## PART 9

# 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.

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

Type Number Name MD 43744 NISHANT RAJENDRA TIWARI
MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
Extended Background Check
Exam verification date
ECFMG
ECFMG Date
MedSchool-Transcript B.J. Med Coll, Poona Univ, Pune, Maharashtra, India
USMLE Exams Incomplete
Last Medical School Attended:
495-28 B.J. Med Coll, Poona Univ, Pune, Maharashtra, India
Number of Licenses Previously Granted to Graduates of this Medical School:23
Application for: Resident Full License Reinstatement
te u
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
- Graduated medical School in 4 years of less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
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

43744

NISHANT RAJENDRA TIWARI

MEDICAL DOCTOR

**Practice Address:** 

May 15, 2024

Status:

Res: MD

Received: 05/01/2024

Entered: 05/01/2024

Temp Issued:

Temp Expires:

Train Issued:

**Train Expires:** 

Fed Rec: 05/15/2024

AMA Rec: 05/15/2024

**Board Action:** 

License #: 43744

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

Test

Date Taken Date

Verified Attempts

Test 1: USMLE

Test 2:

Note: PASS means higher than 75

Score

Test 3:

Test AV:

**Total Possible:** 

Okla Passing:

**Total Score:** 

## PRE-MED EDUCATION

School Name: K K WAGH ARTS COMMERCE AND SCIENCE COLLEGE

City: PIMPALGAON BASWANT

Country: INDIA State:

Degree: HIGHER SECONDARY

CERTIFICATE

From: 4/2012 To: 7/2013 Verified:

## MEDICAL SCHOOL EDUCATION

Name: B.J. Med Coll, Poona Univ, Pune, Maharashtra, India

Foreign Name:

City: Maharashtra

State/Country: India

Degree: BACHELOR OF ME

From:

8 / 2013 To: 9 / 2019

Diploma Ver'd:

Υ

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

Type

Number

Name

MD

43744 NISHANT RAJENDRA TIWARI

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: INTERNAL MEDICINE -

HEMATOLOGY/ONCOLOGY

Res. Fellowship: Fellowship

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Verified:

Waived

712024 From:

To: 1

ACGME Ver'd:

Waived

Comments: ELIGIBLE FOR FULL LICENSURE (LKC)

Facility: LOYOLA MEDICINE MACNEAL HOSPITAL

Specialty: INTERNAL MEDICINE

**PROGRAM** 

Res. Fellowship: Residency

City: BERWYN

State: L

Country: UNITED STATES

Verified: 05/06/2024

ACGME Ver'd: 05/06/2024

From: 612023 To: 6/2024

Comments: CURRENTLY IN PROGRAM. WILL COMPLETE ON 6/30/2024

Facility: LOYOLA MEDICINE MACNEAL HOSPITAL

Specialty: INTERNAL MEDICINE

**PROGRAM** 

Res. Fellowship: Residency

City: BERWYN

State: L

Country: UNITED STATES OF AM

Verified: 05/06/2024

From:

6 / 2021

To: 6/2023

ACGME Ver'd: 05/06/2024

Comments:

PRACTICE HISTORY

**Employed: NONE** 

City: PIMPALGAON BASWANT

Supervisor:

State:

State:

Country: INDIA

Specialty: N/A

From: 10/ 2020 To: 6/ 2021

Verified:

Comments: RESIDENCY APPLICATION, INTERVIEWS, ONBOARDING

**Employed: SANJEEVAN HOSPITAL** 

City: PIMPALGAON BASWANT

Supervisor:

Country: INDIA

Specialty: RESIDENT MEDICAL

From: 3/ 2020 To: 10/ 2020

Verified:

**OFFICER** 

Comments:

Employed: NONE

Supervisor:

City: PIMPALGAON BASWANT

State:

Country: INDIA

Specialty: N/A

From: 9/ 2019 To:

31 2020

Verified:

Comments: USMLE STEP 2 EXAM, JOB SEARCH

Other Licenses

State Lic Type and Number Status Issued Exp Verif IL MD 125078151 5/14/21 6/21/24 5/15/24

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

Type

Number

Name

MD

43744

NISHANT RAJENDRA TIWARI

MEDICAL DOCTOR

## **DEFICIENCIES**

Extended Background Check

Exam verification date

**ECFMG** 

**ECFMG Date** 

MedSchool-Transcript B.J. Med Coll, Poona Univ, Pune, Maharashtra, India

USMLE Exams Incomplete

## Oklahoma State Board of Medical Licensure and Supervision E 6 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/01/2024

Foreign Graduate

Applicant Name: TIWARI, NISHANT RAJENDRA

MD 43744



Date Of Birth:

Place Of Birth (City, State): KASBE SUKENE, INDIA

Sex: M

Race: Asian/Pacific Islander

Educ	ation					30 (30 (30 (30 (30 (30 (30 (30 (30 (30 (		
Type	Name	City	ST Country	From	То	Degree	Comments	Veri
HS	K K WAGH ARTS COMMERCE AND SCIENCE COLLEGE	PIMPALGAON	INDIA	4/2012	7/2013	HIGHER SECONDARY CERTIFICATE	si <sub>ass</sub>	

Medical School Name	City	State Country	Comments	From	То
		¥:	User Entered:B.J. Medical Co	I 8/2013	9/2019

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
LOYOLA MEDICINE MACNEAL HOSPITAL PROGRAM	BERWYN	IL	UNITED S'	INTERNAL MEDICINE	7	6/2021	6/2024

Practice History								1,0
Employer	Specialty	Supervisor	City	ST	Countr	From	То	Verif
SANJEEVAN HOSPITAL	RESIDENT MEDICAL OFFICER		PIMPALGAON BASWANT		INDIA	3/2020	10/2020	

Other/	Other/ Out-Of-State Licenses						
State	License #	Profession		Status	Issue Date	Exp Date	
IL	125078151			U	5/14/21		
MD Ex	am		*				
Exam		State	Score	Date Taken	#_		
USMLE	Ε						

# Oklahoma State Board of Medical Licensure and Supervision 17 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/01/2024

## Foreign Graduate

	stions Answered 04/30/2024	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 a license or had any adverse action taken against any narcotic permit (state or federal)?	N
).	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
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, or training program?	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 been reported to the National Practitioner Data Bank (NPDB)?	N
K.	Has your application for a professional license been denied?	N
M.	Have you surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
Ο.	Have you been the subject of a review by a professional licensing/regulatory agency, other than the Oklahoma State Board, based on a complaint filed against you?	N
Ρ.	Have you ever been arrested or convicted of a felony or misdemeanor, or are charges currently pending against you?	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 8 to 1379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/01/2024

## Foreign Graduate

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 Health University of Oklahoma Medical Center
If so, Please identify with which category: Teaching Facility
Name of Previous Carrier and Policy Holder Not applicable
Name of Current Carrier and policy Holder  Malpractice Insurance provided by residency program (Loyola Medicine-MacNeal Hospital)
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  Malpractice insurance provided by fellowship program at the start of fellowship (07/01/2024)
Lattest that all the above information is accurate as of April 30, 2024: (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 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.

	Afi	oan		MAY 3 1 2024
V = 3	Applicant's Tiwa		A Rojendra	OKLAHOMA STATE BOARD C MEDICAL LICENSURE AND SUPERVISION
1	Applicants	printed last name, first n	ame, middle initial, and suffix (e.g.,	Jr.)
	Date of sig	enature (must correspond ote: The Notary Public s	to the date of notarization)	photo to the left]
	*-0.0A	NOTA	RY	
State of 111	(NOS , County	of Cook		
by (a) comparing he photograph affixed identifying docum	nis/her physical appearance of the description of t	with the photograph on the applicant's signature	d appear personally before me and the identifying document presented made by my presence on this form the by the applicant on this 32 day	by the applicant and with the with the signature on his/her
2110 2011-011-011-01	C 0	e and show to bottone a		
Notary Public Sta		E, LIM	My Notary Commission Expires	05/2024
OFFICIAL S EMERALD NOTARY PUBLIC, STA	LIM		_ , , ,	

Form 1 (MD)

## Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105 ~ (405) 962-1470

MAY 3 1 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

Email form to: Licensing@okmedicalboard.org

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

Appli	cant's Name Nishant Rejendra Tiwari				
Instit	ution: B. J. Govl. Medical College	City/State	Pune, Maharashtra, inc	dia	
From	Month Day Year Month Day Year  Bachelor of Medicine & Bachelor of ded degree of Surgery. (M.B.B.S.) on 01		020	dates:	
1,	Does this individual's official record reflect (an) interruption(s medical education? If yes, please explain.	s) or extension	n(s) in his/ber	□ YES	☑ NO
2.	Does this individual's official record reflect that he/she was e disciplinary probation during his/her medical education? If y	es, please exp	lain.	☐ YES	⊠ NO
3.	Does this individual's official record reflect that he/she was e reports for behavioral reasons or an investigation by the med If yes, please explain below.			□ YES	⊠ NO
4.	Does this individual's official record reflect that he/she was e conduct/behavioral reasons by the medical school or parent below			☐ YES	⊠ NO
5.	Does this individual's official record reflect that there were a requirements imposed on the individual because of question disciplinary problems, or any other reason? If yes, please exp	s of academic		□ YES	⊠ NO
Pleas	e explain any "YES" response from above:				
	of	nature	ccurate account of the	is individu	ıal's
		nature Date	30 05	2024	
Phor	e: Fax: E-I	Mail:			

Revised 03/2024





Form 2 (MD)

**ATTACHMENT 6** 

## Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

Email form to: OKTRAINING@okmedicalboard.org

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

## **Verification of Graduate Medical Education**

Applicant's Name Nishant Rajendra Tiwari	
Institution: Loyola Medicine MacNeal Hospital	City/State Berwyn, IL
Training Level: (e.g. 1, 2, 3, etc.) 1 Specialty/Subspecialty Internal Medic	ine From: 06/22/2021 To: 06/21/2022
☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship  Accredited By: ☐ ACGME ☐ LCGME ☐ RSC ☐ CFPC ☐	Successfully.  □ Research Completed? □ YES □ NO □ IN PROGRESS  RCPSC □ None of these
Training Level: (e.g. 1, 2, 3, etc.) 2 Specialty/Subspecialty Internal Medic	ine From: 06/32/2022 To: 06/21/2023
☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship Accredited By: ☐ ACGME ☐ LCGME ☐ RSC ☐ CFPC ☐	Successfully  Research Completed? YES NO IN PROGRESS  RCPSC None of these
Training Level: (e.g. 1, 2, 3, etc.) 3 Specialty/Subspecialty Internal Medic	ine From: 06/22/2023 To: 06/21/2024
☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship	Successfully
Training Level: (e.g. 1, 2, 3, etc.) Specialty/Subspecialty	From: / / To: / /
☐ Internship ☐ Residency ☐ Chief Residency ☐ Fellowship Accredited By: ☐ ACGME ☐ LCGME ☐ RSC ☐ CFPC ☐	Successfully  I Research Completed? I YES I NO I IN PROGRESS  RCPSC I None of these
Did this Individual ever take a leave of absence or brea	
2. Was this individual ever placed on probation?	☐ YES ☐ NO
3. Was this individual ever disciplined or placed under inv	
4. Were there any negative reports for behavioral reason	s ever filed by Instructors?
<ol> <li>Were any limitations or special requirements placed up questions of academic incompetence, disciplinary prob</li> </ol>	
Please attach separate document for "YES" response(s) from	n above
Completion of the following is certification that the informat and is true and correct. The signature line must contain the	
Name: Priyanka Sultania-Dudani, M.D.	Signature Sulf
Title of Signatory: Program Director	Signature Date 5/2/24
Phone: 708.783.3401 Fax: 708.783.3341	E-Mail: imrp@luhs.org
Paylend 03/2024	

Revised 03/2024



# **AMA Physician Profile**

PREPARED FOR

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

Name and Mailing Address

NISHANT RAJENDRA TIWARI

Birth date

**Primary Office Address** 

Phone UNKNOWN

MAY 15 2024

MASSIFER VISIONS OF

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

Self-designated practice specialty

INTERNAL MEDICINE (primary)
UNSPECIFIED (secondary)



Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

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

AMA files checked 05/15/2024 11:54:10 AMA Physician Profile for Nishant Rajendra Tiwari, MD @2024 by the American Medical Association. All rights reserved.

Page 1 of 3



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: B J MEDICAL COLLEGE, PUNE

Degree Awarded:

YES

**Enrollment Date:** 

NOT REPORTED

Degree Type:

MD

Degree Date:

2019

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

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

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

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

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

Sponsoring Institution:

LOYOLA MEDICINE MACNEAL HOSPITAL

Sponsoring State:

ILLINOIS

Program name:

LOYOLA MEDICINE MACNEAL HOSPITAL PROGRAM

Specialty:

INTERNAL MEDICINE

Training Type:

SPECIALTY

Dates:

06/22/2021 - 06/21/2024

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

Applicant Number: 10577484

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.

