
	A TEMPORARY LICE	NSE THROUGH /	
3) HAS ISSUED	A CDECIAL DOV 4 TO	PARTIES VICENSE	Sur 6-29-23
<ul><li>3) HAS ISSUED</li><li>4) HAS ISSUED</li></ul>	A SPECIAL PGT-1 II	RAINING LICENSE	
4) HAS ISSUED	SPECIFIC CONSIDER	A STATE OF THE STA	
4) HAS ISSUED		A STATE OF THE STA	

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

Type Number Name  MD 41332 DANIEL OLIVER PANKRATZ  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: 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

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

Type

Number

Name

MD

41332

DANIEL OLIVER PANKRATZ

MEDICAL DOCTOR

**Practice Address:** 

April 19, 2023

Status:

Res: TR

Received: 03/29/2023

Entered: 03/29/2023 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 #: 41332

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 1	PASS	05/16/21	3/28/23	1
Test 2: USMLE 2	PASS	06/11/22	3/28/23	1
Test 3: USMLE 3	PASS	9/11/23	1/19/24	1

Note: PASS means higher than 75

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

### PRE-MED EDUCATION

School Name: KANSAS STATE UNIVERSITY

City: MANHATTAN

State: KS Country: UNITED STATES Degree: BACHELOR OF SCIENCE From: 8/2014 To: 5/2018 Verified:

School Name: BLUE VALLEY WEST HIGH SCHOOL

City: OVERLAND PARK State: KS Country: UNITED STATES From: 8/2010 To: 5/2014 Verified: Degree:

### 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

Degree:

From:

7 / 2019 **To**: 5 / 2023

Diploma Ver'd:

Υ

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

Type

Number

Name

MD

41332

DANIEL OLIVER PANKRATZ

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty:ORTHOPEDIC SURGERY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AM

Verified:

From:

7/2023

To: 1

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: COLLEGE PARK FAMILY CARE CENTER

Supervisor:

City: OVERLAND PARK

State: KS

**Country: UNITED STATES** 

Specialty: MEDICAL ASSISTANT

From: 5/ 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

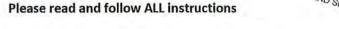
PostGrad - Form 2 COLLEGE OF MEDICINE OKC

### RETURN FORM TO:

### OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

oktraining@okmedicalboard.org

### QUESTIONNAIRE



<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 Text

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

		PLEASE PE	RINT A			RMATION	
FIRST NAM		Daniel <sup>2</sup>		LAS SNAI		Pankratz <sup>3</sup>	4
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LICEN		41332		CEL 10 HC		E	11
HOME				CITY 14IP		TATE DE	15
PROG ATTEN	RAM NDING	The University of Oklahoma 16		18 PE	CIAL	Orthopedic Surgery 17	19
		DOCUME	NTAT				2
	450	1000		1-00		ACT	
		ment made on Billpay for <mark>RENEWAL</mark> g license		licen		ayment made on Billpay for <mark>UPGRADE</mark> of traini	ng
-		DOCUM	IENTA	TION I	REQ	QUIRED	
	The second secon	(must be received directly from progr Y FOR UPGRADE			_	valuation (must be received directly from prog	gram)
	USMLE USMLE	Step 3 (must be received directly fron )	n		An	nswer confidential questions (on back of this f	orm)
		FOREIG	N TRAI	NFD 9	TUT	IDENTS	
	Curren						
		ound Check **if not done at initial app	A				

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

RENEWAL QUESTIONNAIRE UPDATED 03-2024





NAME\_ Daniel Pankratz

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) YES NO QUESTIONS **X**2 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? X 4 Have you had any adverse judgment or settlement against you rising from a professional liability claim? XI<sup>5</sup> Have you been reported to the National Practitioner Data Bank (NPDB)? XI<sup>6</sup> Have you ever been denied, had removed, or suspended hospital privileges? 図 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 8 action? XI<sub>9</sub> Has your application for licensure ever been denied? 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  $\mathbb{Z}^{1}$ 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  $\mathbf{X}^{[1]}$ alcohol? Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic 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? 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)? 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. Dandelt Date 4/16/24 18

Y

### Oklahoma State Board of Medical Licensure and Supervision 195 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/29/2023

Applicant Name: PANKRATZ, DANIEL OLIVER

MD 41332



Date Of Birth:

Place Of Birth (City, State): OVERLAND PARK, KS

Sex: M Race: Caucasian

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	KANSAS STATE UNIVERSITY	MANHATTAN	KS	8/2014	5/2018	BACHELOR OF SCIENCE		
HS	BLUE VALLEY WEST HIGH SCHOOL	OVERLAND F	KS	8/2010	5/2014			

Medical School Name	City	State Country	Comments	From	То
Univ Of KS Sch Of Med, Kansas	Kansas City	KS United States		7/2019	5/2023
City Ks 66103					

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
COLLEGE PARK FAMILY CARE CENTER	MEDICAL ASSISTANT		OVERLAND PARK	KS	5/2018	5/2019	District Commencer

State	License #	Profession	Status	Issue Date	Exp Date
-------	-----------	------------	--------	------------	----------

MD Exam					
Exam	State	Score	Date Taken	#_	
USMLE					

9250/

# Oklahoma State Board of Medical Licensure and Supervision 1990 of 512 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/29/2023

Que	estions Answered 03/24/2023	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
	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
O.	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
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
/.	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 197 of 512

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:03/29/2023

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: The University of Oklahoma
If so, Please identify with which category: Teaching Facility
Name of Previous Carrier and Policy Holder Covered by KU School of Medicine during medical school.
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
Lattact 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 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 costody 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 pennit to practice.



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

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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]

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 aday

Notary Public Signatur

My Notary Commission Expires

REGAN VAN WYHE Notary Public-State of Kansas My Appt. Expires 76-



### 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: 01/19/2024

Examinee:

Pankratz, Daniel Oliver

Examinee ID: 5-465-701-0

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 05/16/2021	Pass/Fail Pass	Score 258	Minimum Pass (194)	Comments
USMLE ST	TEP 2			
Clinical Know	rledge (CK)		The control of	
<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments
06/11/2022	Pass	263	(209)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/11/2023	Pass	235	(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: Pankratz, Daniel Oliver Examinee ID: 5-465-701-0
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 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

### Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105

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

Kecenaed

MAY 2 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Daniel Oliver Pankratz Applicant's Name Institution: University of Kansas School of Medicine City/State Kansas City, KS Our records indicate that the above named applicant attended our medical school on the following dates: To 05 112 12023 and was awarded the degree Doctor of Melicine OS/14/2023 Month Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please III NO ☐ YES Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during I NO ☐ YES 2. his/her medical education? If yes, please explain. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or I NO ☐ YES 3. 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 ET ☐ 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 ON E ☐ YES individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below Please explain any "YES" response from above: Completion of the following is certification that the information above is an accurate account of this individual's records and is true and correct. Name: Caloline Scala Signature Signature Title of Signatory: Campos Resisted Date of Signature 05/16/2023 913-588-8841 E-Mail: Kumereg, 3120 Kume. Ole If no seal is available, this form must be notarized **Notary Public** Commission # My commission expires:

T41332

**Notary Seal** 

University of Kansas Lawrence, KS

Official KU Academic Record **Daniel Pankratz** 

Name:

Student ID: 2956369

	Institution Info:		Iniversity of Kansas									Attempted	Earned	GPA Units	Poi
			awrence, KS 66045 EEB: 06871 AC	T: 1470					Term GPA		0.000 Term Totals	16.000	16.000	0.000	0.0
									Cum GPA		0.000 Cum Totals	35.000	35.000	0.000	0.0
	SSN:		**-**-8199								205	0 Fall			
	Birthdate:	J	ul 01		शिश्च	CIE		)	Program;	Med	icine Professional	on an			
					2				Course		Description	Attempted	Eamed	Grade	Po
	Print Date:	0	5/24/2023		M	AY 2 F	2023		ACED	825	Muscles and Movement	8.000	8.000	P	0
					197	11 -	2020		ACED	830	Brain, Mind and Behavior	8.000	8.000	P	0
					OKLAHO	MA STA	TE BOARD C	F	ACED	835	Reprod., Develpmnt	0.000	0.000	IP	0
					ME 1A	ND SUPE	RVISION		GSMC	502	& Sexuality Interprofessional Collab II	0.000	0.000	NE	0
0:	OK Board											Attempted	Earned	<b>GPA Units</b>	E
υ.	OK Board								Term GPA		0.000 Term Totals	16.000	16,000	0.000	
									Cum GPA		0.000 Cum Totals	51.000	51.000	0.000	
									Program:	Med	2021 cine Professional	Spring			
									Course	Wida	Description	Attempted	Earned	Grade	P
									ACED	835	Reprod., Develpmnt	8.000	8.000	P	
			Beginning	g of Medicine Re	ecord				ACED	840	& Sexuality Medicine Capstone	8.000	8.000	P	Ó
	Program:	Me	edicine Professional	2019 Fall					IDSP	806	Prsnl Prfessonl Development	0.000	0.000	NE	.0
	Course	IVIC	Description	Atte	mpted	Earned	Grade	Points				Attempted	Earned	GPA Units	E
	A STATE OF THE STA	800	Introduction to		3.000	3.000	P	0.000	Term GPA		0.000 Term Totals	16.000	16.000	0.000	(
	ACED	805	Doctoring Molecular & Cell	lular	8.000	8.000	Р	0.000	Cum GPA		0.000 Cum Totals	67.000	67.000	0.000	
	ACED	810	Medicine Infection, Blood	8.	8.000	8.000	P	0.000				1 Fall			
			Immunity						Program:	Medi	cine Professional			4.00	
	25.22		600 E : 07m		empted	Earned	GPA Units	Points	Course FAPR	955	Description Family Medicine	Attempted 0.000	Earned 0,000	Grade	0
	Term GPA		0.000 Term Totals	y 2	19.000	19.000	0.000	0.000			Clerkship				
	Cum GPA		0.000 Cum Totals		19.000	19.000	0.000	0.000	MED	900	Issues Clin Med Internal Medicine Clerkship	0.000 8.000	0.000 8.000	PD	32
	Program:	Me	dicine Professional	2020 Spring					NEUR PYCH	900 955	Neurology Clerkship Psychiatry Clerkship	4.000 4.000	4.000 4.000	PD PD	16 16
	Course		Description		mpted	Earned	Grade	<u>Points</u>	SURG	900	Surgery Clerkship	8.000	8.000	PD CDA Unite	32
	ACED	815	Respiration and Circulation		8.000	8.000	P	0.000	Town ODA		4 000 Torre Takels	Attempted	Earned	GPA Units	E
	ACED	820	Gastrointestinal	and	8.000	8.000	P	0.000	Term GPA		4.000 Term Totals	24.000	24.000	24.000	96
	GSMC	501	Renal Interprofessiona Collab I	1	0.000	0.000	NE	0.000	Cum GPA		4,000 Cum Totals	91.000	91.000	24.000	96
			11.00												





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#### University of Kansas Lawrence, KS

Official KU Academic Record

Name: Daniel Pankratz Student ID: 2956369

Program:		adiaba Na	2022 S ofessional	Spring				
100	IVI	Court of	7 52 7 7 8 7					
Course		D	escription	Attempted	Earned	Grade	Points	
FAPR	955		amily Medicine lerkship	8,000	8.000	PD	32.000	
GSMC	503		terprofessional ollab III	0.000	0.000	NE	0.000	
GYNO	900		bstetric/Gynecolog Clerkship	8.000	8.000	P	24.000	
ICM	900		sues Clin Med	0.000	0.000	P	0.000	
PED	900	P	ediatrics Clerkship	8.000	8.000	P	24.000	
				Attempted	Earned	GPA Units	Points	
Term GPA		3.330	Term Totals	24.000	24.000	24.000	80,000	
Cum GPA		3.670	Cum Totals	115.000	115.000	48.000	176.000	
			2022	Fall				
Program:	M	edicine Pr	ofessional					
Course		D	escription	Attempted	Earned	Grade	Points	
FAPR	900	R	ural Preceptorship	4.000	4,000	P	0.000	
IDSP	806	Pi	rsni Prfessoni evelopment	0.000	0.000	NE	0.000	
IDSP	806	P	rsni Prfessoni evelopment	0.000	0.000	NE	0.000	
IDSP	900		pecial Program	4.000	4.000	P	0.000	
IDSP	900	S	pecial Program	4.000	4.000	P	0.000	
SURG	915	Si	ub-I-Ortho Surg	4.000	4.000	P	0.000	
SURG	929	C	rit Care Surg ICU	4.000	4.000	P	0.000	
				Attempted	Earned	<b>GPA Units</b>	Points	
Term GPA		0.000	Term Totals	20.000	20.000	0.000	0.000	
Cum GPA		3.670	Cum Totals	135.000	135.000	48.000	176.000	
			2023 S	pring				
Program:	M	edicine Pr	ofessional					
Course		D	escription	Attempted	Earned	Grade	Points	
ANES	910	Ar	nesthesiology	4.000	4.000	P	0.000	
DIAG	910	Di	agnostic Radiolg	4.000	4.000	P	0.000	
IDSP	806		rsni Prfessoni evelopment	0.000	0.000	NE	0.000	
IDSP	806	Pr	snl Prfessonl	0.000	0.000	NE	0.000	
IDSP	900		evelopment			1.2	2.000	
Transcript Note:	900		pecial Program merg Tox	2.000	2.000	P	0.000	
PHRM	911		dg in Pharmacolgy	2.000	2.000	P	0.000	
				Attempted	Earned	GPA Units	Points	
Term GPA		0.000	Term Totals	12,000	12.000	0.000	0.000	
Cum GPA		3,670	Cum Totals	147.000	147.000	48.000	176,000	