ATTACHMENT 2

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

Mail	ing Address:		
		Control of the Contro	
		iocial Security #:_	
	DOCUMENTATION TO DETERMINE O	QUALIFIED ALIEN STATUS	
f vai	u are a qualified alien, please submit a notarized copy of the original, unexpire	ed documents. Place a checkmark belo	ow to indicate the
	ment that will be submitted.	the state of the s	
mmi	grant or Non-Immigrant Visa Status:		
X.	INS Form I-94		
	INS Form I-688B	1	
Asyle		INIA	
5	INS Form I-94 annotated with stamp showing grant of asylum under §208 of the INS Form I-688B (Employment Authorization Card) annotated "27a .12 (a) (5)"	INA	
5	INS Form 1-766 (Employment Authorization Document) annotated "AS"		
_	Grant letter from the Asylum Office of INS		
	Order of an immigration judge granting asylum		
Refug			
]	INS Form I-94 annotated with stamp showing admission under §207 of the INA		
	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)"		
	INS Form I-766 (Employment Authorization Document) annotated "A3"		
]	INS Form I-571 (RefugeeTravel Document)		
Alien	Paroled Into the U.S. for a least One Year:  INS Form I-94 with stamp showing admission for at least one year under §212 (d.	1 (5) of the INA (Applicant council agrees	to periods of admission
	for less than one year to meet the one-year requirement.)	(5) of the liva. (Applicant cannot aggrega	ite periods of admission
Allen	Whose Deportation or Removal Was Withheld:		
	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (10)"		
	INS Form I-766 (Employment Authorization Document) annotated "A10"		
П	Order from an immigration judge showing deportation withheld under §243 (h) of	of the INA as in effect prior to April 1, 199	7, or removal withheld
	under 5241 (b) (3) of the INA		
	Granted Conditional Entry:		
	INS Form I-94 with stamp showing admission under §203 (a) (7) of the INA		
	INS Form I-688B (Employment Authorization Card) annotated "274 a.12 (a) (3)" INS Form I-766 (Employment Authorization Document) annotated "A3"		
_	In/Haltian Entrant:		
	INS Form I-551 (Alien Registration Receipt Card, commonly known as a "green ca	ard") with the code CU5, CU7, or CH6	
	Unexpired temporary I-551 stamp in foreign passport or on INS Form I-94 with t		
]	INS Form I-94 with stamp showing parole as "Cuba/Haitian Entrant" under § 212		
Alien	Who Has Been Battered or Subjected to Extreme Cruelty:		
	INS petition and appropriate supporting documentation		
Othe	r Document (please list)		
X	Passport & Visa Copy		
	lare under penalty of perjury, under the laws of the State of Oklahoma, that all		on and all accompanying
docu	ments provided to substantiate my Evidence of Status application are true and		
Mane	eture African	Date 05/01/2	024
signa	ature 01	Date	
Subs	cribed and sworn before me this O day of M KY	,20 74	RECEIVED 5/1/
- 443	and of 11111		T43744
	Q. 0° 15 15 10		SJ
Nota	ry Public 45 E. Um	passassas	****
	4	NOT PERICIAL SEA	1
Com	mission Number	SE EMERALD LIN	A K
	ommission expires 08/10/24	NOTARY PUBLIC, STATE	OF ILLINOIS
	ommission expires 04/10/W/14	MY COMMISSION EXPIRES	

05/15/2024

NISHANT RAJENDRA TIWARI

RE: MD Application #43744

Check Your Application Status Online at: http://www.okmedicalboard.org

http://www.okmedicalboard.org Username:AP78978165 Password:Last 4 SSN

Dear NISHANT TIWARI,

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

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

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

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

with your activities during the specified time frame.

Translations

**ECFMG** 

**ECFMG Date** 

MedSchool-Transcript Bharati Vidyapeeth Med Coll, B V Deemed Univ, Pune, Maharashtra, India MedSchool-Form 1 Bharati Vidyapeeth Med Coll, B V Deemed Univ, Pune, Maharashtra, India USMLE Exams Incomplete

Application Instructions

OATH

Extended Background Check

Time Deficiency Form for: 9/2019-3/2020, 10/2020-6/2021 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: FCVS/ MUST PAY ADDITIONAL \$250/- FOR FULL LLICENSURE Exam verification date

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

http://www.okmedicalboard.org/resources

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

Your user name is <u>AP78978165</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 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.
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- 9. Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine Questionnaire.
- 10. English Proficiency Exam Foreign applicants shall have a command of the English language that is satisfactory to the Board, demonstrated by the passage of an oral English competency exam. Applicant is required to call 405-962-1400 and speak with an application analyst in licensing.
- G. Temporary Licensure (59 O.S. § 493.3) The Board may authorize the Secretary to issue a Temporary Medical License for the intervals between Board meetings. Such Temporary License shall be granted only when the Secretary is satisfied as to the qualifications of the applicant to be licensed under this Act but where such qualifications have not been verified to the Board. An application for Temporary Licensure must be made by written request and include all appropriate fees. Such a license shall:
  - Be granted only to an applicant demonstrably qualified for a full and unrestricted medical license;
  - Automatically terminate on the date of the next Board meeting at which the applicant may be considered for a full and unrestricted medical license.
  - 3. We must be in receipt of the following in order for the Board Secretary to consider issuing a Temporary License:
    - a. Examination scores, and
    - b. Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgery, and
    - c. Evidence of Status, and
    - d. Extended Background Check

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

Nishaut Rajendra Tiwari
Name of Applicant (type or print)

5/20/2024 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 743744

## TIME DEFICIENCY FORM

Name: Nishant Rajendra Tiwari Application # 43744

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	9.9.20.000.00	End	End 1		T	1		
Start Month	Start Year	Month	End Year	Name of Institution	City	State	Degr	ee
08	2013	09	2019	B.J. Medical College	Pune	Maharashtra	М	.B.B.S.
						. — 11		
WORK	HISTO	DRY						
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
03	2020	10	2020	Sanjeevan Hospital	Pimpalgaon Baswant	Maharashtra	Reside	nt Medical Officer
06 2021 06 2024		2024	Loyola Medicine MacNeal Hospital Berwyn		Illinois Resi		esident	
OTHE	R ACTIV	VITY						
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at h	ome parent, etc.)	City		State
09	2019	03	2020	USMLE Step 2 CS exam, Searching for Jobs	in Local Areas	Pimpalgaon I	Baswant	Maharashtr
10	2020	6	2021	Residency application, Interviews, Residen	Pimpalgaon Baswant		Maharashtr	

9/19-3/20

BECEIVED

MAY 3 1 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

13744

## Kenna L. Shaw

From:

BillPay Webmaster <donotreply@www.ok.gov>

Sent:

Friday, May 31, 2024 9:13 AM

To:

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

Reich

Subject:

[EXTERNAL] OTHER - MISCELLANEOUS FEES - Payment for Miscellaneous Items -

Payment Made

NISHANT RAJENDRA TIWARI has paid for a OTHER - MISCELLANEOUS FEES - Payment for Miscellaneous Items on 05/31/2024 09:05:12am for \$250.00.

WHAT ARE PAYING FOR Other

REMARKS License number: 43744, Reason: MD Full License fee 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 PAGE 21 of 379 **Application Summary**

Type

Number

Name

MD 41549 RYU TRAN 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 FORM2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FORM THE PROGRAM
Last Medical School Attended: 010-02 Georgetown Univ Sch Of Med, Washington DC 20007
Number of Licenses Previously Granted to Graduates of this Medical School:141
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]  - Passed USMLE  - No DUIs or Legal Issues  - No Malpractice Issues  - US Graduate  - Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE

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

Type MD

Number

Name

41549 RYU TRAN

MEDICAL DOCTOR

Practice Address:

May 03, 2023

Status:

Res: TR

Received: 04/17/2023 Entered: 04/17/2023

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 #: 41549

Sex: M Ethnic Origin: 6

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts			
Test 1: USMLE 1	PASS	02/24/21	4/18/23	1			
Test 2: USMLE 2	<b>PASS</b>	07/22/22	4/18/23	1			
Test 3: USMLE 3	PASS	12/21/23	4/17/24				
Note: PASS means higher than 75							

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

	- 6455		$\sim$	
	E-MED	) <b>–</b>   11		171
1 1		$\prime$ LUU		

School Name: GEORGETOWN UNIVERSITY

City: WASHINGTON

Degree: MASTER OF SCIENCE,

PHYSIOLOGY AND BIOPHYSICS

School Name: UNIVERSITY OF CALIFORNIA, IRVINE

City: IRVINE

Degree: BACHELOR OF SCIENCE,

**BIOLOGICAL SCIENCES** 

State: CA Country: UNITED STATES

State: DC Country: UNITED STATES

From: 9/2012 To: 6/2015 Verified:

From: 8/2018 To: 6/2019 Verified:

School Name: GOLDEN WEST COLLEGE

City: HUNTINGTON BEACH

Degree: ASSOCIATE OF ARTS, LIBERAL

ARTS

School Name: BOLSA GRANDE HIGH SCHOOL

City: GARDEN GROVE

Degree: HIGH SCHOOL DIPLOMA

State: CA Country: UNITED STATES From: 8/2009 To: 5/2012 Verified:

State: CA Country: UNITED STATES 9/2005 To: 6/2009 Verified: From:

Υ

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

**Type Number Name** MD 41549 RYU TRAN

MEDICAL DOCTOR

MEDICAL SCHOOL EDUCATION

Name: Georgetown Univ Sch Of Med, Washington DC 20007

Foreign Name:

City: Washington State/Country: United States of America

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

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA Specialty: SURGERY

Res. Fellowship: Residency

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

Verified: From: 7 / 2023 To: /

ACGME Ver'd: Comments:

PRACTICE HISTORY

Employed: 24 HOUR FITNESS Supervisor:

City: GARDEN GROVE State: CA Country: UNITED STATES
Specialty: SERVICE REPRESENTATIVE From: 3/ 2018 To: 6/ 2018 Verified:

Comments: SERVICE REPRESENTATIVE/TEAM MEMBER AT 24 HOUR FITNESS

Employed: OKURA ROBATA GRILL & AMP; SUSHI BAR Supervisor:

City: LAGUNA BEACH State: CA Country: UNITED STATES cialty: WAITER From: 11/2015 To: 8/2016 Verified:

Specialty: WAITER From: 11 / 2015 To: 8 / 2016
Comments: WAITER AT A HIGH-END JAPANESE INFUSION RESTAURANT

Employed: IRVINE URGENT CARE Supervisor:

City: IRVINE State: CA Country: UNITED STATES

Specialty: VOLUNTEER From: 8/ 2015 To: 7/ 2018 Verified:

Comments: VOLUNTEER AT IRVINE URGENT CARE

Employed: HERO STRENGTH Supervisor:

City: WESTMINSTER
Specialty: POWERLIFTING COACH
From: 7/ 2015 To: 6/ 2018
Verified:

Comments: POWERLIFTING COACH

Employed: THE KICKIN' CRAB Supervisor:

City: SANTA ANA State: CA Country: UNITED STATES
Specialty: WAITER From: 8/ 2012 To: 5/ 2016 Verified:

Comments: WAITER AT A CRAWFISH HOUSE RESTAURANT

Employed: LOLLICUP Supervisor:

City: WESTMINSTER
Specialty: KITCHEN STAFF
Specialty: KITCHEN STAFF
State: CA Country: UNITED STATES
From: 3/ 2008 To: 9/ 2012
Verified:

Comments: STAFF MEMBER AT LOLLICUP, A BOBA TEA SHOP

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type MD Number

Name

415

41549 RYU TRAN

MEDICAL DOCTOR

Other Licenses

State Lic Type and Number

Status Issued

Exp Verif

**DEFICIENCIES** 

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

OTHER DEFICIENCIES: NEED FORM2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FORM THE PROGRAM

# 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 flow states 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
FILL

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

IRST NAME	Ryu	LAST NAME	Tran
MAIL DDRESS		CELL	
CENSE IUMBER	41549	PHONE	
OME ODRESS		ZIP CODE	
ROGRAM ITENDING	Michael Timothy Nelson, MD	SPECIALTY	General Surgery

## **DOCUMENTATION TO ATTACH**

	PAYI	MENT	COMPLE	red
	\$150 payment made on Billpay for RENEWAL of training license	A	\$250 pa	yment made on Billpay for <mark>UPGRADE</mark> of training
,	DOCUM	IENTA	TION, REC	UIRED
A	Form 2 (must be received directly from progr **ONLY FOR UPGRADE	am)	Ev	valuation (must be received directly from program)
Q	USMLE Step 3 (must be received directly from USMLE)		<b>⊠</b> A	nswer confidential questions (on back of this form)
	FORFIG	N TRA	INED STU	DENTS
	Current visa			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

. (



APR 1 6 2024

NAME\_Ryu Tran, MD

QUESTIONS recent)	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?		M
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		<b>□</b>
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	
Have you ever been denied, had removed, or suspended hospital privileges?	0	N
Have you surrendered hospital privileges while under investigation or to avoid investigation?	0	M
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	
Has your application for licensure ever been denied?		N
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)?		
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?		M
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	_	M
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?	0	M
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?		
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		V

Signature Ryu Tran

Date 04/16/2024

# Oklahoma State Board of Medical Licensure and Supervision PAGE 27 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/17/2023

Applicant Name: TRAN, RYU

MD 41549



Place Of Birth (City, State): HAM TAN, VIETNAM

Sex: M Race: Asian/Pacific Islander

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
GD	GEORGETOWN UNIVERSITY	WASHINGTO	DC	8/2018	6/2019	MASTER OF SCIENCE, PHYSIOLOGY AND BIOPHYSICS		
UG	UNIVERSITY OF CALIFORNIA, IRVINE	IRVINE	CA	9/2012	6/2015	BACHELOR OF SCIENCE, BIOLOGICAL SCIENCES		
UG	GOLDEN WEST COLLEGE	HUNTINGTO	CA	8/2009	5/2012	ASSOCIATE OF ARTS, LIBERAL ARTS		
HS	BOLSA GRANDE HIGH SCHOOL	GARDEN GR	CA	9/2005	6/2009	HIGH SCHOOL DIPLOMA		

Medical School Name	City	State Country	Comments	From	То
Georgetown Univ Sch Of Med,	Washington	DC United States		8/2019	5/2023
Washington DC 20007					

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

<b>Practice History</b>							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
24 HOUR FITNESS	SERVICE REPRESENTATIVE		GARDEN GROVE	CA	3/2018	6/2018	
OKURA ROBATA GRILL & SUSHI BAR	WAITER		LAGUNA BEACH	CA	11/2015	8/2016	
IRVINE URGENT CARE	VOLUNTEER		IRVINE	CA	8/2015	7/2018	
HERO STRENGTH	POWERLIFTING COACH		WESTMINSTER	CA	7/2015	6/2018	
THE KICKIN' CRAB	WAITER		SANTA ANA	CA	8/2012	5/2016	
LOLLICUP	KITCHEN STAFF		WESTMINSTER	CA	3/2008	9/2012	

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

MD Exam		and the second		veral, and the experience
Exam	State	Score	Date Taken	#_
USMLE				

# Oklahoma State Board of Medical Licensure and Supervision PAGE 28 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/17/2023

Que	estions Answered 04/16/2023	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
Н.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
I.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
L.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ō.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or 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 29 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received: 04/17/2023

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 School of Medicine - Tulsa, Department of Surgery If so, Please identify with which category: Residency Name of Previous Carrier and Policy Holder Liability insurance will be covered by training program Name of Current Carrier and policy Holder Liability insurance will be covered by training program Will your professional liability insurance policy cover your practice in Oklahoma

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

l attest that all the above information is accurate as of April 16, 2023:

(Signed Online)

Yes



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.

011212	RECEIVED	
	APR 17 2023	
	Applicant's signature (must be signed in the presence of a notary)  NEDICAL LICENSURE AND SUPERVISION	
	Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.)	
	Date of signature (must correspond to the date of notarization)	
	ALOXANY.	

State of Vivginia	, county of AIPHUNDY ia	
applicant by (a) comparing his/	orth below, the individual named above did appear personally before me and the /her physical appearance with the photograph on the identifying document pre raph affixed hereto, and (b) comparing the applicant's signature made by my pro- identifying document.	sented by the
The statements on this documen	nt are subscribed and sworn to before me by the applicant on this 17 day of 18	Yil , 20.7

Notary Public Signature

NATNAEL YARED ASRAT
NOTARY PUBLIC
CommNoTARY of Virginia
Registration No. 8041162
Commission Expires April 30, 2027

My Commission Expires April 30, 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) 400 Fuller Wiser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 04/16/2024

Examinee: Alt Name(s): Tran, Ryu

man, Kyt

Examinee ID: 5-459-676-2

Date of Birth:

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

<b>USMLE ST</b>	EP 1			
Test Date 02/24/2021	Pass/Fail Pass	Score 235	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)			
<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments
07/22/2022	Pass	248	(214)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/21/2023	Pass	206	(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.



Rev 2018

T41549



Examinee: Tran, Ryu

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

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

Examinee ID: 5-459-676-2
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.

Our records indicate that the above named applicant attended our named attended our	and was awarded the degree MD  or extension(s) in his/her medical education? If yes, please er placed on academic or disciplinary probation during er the subject of negative reports for behavioral reasons or yes, please explain below. er disciplined for unprofessional conduct/behavioral ase explain below y limitations or special requirements imposed on the	] YES ] YES ] YES ] YES	□ NO □ NO □ NO
Month Day Year Month Day Year  Does this individual's official record reflect (an) interruption(s) explain.  Does this individual's official record reflect that he/she was even his/her medical education? If yes, please explain.  Does this individual's official record reflect that he/she was even an investigation by the medical school or parent university? If Does this individual's official record reflect that he/she was even reasons by the medical school or parent university? If yes, plea Does this individual's official record reflect that there were any individual because of questions of academic incompetence, dis explain below	or extension(s) in his/her medical education? If yes, please er placed on academic or disciplinary probation during er the subject of negative reports for behavioral reasons or yes, please explain below. er disciplined for unprofessional conduct/behavioral ase explain below y limitations or special requirements imposed on the	YES YES	⊠ NO
explain.  Does this individual's official record reflect that he/she was even his/her medical education? If yes, please explain.  Does this individual's official record reflect that he/she was even an investigation by the medical school or parent university? If your Does this individual's official record reflect that he/she was even reasons by the medical school or parent university? If yes, pleat Does this individual's official record reflect that there were any individual because of questions of academic incompetence, dis explain below	er placed on academic or disciplinary probation during  er the subject of negative reports for behavioral reasons or yes, please explain below.  er disciplined for unprofessional conduct/behavioral ase explain below  y limitations or special requirements imposed on the	YES YES	⊠ NC
Does this individual's official record reflect that he/she was even his/her medical education? If yes, please explain.  Does this individual's official record reflect that he/she was even an investigation by the medical school or parent university? If yoes this individual's official record reflect that he/she was even reasons by the medical school or parent university? If yes, pleat Does this individual's official record reflect that there were any individual because of questions of academic incompetence, dis explain below	er the subject of negative reports for behavioral reasons or yes, please explain below. er disciplined for unprofessional conduct/behavioral ase explain below y limitations or special requirements imposed on the	YES YES	D NC
an investigation by the medical school or parent university? If y Does this individual's official record reflect that he/she was ever reasons by the medical school or parent university? If yes, plea Does this individual's official record reflect that there were any individual because of questions of academic incompetence, dis explain below	yes, please explain below. er disciplined for unprofessional conduct/behavioral ase explain below y limitations or special requirements imposed on the	YES	⊠ NO
Does this individual's official record reflect that he/she was ever reasons by the medical school or parent university? If yes, plea Does this individual's official record reflect that there were any individual because of questions of academic incompetence, dis explain below	er disciplined for unprofessional conduct/behavioral ase explain below y limitations or special requirements imposed on the	200	die.
. individual because of questions of academic incompetence, dis explain below		] YES	₽ NC
Completion of the following is certification that the information ab	( multil)	ue and o	orrect.
Jame:	Signature		
itle of Signatory: Registrar	Date of Signature		
Tel: Fax:	E-Mail: medreg@georgetown.edu		
School	this form must be notarized		
	s:		

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OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION PRIMARY

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JUN 0 9 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

## MEDICAL SCHOOL EXPLANATION OF GRADING SYSTEM

H - HONORS HP - HIGH PASS P - PASS

F - FAILURE

FP - FAILURE PASSED BY REMEDIATION

W - WITHDREW

W/P - WITHDREW PASSING

W/F - WITHDREW FAILING

I - INCOMPLETE
\* IP - IN PROGRESS

\*\* ZZ - IN PROGRESS

NG - NO GRADE

S - SATISFACTORY SC - SATISFACTORY COMPLETION (NON-CREDIT)

U - UNSATISFACTORY

EX - EXEMPT

\*\* Effective Fall 2016 both the M1 and M2 years of the MD curriculum are evaluated Pass/Fail. The class of M2019 will show H -F grading scale for M1 year and Pass/Fail for M2.

> \* From Fall of 2009 - Summer 2013 "IP - IN PROGRESS" grade used for year long courses that overlap the semester. Final grade reported in the Spring semester.

\*\* "ZZ - IN PROGRESS" effective Fall 2013 Passing scores on USMLE Step 1 and Step 2 CK + CS are required for promotion and/or graduation.

Send To:

OKLAHOMA STATE BOARD OF MEDICAL

LICENSURE

101 NE 51ST STREET Oklahoma City OK 73105 United States of America Record of: Name: Banner ID::

SSN::

Ryu Tran

Mr. Ryu Tran 804934995

Course Level:

Medicine

Transcript type: Official Medica	1 School	School**	
Degrees Awarded:			
Master of Science	Aug	31,	201

Aug 31, 2019

Graduate School Major: Physiology and Biophys (SMP)

Doctor of Medicine School of Medicine May 21, 2023

Major: Medicine

Entering Program:

School of Medicine Doctor of Medicine

	Majo	r: Medicine			
Subj	Crs	Title Crd	Grd	Pts	R
ONED	100	Fall 2019	77		
OMED	102	Ambulatory Care	ZZ		
OMED	103	Community-Based Learning	22		
OMED	104	Evidence-Based Medicine	ZZ		
OMED	105	Health Care Ethics	ZZ		
OMED	106	Histology	EX		
OMED	108	Immunology	EX		
OMED	115	Diagnostic Reasoning &	ZZ		
ONLD	113	Testing	22		
OMED	201	Biochemistry	EX		
OMED	202	Medical Embryology	EX		
OMED	203	Medical Gross Anatomy	ZZ		
OMED	204	Medical Neuroscience	ZZ		
OMED		Medical Pharmacology	ZZ		
OMED		Microbiology	ZZ		
OMED		Pathology	ZZ		
OMED	208	Patients, Populations &	ZZ		
UMED	200	Policy	22		
OMED	209	Clinical Skills	ZZ		
OMED	210	Physiology	EX		
Subj	Crs	Title Crd	Grd	Pts	R
		Spring 2020			
OMED	102	Ambulatory Care	S		
OMED	103	Community-Based	ZZ		
		Learning	44		
OMED		Evidence-Based Medicine	ZZ		
OMED	105		ZZ		
OMED	106		EX		
OMED		Human Sexuality	Р		
OMED	111	Med Student Grand Rounds	5		
OMED	112	Nutrition & Patient	S		
OMED	115	Health	77		
OMED	115	Diagnostic Reasoning & Testing	ZZ		
OMED	201	Biochemistry	EX		
OMED	202	Medical Embryology	EX		
OMED		Medical Gross Anatomy	ZZ		
OMED	204	Medical Neuroscience	ZZ		
OMED	205	Medical Pharmacology	ZZ		
OMED	206	Microbiology	ZZ		
OMED	207	Pathology	ZZ		
OMED	208	Patients, Populations &	P		
		Policy			
OMED	209	Clinical Skills	ZZ		
-		MATERIAL PROPERTY OF THE PROPE	PT 5 C		



PAGE 35 of 379 GEORGETOWN UNIVERSITY OFFICE OF THE MEDICAL SCHOOL REGISTRAR WASHINGTON, D.C. 20057-1421

Subj	Crs	Title Fall 2020	Crd	Grd	Pts	R
OMED	103	Community-Based		S		
OMED	104	Learning Evidence-Based Medicine		P		
OMED	105	Health Care Ethics		S		
OMED		Histology		P		
OMED		Medical Genetics		5		
	111	Med Student Grand		S		
011120		Rounds				
OMED	113	Psychiatry		P		
OMED	114	Selectives		5		
OMED	115	Diagnostic Reasoning & Testing		P		
OMED	202	Medical Embryology		P		
OMED	203	Medical Gross Anatomy		P		
OMED	204	Medical Neuroscience		P		
OMED	205	Medical Pharmacology		P		
OMED	206	Microbiology		P		
OMED	207	Pathology		P		
OMED	209	Clinical Skills		P		
Subj	Crs	Title Control 2021	Crd	Grd	Pts	R
ANES	391	Spring 2021 Anesthesia - Selective		S		
OMED	200	Basic Science Review		S		
OMED	211	Medical Student Grand		S		
UMED	211	Rounds		3		
OMED	251	Workshops		S		
OMED		Intensive Bioethics		S		
	254	Pathophysiology		S S S		
	303			5		
OMED	308	Transition to		S		
21.00	3.4.5	Clerkships				
SURP	391	Plastic Surgery-		S		
		Selective				
Subj	Crs	Title Fall 2021	Crd	Grd	Pts	R
FAMD	301	Family Medicine		S		
GMED	301	Medicine		S		
	301	Neurology		S		
	301	Ob/Gyn		S		
	391	Ortho Surgery-Selective		S		
	301	Psychiatry		S		
Subj	Crs	Title	Crd	Grd	Pts	R
OMED	302	Spring 2022		S		
OMED	304	M3 OSCE Bus. of Med & High		S		
OFILD	304	Value Care		3		
OMED	305	Foundational Seminar 1		5		
OMED	306	Foundational Seminar 2		5		
OMED	372	M3 Grand Rounds		SSS		
PEDS	301	Pediatrics		5		
SURG	301	Surgery		S		
Subj	Crs	Title	Crd	Grd	Pts	R
		Fall 2022				
OMED	413	Online Elective		S		
OMED	564	Clinical Science Review		S		
SURG	425	Trauma Surgery AI - WHO		P		
	440	Surgery AI - GTN		Н		
SURG	442	SURGERY AI		H		
SURG SURG SURG	561	Breast Cancer Elective		HP		