Medicine Career Totals						
Cum GPA:	3.670	Cum Totals	147.000	147.000	48,000	176.00

Non-Course Milestones United States Medical Licensure Exam, Step 1

Status: Completed Program: Medicine Professional Date Completed: 07/07/2021 Date Attempted: 07/07/2021 Completed

United States Medical Licensure Exam, Step 2 CK

Status: Program: Date Completed: Date Attempted:

Completed Medicine Professional 06/29/2022

06/29/2022 Completed

End of Medicine Academic Record

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.

Degree: Confer Date:

---- Degrees Awarded -----Doctor of Medicine 05/14/2023 Doctor of Medicine

End of Official KU Academic Record



MAY 2 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Casey L. Wallace Interim University Registrar



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# AMA Physician Profile

PREPARED FOR

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



Name and Mailing Address

**Primary Office Address** 

DANIEL OLIVER PANKRATZ UNIV OF OKLAHOMA HEALTH SCIENCES CTR PO BOX 26901 800 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104-5018

MAY 10 2024

OKLAHOMA STATE BOARD OF
AND SUPERVISURE

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 KANSAS SCHOOL OF MEDICINE

Degree Awarded: Enrollment Date: YES

07/2019

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/10/2024 08:49:54 AMA Physician Profile for Daniel Oliver Pankratz, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3

JUNES



### 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:

ORTHOPAEDIC SURGERY

Training Type:

SPECIALTY

Dates: Status: 07/01/2023 - 06/30/2028 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 Data<sup>TM</sup>, 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.

## MAR 28 2023 OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

Full Legal Name: Danie Dliver Malden (if applicable) Mailing Address: 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.
	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.
(M)	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
D	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	lare 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 3/28/2023
	cribed and sworn before me this 28 day of Morch 20 23.
Nota	ry Public Began Von Wahr
Com	mission Number 1199178 SEAL
Мус	ommission expires 7-6-2026  REGAN VAN WYHE
	Notary Public-State of Kansas

My Appt. Expires 7.6-16

### OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE $51^{\rm ST}$ STREET

**OKLAHOMA CITY OK 73105** 

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

To Request Examination Scores
For National Board Scores
National Board of Medical Examiners
PO Box 48014
Newark, NJ 07101-4814
(215) 590-9500
www.NBME.org

To Request Examination Scores
For FLEX or USMLE Scores
Federation of State Medical Boards
400 Fuller Wiser Road
Euless, TX 76039-3855
(817) 868-4000
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.
- 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.

Daniel Pankratz 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



### Kenna L. Shaw

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

**Sent:** Tuesday, April 16, 2024 1:35 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

DANIEL PANKRATZ has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/16/2024 01:04:35am for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41332** 

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



05/04/2023

DANIFI OLIVER PANKRATZ

RE: MD Application #41332

Dear DANIEL PANKRATZ,

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP91311826
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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

Exam verification date

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

Wedschool-Form Form of No sen of Wed, Kansas City K

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>AP91311826</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

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

omplete Information (due to space limitations on this page, the Exam verification date PostGrad - Form 2 COLLEGE OF MEDICINE OKC JSMLE Exams Incomplete	is may not be a complete list)
Last Medical School Attended: 019-02 Univ Of KS Sch Of Med, Kansas City Ks 66103 Number of Licenses Previously Granted to Gra	duates of this Medical School:668
Application for: Resident Full License	Reinstatement
he Secretary of the Board has reviewed this application and:	
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD ME	
<ol> <li>ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]</li> <li>Passed USMLE</li> </ol>	
<ul> <li>No DUIs or Legal Issues</li> <li>No Significant Malpractice Issues</li> </ul>	
- US Graduate - Graduated Medical School on time	
	V
3) HAS ISSUED A TEMPORARY LICENSE THROUGH/	
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE	1212 8-1-53
5) REQUESTS SPECIFIC CONSIDERATION OF:	