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ARYUN 0 9 2023 OKLAHOMA STATE BOARD CF MEDICAL LICENSURE AND SUPERVISION

EX

OMED 210 Physiology

-----Continued on Next Column-----

Record of: Name:

Ryu Tran

Banner ID:: SSN::





PAGE 36 of 379 GEORGETOWN UNIVERSITY
OFFICE OF THE MEDICAL SCHOOL REGISTRAR
WASHINGTON, D.C. 20057-1421

Subj	Crs	Title Crd	Grd Pts R
		Spring 2023	
EMED	440	Emergency Medicine - GTN	Н
GMED	440	Medicine AI - GTN	P
OMED	410	Independent Scholarly Project	S
RADM	500	General Radiology - GTN	S
SURG	451	Surgical Critical Care AI-GTN	Н
Curre	nt co	urse registration:	
OMED	409	Transition to Residency End of Medicine Record	In Progress

John W. Hammett Registrar





# AMA Physician Proffile

PREPARED FOR

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

Name and Mailing Address

RYU TRAN

**Primary Office Address** 

SOWARY

Birth date

E-

Phone UNKNOWN

Physician's major professional activity

HOSPITAL BASED PROPERTY YEARS

MAY 1 0 2024

AMA membership status

**MEMBER** 

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

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

NO DATA REPORTED AT THIS TIME

#### Current and/or historical medical school

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

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

School: GEORGETOWN UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: Enrollment Date: YES

07/2019

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 ACGMEaccredited 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:

GENERAL SURGERY **SPECIALTY** 

Training Type:

07/01/2023 - 06/30/2028

Dates:

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

run tegai ivame;	First		NAL-JUL	IIaii	M-19 17
Mallin a Ashin	Hist		Middle	Last	Malden (if applicable)
Mailing Address:	-	Street Address	or Post Office Box		
City	Stato	Zip Code	Telephone Number	Social Security #:	
	2000	- C	,		
		2000		nalizar na	
			ARY EVIDENCE OF CIT		
	(FOR US CIT	TIZENS, US NAT	IONALS, OR PERMAN	IENT LEGAL RESIDENT ALIE	NS)
		Allendar and a second of	1 21 1		
you are a U.S. citizer	n, U.S. national,	or permanent I	egal resident alien, p	lease attach a photocopy	of one of the following
ocuments to this forr	m. Place a check	mark below to	indicate the docume	nt that is attached.	
A birth certificate	showing hirth in a	ne of the 50 State	s the District of Colum	his Puerto Pico (on or after Is	anuary 13, 1941), Guam, the U.S.
☐ Virgin Islands (on o	or after January 17	. 1917). American	Samoa Swain's Island	or the Northern Mariana Islan	ds, unless the person was born t
foreign diplomats r			Journoa, Swain 3 Island	of the Horatern manana islan	as, amess are person was born t
			ch are issued for period	s of less than five years)	
			ed by the Department o		
Certificate of birth	(FS-545) (issued b	y a foreign service	e post) or Certification	of Report of Birth (DS1350) (is	sued by the Department of State
copies available fro					
Certificate of Natu  after December 19	iralization (N-550	or N-570) (issued	by the INS through a Fo	ederal or State court, or throug	gh administrative naturalization
lost or mutilated o	the individual's	wno are individua	naturalized; the NS/	o is a replacement certificate i	ssued when the N-550 has been
C-AIFI-A F CIAL-				ho derive U.S. citizenship thro	ugh a parent: the N-561 is a
				the individual's name has been	
				7, 1983 to U.S. citizens living n	
border who neede				t issued in February 1974)	
			NS to a collectively nati	ralized citizen of the U.S. who	was born in the Northern
Mariana Islands be			na abas aba tadiddad l	II C -   /Thi	an individual born outside the
U.S. who derives ci	itizenship through	a parent but doe	s not have an FS-240, F	s a 0.5. citizen (This is given to S-545 or DS-1350):	an individual born outside the
Amendan Indian C					members of the Texas Band of
Kickapoos living ne					
Alien Lawfully Adr					
INS Form 1-551 (All			nonly known as a "gree	n card")	
Alien Lawfully Adn			NC 5104		
Unexpired Tempor	rary 1-551 stamp I	n foreign passpor	or on INS Form I-94		
doclare under nanalti	of periune und	or the laws of th	o State of Oklahama	that all information contain	ined in this application and all
				pplication are true and cor	
A/A	2		LVIdence of Status t	pplication are true and con	ect.
Signature //	m hu			Date	04/17/2023
		144	No.		
Subscribed and sworn	before me this_	17"	day of APYIL	, 20	23.
-AA	4/				
Notary Public					
	& Call	100		NOTARY	
Commission Number_	A. 8041	36 d		SEAL	
My commission expires	A0x:1 20.	2021	RECEIV		
Ay commission expires	s /11 11 30)	100			ARED ASRAT
			APR 17 20		PUBLIC alth of Virginia
				Registration	No. 8041162
			OKI AHOMA STATE BO	ARD OF LL Campalagian Cu	-less April 20 2027

#### 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	RECEIVED
For National Board Scores	For FLEX or USMLE Scores	
National Board of Medical Examiners	Federation of State Medical Boards	APR 17 2023
PO Box 48014	400 Fuller Wiser Road	FO 11 1 2023
Newark, NJ 07101-4814	Euless, TX 76039-3855	OKLAHOMA STATE BOARD OF
(215) 590-9500	(817) 868-4000	OKLAHOMA STATE BOARD OF MEDICAL LIGHT BURE AND SUPERVISION
www.NBME.org	www.FSMB.org	THIS COLLEGE ON

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

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

Ryu Tran	Kynne-	04/17/2023
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.

#### Kenna L. Shaw

From:

BillPay Webmaster <donotreply@www.ok.gov>

Sent:

Tuesday, April 16, 2024 12:26 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

RYU TRAN has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 04/16/2024 12:04:25pm for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41549** 

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



05/08/2023

RYU TRAN

RE: MD Application #41549

Check Your Application Status Online at:

http://www.okmedicalboard.org *Username*:AP63735037 *Password*:Last 4 SSN

Dear RYU TRAN,

# 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.

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

USMLE Exams Incomplete

Exam verification date

MedSchool-Transcript Georgetown Univ Sch Of Med, Washington DC 20007

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

MedSchool-Form 1 Georgetown Univ Sch Of Med, Washington DC 20007

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>AP63735037</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

	CAL DOCTOR  ete Information (due to space limitations on this pa	age, this may not be a complete list)
ostG	verification date frad - Form 2 COLLEGE OF MEDICINE TULSA E Exams Incomplete	
	Medical School Attended: 2 Georgetown Univ Sch Of Med, Washington DC 2000  Number of Licenses Previously Granted	on to Graduates of this Medical School:135
ailag	eation for: Resident Full License	Reinstatement_
1)	AUTHORIZED CIRCULARIZATION TO OTHER BOA 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	ARD MEMBERS
3)	HAS ISSUED A TEMPORARY LICENSE THROUGH	—1 <del>71</del> 1—
4)	HAS ISSUED A SPECIAL PGY-1 TRAINING LICENS	E 814 6-12-13
5)	REQUESTS SPECIFIC CONSIDERATION OF:	
-		
-		

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

Туре

Number

Name

MD 39529 ASHLEY MARIE VANASSE 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
Last Medical School Attended: 422-01 St George's Univ, Sch Of Med, St George's, Grenada
Number of Licenses Previously Granted to Graduates of this Medical School:324
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

39529 MD

ASHLEY MARIE VANASSE

MEDICAL DOCTOR

**Practice Address:** 

April 13, 2022

Status:

Res: TR

Received: 04/12/2022 Entered: 04/12/2022

Temp Issued:

**Temp Expires:** 

Train Issued: 07/01/2022 Train Expires: 09/30/2024 Fed Rec: 06/05/2024 AMA Rec: 06/05/2024

**Board Action:** 

License #: 39529

Sex: F

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2	PASS	08/12/21	4/22/22	1
Test 2:	USMLE 1	PASS	10/15/19	4/22/22	1
Test 3:	Not	e: <b>PASS</b> r	neans high	er than 75	
Test AV:					
Total Possible:					
Okla Passing:					
Total Score:					

PRE-MED ED	JCATION
School Name: ST. GEORGE'S UNIVERSITY City: GRENADA Degree: MPH	State: Country: WEST INDIES From: 8/2021 To: 6/ 2022 Verified:
School Name: ST. GEORGE'S UNIVERSITY City: GRENADA Degree:	State: Country: WEST INDIES From: 1/2017 To: 6/ 2017 Verified:
School Name: ROGERS STATE UNIVERSITY City: CLAREMORE Degree: BACHELORS OF SCIENCE	State: OK Country: UNITED STATES From: 1/2010 To: 5/ 2013 Verified:
School Name: TULSA COMMUNITY COLLEGE City: TULSA Degree: ASSOCIATES OF SCIENCE	State: OK Country: UNITED STATES From: 8/2006 To: 5/ 2010 Verified:

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

Type

Number

Name

MD 39529 ASHLEY MARIE VANASSE

MEDICAL DOCTOR

MEDICAL SCHOOL EDUCATION

Name: St George's Univ, Sch Of Med, St George's, Grenada

Foreign Name:

City: St George's

State/Country: Grenada

Degree: MD

From: 8 / 2017 To: 7 / 2021

Diploma Ver'd:

Υ

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty: PEDIATRICS

Res. Fellowship: Residency

City: TULSA

State: OK Country: UNITED STATES

Verified:

From: 7 / 2023

To:

ACGME Ver'd: Comments:

Facility: COLLEGE OF MEDICINE TULSA

Specialty:PEDIATRICS

Res. Fellowship: Residency

City: TULSA

State: OK Country: UNITED STATES OF AM

Verified: 08/22/2023

ACGME Ver'd: 08/22/2023

From: 7 / 2022

To: 6/2023

Comments:

PRACTICE HISTORY

Employed: ST. FRANCIS HOSPITAL

Supervisor:

City: TULSA

State: OK Country:

Specialty: PRAMACY TECH

From: 10/2006 To: 12/2016 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 TULSA

**USMLE Exams Incomplete** 

## Oklahoma State Board of Medical Licensure and Supervision 49 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/12/2022

Foreign Graduate

Applicant Name: VANASSE, ASHLEY MARIE

Dunford

MD 39529



Sex: F

Place Of Birth (City, State): WOONSOCKET, RI

Race: Caucasian

Educ	ation Name	City	ST Country	From	То	Degree	Comments	Veri
UG	ROGERS STATE UNIVERSITY	12 13 5 75 75	37 04 1	77.7	5/2013	BACHELORS OF SCIENCE	Odimiento	Voll
UG	TULSA COMMUNITY COLLEGE	TULSA	ОК	8/2006	5/2013	ASSOCIATES OF SCIENCE		

Medical School Name	City	State Country	Comments	From	To
St George's Univ, Sch Of Med, St George's, Grenada	St George's	Grenada		8/2017	8/2021

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

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

State	License #	Profession	Status	Issue Date	Exp Date
-------	-----------	------------	--------	------------	----------

MD Exam State Score Date Taken Exam USMLE

# Oklahoma State Board of Medical Licensure and Supervision 50 of 379 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/12/2022

#### Foreign Graduate

Que	stions Answered 04/01/2022	Response
۱.	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
<b>;</b> .	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
€.	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
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
ຊ.	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
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 51 of 379

#### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/12/2022

#### Foreign Graduate

Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma?  Yes
If 'Yes', Name of practice: University of Oklahoma School of Community Medicine
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder No Previous Policy
Name of Current Carrier and policy Holder No Current 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 I will have malpractice insurance provided by the training program
I attest that all the above information is accurate as of April 11, 2022: (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:

AIA AI

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.

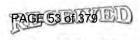
I hereby release, discharge, and exonerate the Board, its agents or representatives, and any person, hospital, clinic, government agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having custody or control of any documents, records, and other information 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.

00	Applicant's signature (must be signed in the presence of a notary)	RECEIVED
3	Vansse Achley M.	APR 2 0 2022
	Applicants printed last name, first name, middle initial, and suffix (c.	g., Jr.) MEDICAL LICENSURE AND SUPERVISION
SSER	Date of signature (must correspond to the date of notarization)	
A aliolan	[Please note: The Notary Public seal should overlap the bottom of	the photo to the left]
2 C46 #1500000	NOTARY	
I certify 1) in the content forth I by (a) college in the physical photograph affixed hereto, and (b) identifying document.	pelow, the individual named above did appear personally before me arappearance with the photograph on the identifying document present comparing the applicant's signature made by my presence on this for	rm with the signature on his/her
	are subscribed and sworn to before me by the applicant on this $\coprod$ d	
Notary Public Signature	wille Wasseman My Notary Commission Exp	ircs 9/10/2024





APR 22 2022



# United States Medical Licensing Examination® (USMLE®) TE BOARD OF Certified Transcript of Scores MEDICAL LICENSURE MAIN SUPERVISION

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

Date: 04/21/2022

Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Examinee: Vanasse, Ashley Marie

Alt Name(s):

Examinee ID: 1-074-443-1 Date of Birth:

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

USMLE STEP 1					
Test Date 10/15/2019	Pass/Fail Pass	Score 202	Minimum Pass (194)	Comments	

#### **USMLE STEP 2**

#### Clinical Knowledge (CK)

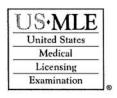
Test Date Pass/Fail Score Minimum Pass Comments 08/12/2021 Pass 234 (209)

#### **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.

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: Vanasse, Ashley Marie

Examinee ID: 1-074-443-1
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.

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.

St. Georges	University	city/State Grenada, West Inc	dies
records indicate that the abo	ve named applicant attended our medical scl	hool on the following dates:	
m 08 12 117 Month Day Year	To 07 / 1/6/21 and wa	s awarded the degree booth of Weller	0-08/06
explain, 5/20/19 -1/3/20	to study, take BOARD EXAM	on(s) in his/her medical education? If yes, please	YES ON
Does this individual's official his/her medical education?		on academic or disciplinary probation during	□ YES □ N
Does this individual's officia	record reflect that he/she was ever the subjical school or parent university? If yes, pleas	ject of negative reports for behavioral reasons or explain below.	□ YES □ N
Does this individual's officia	I record reflect that he/she was ever discipling of or parent university? If yes, please explain	ned for unprofessional conduct/behavioral	□ YES □ N
Does this individual's officia	I record reflect that there were any limitation		□ YES □ N
impletion of the following is c	ertification that the information above is an	accurate account of this individual's records and i	is true and correct
Gary	Belotzerkovsky	Many Belog	is true and correct
Gary	Belotzerkovsky si	gnature May Bulo	is true and correct
Gary tile of Signatory: Umul	Belotzerkovsky si	Many Belog	is true and correct
Gary  Title of Signatory:	Belotzerkovsky si	gnature Many Bulgate of Signature 4/11/2022  Mail: LCV & SGUIO   must be notarized	is true and correct.  MO  13792

## ST. GEORGE'S



#### UNIVERSITY

Page:

Record of: Ashley Marie Vanasse Ashley Marie Vanasse

Issued To: Oklahoma State Board Of Medica 101 NE 51st St Oklahoma City, OK 73105-1821

THE NAME OF THE UNIVERSITY APPEARS IN WHITE PRINT ACROSS THE FACE OF THIS 8.5 X 11 INCH RECORD

PCM 501

Date Issued: 12-APR-2022 Date of Birth:

Student ID: A00713732

Level: Doctor of Medicine

Course Level: Doctor of Medicine	SUBJ NO.	COURSE TITLE	CRED GRD	PTS R
Current Program Program: Doctor of Medicine	Institution	Information continued:		
Degree Requirements Completed 16-JUL-2021 Degrees Awarded Doctor of Medicine 06-AUG-2021 Primary Degree Program: Doctor of Medicine SUBJ NO. COURSE TITLE CRED GRD PTS R	FMED 775NN INFE 700NN MEDI 795N OBG 795NN PED 795N PSY 795N Term Ehrs:	63.00 GPA-Hrs: 48.00 QPts: 456		A
INSTITUTION CREDIT:		149.00 GPA-Hrs: 134.00 QPts:1121	13.13 Grade:	В
August 2017 Session	FMED 700N	Family Medicine	3.00 P	0.00
BPM 500 Basic Principles of Medicine I 17.00 C+ 1344.36	FMED 775N	Family Medicine - Primary Can		0.00
Term Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1344.36 Grade:C+	HEON 700N	Hematology/Oncology	4.00 P	0.00
Cuml Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1344.36 Grade:C+	MEDI 785N	Medicine Sub I	4.00 P	0.00
	OBG 795N	Ob/Gyn - Core	6.00 A-	552.00
January 2018 Session	OTAL 700N	Otolaryngology	3.00 P	0.00
BPM 501 Basic Principles of Med II 17.00 C+ 1318.52	PED 700N	Pediatrics - Elective	4.00 P	0.00
Term Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1318.52 Grade:C+	PED 700N	Pediatrics - Elective	4.00 P	0.00
Cuml Ehrs: 34.00 GPA-Hrs: 34.00 QPts: 2662.88 Grade:C+	PED 700N	Pediatrics - Elective	4.00 P	0.00
	SURG 795N	Surgery - Core	24.00 B	2064.00
August 2018 Session	Term Ehrs:	59.00 GPA-Hrs: 30.00 OPts: 26	16.00 Grade:	B+
BPM 502 Basic Principles of Med III 8.00 B 674.48	Cuml Ehrs:	208.00 GPA-Hrs: 164.00 QPts:138	29.13 Grade:	В
PCM 500 Principles of Clinical Med I 21.00 C+ 1648.50	*********	********* TRANSCRIPT TOTALS **	********	********
Term Ehrs: 29.00 GPA-Hrs: 29.00 QPts: 2322.98 Grade:B-	2 4 2 7 7 7 7 7 7	Earned Hrs GPA Hrs Po	ints	
Cuml Ehrs: 63.00 GPA-Hrs: 63.00 QPts: 4985.86 Grade:C+	TOTAL INSTI	TUTION 208.00 164.00 1382	9.13 B	
	TOTAL TRANS	FER 0.00 0.00	0.00	
January 2019 Session	11	AND AND ADDRESS OF THE PARTY OF	AND THE STREET	
Leave of Absence 05/20/2019 - 01/03/2020	OVERALL	208.00 164.00 1382	9.13 B	

APR 18 2022

OKLAHOMA STATE BOARD OF AND SUPERVISION



AN OFFICIAL SIGNATURE IS WHITE WITH A BURGUNDY BACKGROUND

Principles of Clinical Med II 23.00 C- 1667.27

Term Ehrs: 23.00 GPA-Hrs: 23.00 QPts: 1667.27 Grade:C-Cuml Ehrs: 86.00 GPA-Hrs: 86.00 QPts: 6653.13 Grade:C+

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

END OF TRANSCRIPT

#### ST. GEORGE'S UNIVERSITY TRANSCRIPT LEGENDS

#### SCHOOL OF MEDICINE

Prior to	Fall 1997	
A	Excellent	
B	Good	
C	Satisfactory	
E	Failure	
p	Pass	
1	Incomplete	
E	Exemption	
T	Transler	
W	Withdrawal	
X	Passing at time of withdrawal	
Y	Failing at time of withdrawal	

Prior to Spring 1987, a successful remediated course was: removed from the transcripts.

Effective Spring 1987, a successfully remediated course remained on the transcript but quality points were excluded from the Grade Point Average.

#### Effective Fall 1997

A	Excellent
В	Good
C	Satisfactory
F	Failure
P	Pass
T	Incomplete
T	Transfer
E	Exemption
W	Withdrawal
AAA	Passing at time of withdrawal
WE	Failing at time of withdrawal
CC	Continued course
NG	No recorded grade
ID	In progress
AH	A constitution of the second second second second

All earned quality points remain in the Semester and Cumulative Grade Point Average.

Beginning with Spring 2011 New Matriculants

BASIC SCIENCES		CLINICAL SCIENC		
A+	97-100	Δ+	100	
A	93-96	A	96	
A-	90-92	A-	92	
B+	87-89	Br	89	
B	83-86	В	86	
B-	80-82	B-	82	
C+	77-79	C+	79	
C	73-76	C	76	
Ç.	70.72	C	72	
F	0-69	F	69	
		4		

#### Students Who Matriculated Prior to August 2019

Terms	1-5	Grade	Designa	ations

Letter Grade	Numeric Grade
A+	96.50-100
A	92.50-96.49
A	89.50-92.49
B+	86.50-89.49
В	82.50-86.49
B-	79.50-82,49
Ct	76.50-79.49
C	72 50-76.49
	Courses completed by August 2019
C-	69.50-72.49
	Courses completed after August 2019
C (Term 2)	71.50-72.49
	Courses completed by August 2019
F	1-69.49
	Courses completed after August 2019
F (Term 2)	1-71.49
F (Term 3, 4, 5)	1-72.49

Beginning with August 2019

New Matriculants/Term 1 Repeating Students

Courses are graded numerically for the transcript. The conversion charts are as follows:

#### Terms 1-5 Grade Designations

Grade	Numeric Grade	
Honors (H)	89.50-100	
High Pass (HP)	79:50-89:49	
Term1		
Pass (PS)	69.50-79.49	
Fail (F)	s 69.49	

#### Term 2

Pass (PS)	7150-79,49
Fail (F)	< 71.49

#### Torns 7 / F

Fritzes and of my	
Pass (PS)	7250-79.49
Fail (F)	< 72.49

P	Pass
F*	Fail (not calculated into MWPG)
1	Incomplete
T	Transfer
E	Exemption
W	Withdrawal
WP	Passing at time of withdrawal
WF	Failing at time of withdrawal
CC	Continued course
NG	No recorded grade
IP.	In progress

Credit remediation\*\*

Course Grades are converted from numeric to alpha grades according to the conversion charts. Term Averages and Cumulative Averages are based on quality points and declits earned using the following calculations and then converted to an average alpha grade on the transcript according to the conversion charts.

Quality Points = (Course Numeric Grade x Course Credits)

Mean Weighted Percentage Grade (MWPG) = [Total Quality Points : GPA Hours]

CR

Clinical rotations: 1 week = 40 hours = 1 credit (credit value is doubled for core rotations)

SCHOOL Fall 1999	L OF VETERINARY MEDICINE	
A	4.00	
B	3.00	
C	2.00	
D	1.00	
F	0.00	
P	Pass	

Incomplete E Exemption Transfer W Withdrawal Passing at time of withdrawal X Failing at time of withdrawal Effective Fall 2000

#### 4.00 3.50 B+ B 3.00 C

2.00 D 1.50 D 1.00 0.00 D Dass Incomplete E Exemption

Withdrawal Passing at time of withdrawal Failing at time of withdrawal

Transfer

(0 In progress Requires remediation.

NG

Effective Fall 2000, all successfully remedied failures are not calculated into the GPA.

Effective Fall 2009 through Spring 2013, D or D+ no longer awarded.

No recorded grade

All failures must be remedied by repeating the course.

#### SCHOOL OF ARTS AND SCIENCES Prior to Fall 1997

A	4.00
A-	3.75
Bi	3.25
В	3.00
B-	2.75
CI	2.25
C	2.00
D	1.00
F	0.00

Incomplete Exemption Satisfactory

Transfer W Withdrawal

Passing at time of withdrawal Failing at time of withdrawal

#### Effective Fall 1997

AI 4.00 B+ 3.50 B 3.00 C 2.50 2.00 C D LOO 0.00 Incomplete E Exemption Satisfactory Transfer U Unsatisfactory W Withdrawal Audit UA CC continued course NG No recorded grade 112 In progress

distinction in a given course.

SCHOOL OF GRADUATE STUDIES 4.00

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WP Passing at time of withdrawal WF Failing at time of withdrawal CC Continued course NG No recorded grade

In progress IP.

#### ALL SCHOOLS

Make-up examination 1111 Remediation examination 11 Completion examination

It is not permissible to release information from this transcript to a third party without the written consent of the student.

A reproduced copy of an original record shall not be valid without the University seal and signature of the Registrar or other authorized person.

If course is repeated, the far right column will have an E, I, or A included with the GPA only but not the credit hours

Incomplete grades not remediated within the time allowed by the program's guidelines will automatically be converted to failures.

11/2019

TO TEST FOR AUTHENTICITY. Translucent alabe isons MUST be variable from both sides when held toward a light source. The lase of this transcript is printed on burgundy SCRIP-SAFE paper with the name of the institution appearing in white type over the face of this entire document.

ST. GEORGE'S UNIVERSITY + ST. GEORGE'S UNIVERSITY

\*Does not add grade points to GPA; used to denote

ADDITIONAL TESTS. The word VOID appear on alternate rows as a latent image. When this paper is touched by firsh liquid bloach, 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. This document cannot be released to a third party without the written consent of the student. This is in accordance with the Family Educational flights and Privacy Act of 1974. If you have any questions about this document, please contact our office. ALTERATION OF THIS DOCUMENT MAY BE A CRIMINAL OFFENSE!

SCRIP-SAFE Security Products, Inc. Cincinnati, OH

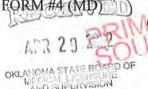
<sup>\*\*</sup> Effective as of Fall 2016

#### 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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	Student's 1				Social Sec	urity Numb	er
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			Address o	f Facility			
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Date of Birth  A student of St. George's University  Medical School  Completed a clerkship offered by Center for Haitian Studies / GMHETC  Name of Facility  8260 NE 2nd Ave, Miami, FL 33138  Address of Facility  From 2 17 2020 through 3 27 2020 in the clinical Month Day Year  Of Psychiatry (Core)  Clinical Area  This facility has programs that are accredited by ACGME in the areas of Specialty  I, STEPHEN SYMES, MD , swear or affirm that I am/was the individual facility program dir instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form the statements made herein are accurate.  STEPHEN SYMES, MD  Institution  Seal  STEPHEN SYMES, MD  Type or Frint Name of Facility Program Director or Instructor  8260 NE 2nd Avenue  Address  Miami FL 33138  City State Zip Code  305.757.9555  Telephone Number  In the absence of an official institution seal, the Facility Program Director or Instructor's signature must be notarized.  Signed and swom before me this 1 day of Montary Public Signature  Notary Public Signature  REMOND EXUME			Ashley Vanas Student's N	Name		U.S.	Social Sec	urity Numb	per
Date of Birth  Completed a clerkship offered by Center for Haitian Studies / GMHETC  Name of Facility  8260 NE 2nd Ave, Miami, FL 33138  Address of Facility  From 2 17 2020 through 3 27 2020 in the clinical Month Day Year  Of Psychiatry (Core)  Clinical Area  This facility has programs that are accredited by ACGME in the areas of Specialty  I, STEPHEN SYMES, MD swear or affirm that I am/was the individual facility program dir instructor for the student named above during the clerkship indicated and that I have carefully read and completed this form the statements made herein are accurate.  STEPHEN SYMES, MD  Institution  Seal  STEPHEN SYMES, MD  Type or Print Name of Facility Program Director or Instructor  8260 NE 2nd Avenue  Address  Miami FL 33138  City State Zip Code  305.757.9555  Telephone Number Signature must be notarized.  Signed and swom before me this 21 day of (Month) 2003 (Year).			2 6	student of St. Ge	eorge's Univers	sity			
Name of Facility    Address of Facility	Da	te of Birth	u.	student of					
Name of Facility    Address of Facility	Comple	ted a clarkchi	offered by Ce	enter for Haitia	n Studies / G	MHETC			
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Notary Seal My Commission Expires:  MY COMMISSION # GG 954372  EXPIRES: February 3, 2024  Bonded Thru Notary Public Underwriters	instruct the state	Institution Seal	lent named above	n seal, the Facility	STEPHEN S  STEPHEN S	m that I am nd that I have  SYMES, M Facility Program  Avenue  or or Instruct  (Month)	/was the ine carefully  MD  n Director or  FL  State  or's signatu	Instructor Signature are must be (Year)	33138 Zip Code notarized.

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OKLANOMA STATE BOARD OF VERIFICATION OF CLINICAL CLERKSHIP

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Date of Birth  Completed a clerkship offered by Center for Haitian Studies / GMHETC  Name of Facility  8260 NE 2nd Ave, Miami, FL 33138  Address of Facility  From 5 11 2020 through 5 29 2 Month Day Year Month Day Year  Of Family Medicine Core  Clinical Area  This facility has programs that are accredited by ACGME in the areas of FAMILY MEDIS  Specialty  I, STEPHEN SYMES, MD , swear or affirm that I am/was the indivinistructor for the student named above during the clerkship indicated and that I have carefully reach the statements made herein are accurate.  STEPHEN SYMES, MD	in the chinear a	29 202 Day Year	29 Day	School SMHETC Facility of Facility 5	Medical S n Studies / C Name of Address o	nter for Haitia	a s p offered by <u>Ce</u> , Miami, FL 33	ted a clerkshi	Comple
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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).

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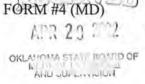
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# Oklahoma State Board of Medical Licensure and Supervision P.O. Box 18256, Oklahoma City, OK 73154-0256

#### 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).

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

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

#### OKTRAINING@okmedicalboard.org

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

Verification of Graduate Medical Education

AUG 2 2 2023

Institution: MUWANY OF OK MOWN SM city/State TUBA, OK  Training Level:   Specialty/Subspecialty   PEDIOTICS   From: 1 / 1 / 22   To: 1/2 / 30/2	Applicant's Na	me A	80Vu 1	Janasse,	Mb				C	OKLAHO MED AN	MA STA IICAL LI D SUPE	ATE BOA ICENSUF ERVISION	RD OF
Specialty/subspecialty   Successfully   Syes   Completed?   NO   IN PROGRESS	0.1		M of (	Olar Lana	04.40	City/State	Tu	11801	OK				
Accredited By: ACGME   AOA   Completed?   NO   IN PROGRESS    Training Level:   Z   Specialty/Subspecialty   PCd1   CM   Successfully   YES   Training Level:   (e.g. 1, 2, 3, etc.)   ACGME   AOA   Completed?   NO   XIN PROGRESS    Training Level:   Specialty/Subspecialty   From:   1   To:   1    Internship   MacGME   AOA   Completed?   NO   XIN PROGRESS    Training Level:   Specialty/Subspecialty   From:   1   To:   1    Internship   Residency   Successfully   YES   Tom:   1   To:   1    Accredited By:   ACGME   AOA   Completed?   NO   IN PROGRESS    1. Did this individual ever take a leave of absence or break from his/her training?   YES   Tom:   YES   Tom:			ecialty/Subspecialty	Pedic	thics		From:	11	122	To:	Q	1301	23
Specialty/Subspecialty   Successfully   YES   YeS   Successfully   YES   Successfully   YES   Successfully   YES   Successfully   YES   YeS   YeS   Successfully   YES   YeS   YeS   YeS   Successfully   YES   YeS   YeS   YeS   YeS   YeS	Accredited By:						□ IN F	PROGRESS					
Training Level:    Geg. 1, 2, 3, etc.   Specialty/Subspecialty   From:     To:   /		_2_ sp	ecialty/Subspecialty	Pedia	trick		From:	1,	123	To:	0	BU	24
Specialty/Subspecialty   Successfully   YES	Accredited By:						)⊠ in F	PROGRESS					
Accredited By:   ACGME   AOA   ACCOMPLETED   NO   IN PROGRESS  1. Did this individual ever take a leave of absence or break from his/her training?   YES   MO   2. Was this individual ever placed on probation?   YES   MO   3. Was this individual ever disciplined or placed under investigation?   YES   MO   4. Were there any negative reports for behavioral reasons ever filed by instructors?   YES   MO   5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?   YES   MO    Please explain any "YES" response from above:    Completion of the following is attesting that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)  Name:   MI CALLU   ECCULI   MO   Signature   M.S. M.M.  Title of Signatory:   PROMAN   DIVECTOR   Date of Signature   B   24   2.3    Tel:   918 - Web   34   4   Fax:   919 - Web   34   4   Famili:   M.C.A. ELC. A. L.			ecialty/Subspecialty				From:		1	To:		11	
2. Was this individual ever placed on probation?  3. Was this individual ever disciplined or placed under investigation?  4. Were there any negative reports for behavioral reasons ever filed by instructors?  Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?  Please explain any "YES" response from above:  Completion of the following is attesting that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)  Name:  M. CACHE ESCALO M. Signature  Date of Signature  Phys. M. D. L. C.	Accredited By:						□ IN P	ROGRESS					
3. Was this individual ever disciplined or placed under investigation?  4. Were there any negative reports for behavioral reasons ever filed by instructors?  5. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?  Please explain any "YES" response from above:  Completion of the following is attesting that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)  Name:  MICHAEL ESCALOL MD Signature  Place of Signatory:  Program Diversory  Date of Signature  Blace Outline Color of the signature of the program director (M.D./D.O. only)  If no seal is available, this form must be notarized  School	1. Did th	is individual e	ver take a leave	of absence or bre	ak from his/her	training?				☐ YES			
4. Were there any negative reports for behavioral reasons ever filed by instructors?  Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?  Please explain any "YES" response from above:  Completion of the following is attesting that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)  Name: MI CALLU ESCALOI MD Signature  Title of Signatory: Program Directory Date of Signature 8/21/23  Tel: 918-040-3414 Fax: 918-400-3410 E-Mail: MIChalle - Escala Courisc. edu  If no seal is available, this form must be notarized	2. Was t	nis individual (	ever placed on p	robation?						☐ YES		NO	-
Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason?  Please explain any "YES" response from above:  Completion of the following is attesting that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)  Name: MI CACIU ESCALOI MP Signature  Title of Signatory: PROMM DIVECTOR Date of Signature 8/21/2.3  Tel: 918-000-3410 Fax: 918-000-3410 E-Mail: MICHOLO - ESCALO COUNSC. edu  If no seal is available, this form must be notarized	11 69 5	nis individual	ever disciplined o	or placed under in	vestigation?					☐ YES			-
Completion of the following is attesting that the information above is an accurate account of this individual's records and is true and correct. The signature line must contain the original signature of the program director (M.D./D.O. only)  Name: MCDELL ESCALOL MD Signature M. S.	Were	any limitation	s or special requ	irements placed i	upon this individ			estions o	f				
Name: MICHALL ESCALOI MD Signature M. 2.54	Please explain	any "YES" resp	ponse from above	'==									
Title of Signatory: Program Divernov Date of Signature 8/21/23  Tel: 918-Web-3414 Fax: 918-Web-3410 E-Mail: Michaele - escala Course. edu  If no seal is available, this form must be notarized										ecords a	and is	true	
Title of Signatory: Physical Diversity Date of Signature 8/21/23  Tel: 918-Web-3414 Fax: 918-Web-3410 E-Mail: Michelle - escala Course. edu  If no seal is available, this form must be notarized  School	Name:	lichell	u Escal	a. MP	Signatur	e	h.	2 Situr					
Tel: 918-Web-3414 Fax: 918-Web-3410 E-Mail: MICHOLO - ESCADA COUNSC. edu  If no seal is available, this form must be notarized  School	Title of Signat	Pan			Date of 9	Signature	(	8/21	122				
School	Tel: 918-	1 1	IL Fax:	118-660			helle	-es	cala	Cou	hsc	ea.	4
Seal Notary Public													
Commission #		Jeal											
My commission expires:			Му	commission expire	25:				, A1	OTABY			_

SEAL

3624 MaPAGETER of 379 Philadelphia, PA 19104-2685 USA 215-386-5900 | 215-386-9767 FAX www.ecfmg.org

Issue Date: 21 Apr 2022

To: STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

#### **ECFMG® CERTIFICATION STATUS REPORT**

USMLE®/ECFMG Identification Number: 1-074-443-1

Applicant's Name: Ashley Marie Vanasse

Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 10 Feb 2022

English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

RECEIVED

JUN 03 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	15 Oct 2019	*	*	
USMLE Step 2 CK	12 Aug 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: St. George's University School of Medicine, St. George's, GRENADA

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: NSK85D00SW

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



# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

**Primary Office Address** 

SAME AS MAILING ADDRESS

ASHI FY MARIF VANASSE

Phone UNKNOWN

Birth date

Physician's major professional activity HOSPITAL BASED RESIDENTS - ALL YEARS

Self-designated practice specialty PEDIATRICS (primary)

UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

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
1093455487	04/01/2022	NOT RPTD	NOT RPTD	NOT RPTD	05/17/2024

Current and/or historical medical school

AMA files checked 06/5/2024 10:20:59 AMA Physician Profile for Ashley Marie Vanasse, MD ©2024 by the American Medical Association. All rights reserved.

Page I of 4

(39529)



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: ST GEORGE'S UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

**Enrollment Date:** 

NOT REPORTED

Degree Date:

2021

#### 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: Status: 07/01/2022 - 06/30/2025

TRAINING IN PROGRESS



#### Specialty board certification

#### NO DATA REPORTED AT THIS TIME

#### Current and/or historical medical licensure

License Number	MD / DO	Locale	Date Granted	Expiration Date	Renewal Date	Status	License Type	Last Reported	Name on License
39529	MD	OK	07/01/2022	09/30/2024		ACT	RES	05/06/2024	ASHLEY MARIE VANASSE

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: 10744431

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 CONTINUED

101 NE 51<sup>st</sup> STREET OKLAHOMA CITY OK 73105

APR 2 0 2022

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

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

ull Lega	al Name: _	Ashley		Marie	Vanasse	Duntord
Mailing	Address:				* verific	wasen (ii applicativ)
			Strant Address	E OF BOST (MILES BOX	Social Security #x	
	City	State	ZIP Code	Telephone Num		
			PRIN	ARY EVIDENCE OF	CITIZENSHIP	
		(FOR US	TITIZENS, US NA	TIONALS, OR PERM	ANENT LEGAL RESIDENT	ALIENS)
					, please attach a photoc ment that is attached.	opy of one of the following
□ Vi	irgin Islands		17, 1917), America			fter January 13, 1941), Guam, the U.S. a Islands, unless the person was born t
*				hich are issued for per	iods of less than five years)	
					nt of State to U.S. citizens)	
1 1		birth (FS-545) (issue ble from the Departm	The contract of the contract o	vice post) or Certificati	on of Report of Birth (DS13	50) (issued by the Department of State
□ a	ertificate of fter Decemb	Naturalization (N-5	<b>50 or N-570)</b> (issue Is who are individu	ually naturalized; the N		through administrative naturalization icate issued when the N-550 has been
ПС	ertificate o	f Citizenship (N-560 d	or N-561) (issued b	y the INS to individua	s who derive U.S. citizenshi or the individual's name ha	p through a parent; the N-561 is a
n L	Jnited State	s Citizen Identification	on Card (I-197) (iss	ued by the INS until A		iving near the Canadian or Mexican
П	Northern M		Card (issued by th			S. who was born in the Northern
_ 5	Statement p	rovided by a U.S. cor	sular officer certi		ual is a U.S. citizen (This is g 0, FS-545 or DS-1350);	iven to an individual born outside the
	American In	dian Card with a clas	sification code "K	IC" and a statement o	n the back (identifying U.S.	citizen members of the Texas Band of
	Alien Lawfu	lly Admitted for Pern	nanent Residence	: mmonly known as a "g	reen card")	
	Alien Lawfu	lly Admitted for Pern	nanent Residence			
I decla	are under p	penalty of perjury, u	inder the laws o	f the State of Oklaho		contained in this application and al nd correct.  Date 4/11/2022
Subsc	cribed and	sworn before me th	nis//44	day of Ap	ما	_ 20_2_2
Nota	ry Public /	Danueleva	ssema	<u></u>	area su A	
	mission Nu		08557		WI TO S	FOR CHE

My commission expires

Comm. 1/2008557
COMM. 1/2008557
COMM. 1/2008557
COMM. 1/2008557
COMM. 1/2008557
COMM. 1/2008557

T39529

04/15/2022

ASHLEY MARIE VANASSE

RE: MD Application #39529

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP70725088
Password:Last 4 SSN

Dear ASHLEY VANASSE,

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

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

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

**Translations** 

**ECFMG** 

**ECFMG Date** 

MedSchool-Transcript St George's Univ, Sch Of Med, St George's, Grenada MedSchool-Form 1 St George's Univ, Sch Of Med, St George's, Grenada

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

**USMLE Exams Incomplete** 

OTHER DEFICIENCIES: NEED COPY OF NAME CHANGE DOCUMENT / \*DO NOT NEED: FORM 2, STEP 3, AMA, FED, NPDB\*

Exam verification date

Evidence of Status

INSTRUCTION SHEET

OATH

Extended Background Check

Time DEFICIENCIES: 5/13 - 8/17 & 8/21 - PRESENT (PLEASE USE TIME DEFICIENCY FORM) / ALSO PLEASE CLARIFY ATTENDANCE DATES AT TCC - APPLIC LISTS 8/06 - 5/13 & ALSO LISTS ROGERS STATE FROM 1/10 - 5/13 (PLEASE USE TIME DEFICIENCY FORM TO CLARIFY)

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 AP70725088 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

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

Sincerely,

### Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

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

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

To Request Ex	RECEIVED	
For National Board Scores National Board of Medical Examiners PO Box 48014 Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org	For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wiser Road Euless, TX 76039-3855 (817) 868-4000 www.FSMB.org	JUN 0 2 2022  OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

- 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.
  - 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.

Ashley Marie Vanasse	ashley Canasse	6/2/2022
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.

#### TIME DEFICIENCY

Name: Ashley Marie Vanasse Appl	ication # 39529
---------------------------------	-----------------

We have to account for any/all time from age 18 to present. Please complete this form to the best of your recollection for the times indicated.

EDUCA Start	Start	End	End					
Month	Year	Month	Year	Name of Institution	City	State	Degree	
August	2006	May	2010	Tulsa Community College	Tulsa	ОК	A.S.	
January	2010	May	2013	Rogers State University	Claremore	ОК	B.S.	
January	2017	June	2017	St. George's Univeristy	Grenada	West Indie	None/Undergrad	
August	2017	June	2021	St. George's Univeristy	Grenada	West Indie	M.D.	
August	2021	June	2022	St. George's Univeristy	Grenada	West Indie	MPH	
EMPLO	YME	NT						
Start Month	Start Year	End Month	End Year	Name of Employer	City	City State		
October	2006	Decembe	2016	St. Francis Hospital	Tulsa	OK	Pharmacy Tech	
OTHE	}							
Start Month	Start Year	End Month	End Year	Other (Unemployed, Stay at home parent,	Other (Unemployed, Stay at home parent, etc.)  City			

RECEIVED

JUN 0 2 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

130535

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

Number

Type MD		Name ASHLEY MARIE	VANASSE		
	AL DOCTOR	To Division to the Control of the Co		100 Laborary	Superior Control of the Control
					not be a complete list)
NPDB Exam PostG AMA F OTHE	Profile Not Reverification da rad - Form 2 C Profile Not Rec	eceived (to be conte te COLLEGE OF ME eived (to be com IES: *DO NOT N	to be completed by OS mpleted by OSBMLS S EDICINE TULSA pleted by OSBMLS Sta IEED: FORM 2, STEP	taff)	NPDB*
		Univ, Sch Of Med	d, St George's, Grenad		
	Nu	mber of License	s Previously Granted	to Graduates	of this Medical School:280
1)	AUTHORIZEI ALL FIVE CR - Passed USN - No DUIs or I - No Significa - US Graduate	O CIRCULARIZA ITERIA HAVE BE ILE Legal Issues nt Malpractice Is		ARD MEMBER	
3)	HAS ISSUED	A TEMPORARY	LICENSE THROUGH		
4)	HAS ISSUED	A SPECIAL PGY	Y-1 TRAINING LICENS	SE_	M-6-9-22
5)	REQUESTS	SPECIFIC CONS	IDERATION OF:		
14					

#### ATTACHMENT 1

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

oktraining@okmedicalboard.org

## RECEIVED

AUG 2 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

# QUESTIONNAIRE Please read and follow ALL instructions

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

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

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

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

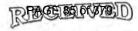
LAST

NAN	ΛE	Ashley		NAI	ME	Vanasse
EMA! ADD!		$\checkmark$	u I			
LICENSE NUMBER HOME ADDRESS PROGRAM ATTENDING		39529			ONE	STATE
		Michelle Escala				ALTY Pediatrics
		DOCUME	NTA	TION	го /	ATTACH
		PAY	MENT	сомі	PLET	ETED
		ayment made on Billpay for RENEWAL ing license		\$250 licen		payment made on Billpay for <mark>UPGRADE</mark> of training
		DOCUM	IENTA	TION	REQ	QUIRED
		2 (must be received directly from am) **ONLY FOR UPGRADE - ATTACHMEN			Ev	Evaluation (must be received directly from program)
		Step 3 (must be received directly from			An	Answer confidential questions (on back of this form)
-		FOREIG	N TRA	INED :	STUI	UDENTS
	Currer	ent visa				
	☐ Background Check **if not done at initial application					

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.

T39529 UCC

FIRST



AUG 2 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### NAME Ashley Marie Vanasse

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 it QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		¥
Have you been the subject of investigation or disciplinary action (including probation) by a hospital or training program?	0	хп
Have you had any adverse judgment or settlement against you rising from a professional liability claim?		冶
Have you been reported to the National Practitioner Data Bank (NPDB)?		冶
Have you ever been denied, had removed, or suspended hospital privileges?	0	×
Have you surrendered hospital privileges while under investigation or to avoid investigation?		冶
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	0	池
Has your application for licensure ever been denied?		ж
Have you surrendered a license or had any disciplinary action taken on any license?		æ
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	ж
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	0	ж
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?		冶
Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance?		ж
Have you been addicted to or abused any drug or chemical substance including alcohol?		ж
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?		ж
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		ж

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 Ashley Vanasse

Date 8/20/2023

8,00

#### **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

BECEIVED

AUG 2 2 2023

# ANNUAL EVALUATION - TRAINING LICENSES ONLY

OKLAHOMA STATE BOARD OF

DO NOT CO	WIPLETE	OK FULL	A LICENSED	PHYSICIANS	0	MEDICAL LICENSURE AND SUPERVISION
Name of Resident (please print)	shler	4 Vo	Masse			
License Number 39529	Speci	ialty	Pediat	nes		
Institution Name \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	of C	ox law	oma, S	2CW		
Program Director (please print)	Mich	elle?	Escala	, MD		
Program Director Email Will	VI-es	cala	a ouh	sc.edu	l .	
Instructions: Please rate each resident (Fair) or 2 (Below Average) YOU MUST						
ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
MEDICAL KNOWLEDGE						
APPLICATION OF MEDICAL KNOWLEDGE						
COMMUNICATION SKILLS						
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS						
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP						D
REMARKS/COMMENTS						
SIGNATURE	chelle	Escu	ula, M	DATE_	8/2	21/23
Evaluation revised 1-2023			DRIV	IAPV		

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type MD MEDIC	Number 41431 CAL DOCTOR	Name ASHTYN ZAPLETAL VOGT
Incompl	ete Informati	on (due to space limitations on this page, this may not be a complete list)
OTHE	R DEFICIENC	CIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME 'OUR PROGRAM COLLEGE OF MEDICINE OKC
	<b>Medical Scho</b> 6 TX A & M UI	ol Attended: NIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843
	Nu	mber of Licenses Previously Granted to Graduates of this Medical School:183
Applic	ation for: R	esident Full License Reinstatement
The Sec	retary of the I	Board has reviewed this application and:
1)	AUTHORIZE	D CIRCULARIZATION TO OTHER BOARD MEMBERS
	Passed USN No DUIs or I No Malpract US Graduate	Legal Issues ice Issues
3)	HAS ISSUED	A TEMPORARY LICENSE THROUGH / /
4)	HAS ISSUED	A SPECIAL PGY-1 TRAINING LICENSE

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

Type

Number

Name

MD

41431 ASHTYN ZAPLETAL VOGT

MEDICAL DOCTOR

**Practice Address:** 

May 08, 2023

Status:

Res: TR

Received: 04/05/2023 Entered: 04/05/2023

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 #: 41431

Sex: F Ethnic Origin: 1 Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2	PASS	04/30/22	4/13/23	1
Test 2:	USMLE 1	PASS	05/23/21	4/13/23	1
Test 3:	USMLE 3	PASS	9/11/23	9/28/23	1

Note: PASS means higher than 75

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

#### PRE-MED EDUCATION

School Name: TEXAS A&M UNIVERSITY

City: COLLEGE STATION
State: TX Country: UNITED STATES
Degree: BIOMEDICAL SCIENCES
From: 8/2015 To: 12/ 2018 Verified:

School Name: BISHOP LYNCH HIGH SCHOOL

City: DALLAS, TEXAS

State: TX Country: UNITED STATES

Degree: From: 8/2011 To: 5/2015 Verified:

#### 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: 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

41431

ASHTYN ZAPLETAL VOGT

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: OPHTHALMOLOGY

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: PERSONAL EMPLOYER

Supervisor:

City: DALLAS

State: TX

Country: UNITED STATES

Specialty: NANNY

From: 12/ 2018 To: 7/ 2019

Verified:

Comments:

Employed: NONE

Supervisor:

City: DALLAS

State: TX

**Country: UNITED STATES** 

Specialty: SUMMER BREAK

From: 5/ 2015 To: 8/ 2015

Verified:

Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

**DEFICIENCIES** 

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

## QUESTIONNAIRE Please read and follow ALL instructions

APR 12 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

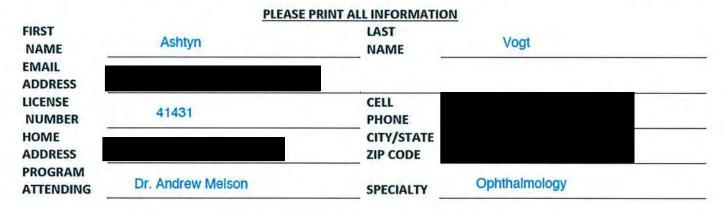
<u>FORM INSTRUCTIONS:</u> Complete both pages of this form *only if* you are renewing or upgrading your training incense. Attach the appropriate documentation and answer the confidential questions.

<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



#### **DOCUMENTATION TO ATTACH**

150 payment made on Billpay for RENEWAL	M		_	
of training license	\$250 payment made on Billpay for UPGRADE of training license			
DOCUM	ENTA	TION R	EQ	UIRED
Form 2 (must be received directly from progr **ONLY FOR UPGRADE	am)	西	Eva	aluation (must be received directly from program)
USMLE Step 3 (must be received directly from USMLE)	1	ĺ <b>☑</b>	An	swer confidential questions (on back of this form)
FOREIGI	N TRA	INED ST	rut	DENTS
Current visa		1		Social Security Number **if not provided at initial application
Background Check **if not done at initial app	licatio	on		
	Form 2 (must be received directly from progr **ONLY FOR UPGRADE  USMLE Step 3 (must be received directly from USMLE)  FOREIGN  Current visa	Form 2 (must be received directly from program)  **ONLY FOR UPGRADE  USMLE Step 3 (must be received directly from USMLE)  FOREIGN TRA	Form 2 (must be received directly from program)  **ONLY FOR UPGRADE  USMLE Step 3 (must be received directly from USMLE)  FOREIGN TRAINED ST	**ONLY FOR UPGRADE  USMLE Step 3 (must be received directly from USMLE)  FOREIGN TRAINED STUIL  Current visa

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

T41431



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

NAME	Ashtyn Vogt	

QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?		V
Have you been the subject of investigation or disciplinary action (including probatio training program?	n) by a hospital or	M
Have you had any adverse judgment or settlement against you rising from a profess	ional liability claim?	凶
Have you been reported to the National Practitioner Data Bank (NPDB)?		図
Have you ever been denied, had removed, or suspended hospital privileges?		DE
Have you surrendered hospital privileges while under investigation or to avoid inves	stigation?	K
Have you entered into an Agreement with a Federal, State, or Local jurisdictional bo action?	ody to avoid formal	M
Has your application for licensure ever been denied?		K
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 discipling than the Oklahoma State Board of Medical Licensure and Supervision)?	nary agency (other	*
Have you obtained an assessment or been treated for use of any drug or chemical salcohol?	ubstance including	×
Have you been arrested for, charged with, or convicted of a felony or misdemeanor violation?	other than a traffic	四
Have you been arrested for, charged with, or convicted of a traffic violation involvin drug or chemical substance?	g the use of any	×
Have you been addicted to or abused any drug or chemical substance including alco	ohol?	DK.
Have you been denied provider participation, terminated, sanctioned or penalized be payor including TRICARE, MEDICARE, or MEDICAID?	oy any third-party	N
Have you surrendered or had any adverse action taken against any narcotic permit	(State or Federal)?	40
Have you been denied provider participation, terminated, sanctioned or penalized by payor including TRICARE, MEDICARE, or MEDICAID?	oy any third-party  (State or Federal)?	

## Oklahoma State Board of Medical Licensure and Supervision 92 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/05/2023

Applicant Name: ZAPLETAL, ASHTYN BRIONNA

MD 41431



Place Of Birth (City, State): PLANO, TX

Sex: F

Race: Caucasian

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	TEXAS A&M UNIVERSITY	COLLEGE ST	TX	8/2015	12/2018	BIOMEDICAL SCIENCES		
HS	BISHOP LYNCH HIGH SCHOOL	DALLAS, TEX	TX	8/2011	5/2015			

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	9 9	7/2019 5	5/2023

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
SO THE PARTY OF TH		NAME OF TAXABLE PARTY.	UNITED S'			1	1

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
				Para a constituent	1	A Company	

Other/	Out-Of-State Li	icenses				
State	License #	Profession	Status	Issue Date	Exp Date	
MD Ex	ram					
Exam		State Score	Date Taken	#		

**USMLE** 

### Oklahoma State Board of Medical Licensure and Supervision 93 of 379

### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/05/2023

Que	stions Answered 04/03/2023	Response
A.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
3.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Э.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
Ŧ	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
€.	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
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
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
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
	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 94 of 379 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/05/2023

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: Dean McGee Eye Institute
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 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 04, 2023: (Signed Online)

ATTACHATENT



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 swom, hereby certify under out that I are the person named to this application, that all statements I have such sulfinable with respect thereto are true, that I am the original and lawful possessor of and personal named in the various forms and creation. Lir und with respect to my application, and that all documents, forms or copies thereof furnished or to be furnished with respect to my - iprication are strictly fine in every aspect

a assumption of that I have read and uncertaint the application and have answered all questions contained in the application trial? "A completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being process from the appropriate legeral and state laws

combot as and request every person, bost fall clinic government agency flocal, state federal or foreign), court, association, institution in lawindependent agency having custody or control of any documents, records, and other information pertaining to me to furnish to the Board why in --I formalism including documents, tecords regarding charges or complaints filed against me, formal or informal, pending or closed or any while permit that and to permit the Board or any of its agents or representatives to inspect and make copies of such documents, records, and since formation in connect of with this application

the only release to acraige, and expnerate the Board its agents of representatives, and any person, hospital circle, government agency local state, federal or foreign), court, association, institution, or faw enforcement agency having custody or control of any documents, recall in her information persaining to me of any and all habitary 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 it is given a run at any time prior to a license to practice being granted to me by the Board

Liederstand my failure to answer questions contained in this application truthfully and completely may lead to denial revocation, or other it is plinary sanction of my license or permit to practice



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APR 2 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

Zapletot, Ashtyn, B Applicants printed last name, first name, middle initial and suffix (e.g., Ir)

4/6/23

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

NOTARY

State of Texas

county of Dallas

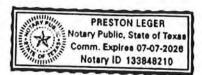
I certify that on the date set forth below, the individual named above did appear personally before me and that I did identify this explicant by (a) comparing his/her physical appearance with the photograph on the identifying document presented by the wap scant and with the photograph affixed hereto, 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 documentate subscribed and sworn to before me by the applicant on this beday of April

Notary Public Signature

My Notary Commission Expires 07 - 07 - 2026

NOTARY SEAL



[414



# 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: 09/27/2023

Examinee: Alt Name(s): Vogt, Ashtyn Zapletal

Zapletal, Ashtyn Brionna

Examinee ID: 5-467-509-5

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	TEP 1			
Test Date 05/23/2021	Pass/Fail Pass	Score 262	Minimum Pass (194)	Comments
USMLE ST	TEP 2			
Clinical Know	eledge (CK)		7. 7. 624	
Test Date	Pass/Fail	Score	Minimum Pass	Comments
04/30/2022	Pass	265	(209)	
USMLE ST	TEP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/11/2023	Pass	253	(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.

PRIMARY

BECEIVED

SEP 2 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

T41431



# 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: Vogt, Ashtyn Zapletal

Examinee ID: 5-467-509-5
Date of Birth:

#### INTERPRETATION OF RESULTS

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

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

#### STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

#### ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

#### ANNOTATIONS APPEARING AS"NOTE"

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

#### PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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





#### Attachment 6

Form 1 (MD)

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

BECEVAED

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

Texas A&M Scho	ool of Medicine	City/Stat	Bryan, Te	xas		
ur records indicate that the above name	d applicant attended our med	ical school on the fol	lowing dates:			
rom 07 <u>/ 29 /2019</u> To Month Day Year	05 / 20 / 2023 a Month Day Year	nd was awarded the	degree Doctor of N	Medicine 05/20/202	3	
Please complete the following questions						
Does this individual's official record replain.	eflect (an) interruption(s) or e	extension(s) in his/he	r medical education?	f yes, please	/ES	⊠ NO
Does this individual's official record r his/her medical education? If yes, plo		aced on academic or	disciplinary probation	during 🔲	/ES	⊠ NC
Does this individual's official record r an investigation by the medical school	eflect that he/she was ever th			al reasons or	/ES	⊠ NC
Does this individual's official record r reasons by the medical school or par	eflect that he/she was ever di	sciplined for unprofe		vioral	/ES	₩ NO
Does this individual's official record r individual because of questions of ac explain below	eflect that there were any lim	itations or special re		A Table of the Control of the Contro	/ES	₩ NO
is individual's records and is true and co			nd that the informati	on above is an accur	ate a	ccount c
nis individual's records and is true and co		e program director a Signature	nd that the informati	on above is an accur	ate a	ccount c
attest that the completion of the following individual's records and is true and complete with the following chen, PhD  The of Signatory:  Associate Dean for Signatory:	orrect.		W.	on above is an accur	ate a	ccount o
ame: Wei-Jung Chen, PhD  tle of Signatory: Associate Dean for S	orrect.	Signature  Date of Signature	W.	on above is an accur	ate a	ccount c
ame: Wei-Jung Chen, PhD  tle of Signatory: Associate Dean for Section 1979-436-0245  Fax:	Student Affairs 979-436-0097	Signature  Date of Signature  E-Mail: wjch	05/22/2023 en@tamu.edu	on above is an accur	ate a	ccount c
ame: Wei-Jung Chen, PhD  tle of Signatory: Associate Dean for S	Student Affairs  979-436-0097  If no seal is available, this f	Signature  Date of Signature  E-Mail: Wjch	05/22/2023 en@tamu.edu	on above is an accur	ate a	ccount c
ame: Wei-Jung Chen, PhD  tle of Signatory: Associate Dean for Section 1979-436-0245  Fax:	Student Affairs  979-436-0097  If no seal is available, this f	Signature  Date of Signature  E-Mail: wjch	05/22/2023 en@tamu.edu	on above is an accur	ate a	ccount c
nis individual's records and is true and comme:  Wei-Jung Chen, PhD  Itle of Signatory:  Associate Dean for Signatory:  979-436-0245  Fax:	Student Affairs  979-436-0097  If no seal is available, this f	Signature  Date of Signature  E-Mail:Wjch	05/22/2023 en@tamu.edu	on above is an accur	ate a	ccount

Notary Seal



College Station, Texas 77843

22-MAY-2023

OFFICIAL ACADEMIC RECORD

SID:

MEID 706

MEID 707

**MEID 708** 

MEID 711

Name: Ashtyn Brionna Zapletal

Date of Birth:

Course Level: Professional Medicine Degree Awarded Doctor of Medicine 20-MAY-2023

Degr	ee Award	Major : Medicine	.3	
/	Inst.	Honors: With Honors		
SUBJ	NO.	COURSE TITLE	CRED GRD	PTS
_				
INST	ITUTION	CREDIT:		
Fall	2019 -	Half Year Term		
Ser	mester			
MEID	605	FOUNDATIONS OF MEDICINE I	5.00 H	20.00
MEID	606	FOUNDATIONS OF MEDICINE II	3.00 H	12.00
MEID	607	MEDICAL GROSS ANATOMY	5.00 H	20.00
MEID	619	PRACTICE OF MEDICINE I	8.00 H	32.00
	Ehrs	s: 21.00 GPA-Hrs: 21.00 QPts:	84.00 GPA:	4.00
Sprin	ng 2020	- Half Year Term	A PROPERTY.	[ ]
Ser	nester		100	
MEID	608	NEUROSCIENCE	5.00 H	20.00
MEID	609	INTRODUCTION TO DISEASE	9.00 S	0.00
MEID	616	CARDIOVASCULAR	5.00 H	20.00
MEID	617	RESPIRATORY	3.00 н	12.00
MEID	618	MEDICAL STUDENT GRAND ROUNDS	2.00 P	6.00
MEID	620	PRACTICE OF MEDICINE II	8.00 H	32.00
MHUM	602	MEDICAL SPANISH II	1.25 S	0.00
	Ehrs	s: 33.25 GPA-Hrs: 23.00 QPts:	90.00 GPA:	3.91
Fall	2020 -	Half Year Term		
Ser	nester		751	T. Mary
MEID	701	HEMATOLOGY/ONCOLOGY	4.00 H	16.00
MEID	704	RENAL GENITOURINARY	4.00 H	16.00
		The state of the s	A PART AND A STATE OF THE PART AND ADDRESS OF THE PART	

METABOLISM, GI, NUTRITION

ENDO REPRO SCI HUM SEXUALITY

INTEGUMENT MUSCULOSKELETAL

EVIDENCE BASED MED S&R

SUBJ NO.	COURSE TITLE	CRED GRD	PTS
Institution I	nformation continued:	711000	100
MEID 712	POM III	6.00 н	24.00
	27.00 GPA-Hrs: 26.00 QPts:	104.00 GPA:	4.00
Spring 2021 - Semester	Half Year Term		
IMED 800	INTERNAL MEDICINE CLERKSHIP	10.00 H	40.00
	DIRECTED STUDIES: IN AB		
	SPTP: PRACTICE OF MEDICINE IV		
Ehrs:	RADIOLOGY CLERKSHIP 17.00 GPA-Hrs: 12.00 QPts:	48.00 GPA:	4.00
Fall 2021 - Ha	alf Year Term		
MEID 822	POM V	1.00 S	0.00
MPED 800	DEDIATRICS CLERKSHIP	7 50 H	
OBGY 800	PEDIATRICS CLERKSHIP OBSTETRICS & GYNCLGY CLERKSHI	7.50 H	30.00
SURG 800	SURGERY CLERKSHIP	10.00 H	
SUDC 865	SURGERY CLERKSHIP OCULOPLASTIC SURG	5 00 8	0.00
	31.00 GPA-Hrs: 25.00 QPts:		
Saning 2022	Half Year Term		
Compoton			
IMED 999	ON CAMPUS SIE: IN-AB POM VI INTERPROF SOC & ETH DI	5 00 g	0.00
MEID 823	DOW AT THEEDROP SOC 5 EMIL D	5.00 S	0.00
MEID 823	FAMILY MEDICINE CLERKSHIP	7.50 1	20.00
MECM 800	PAMILI MEDICINE CLERKSHIP	7.50 H	
MPSI 800	PSYCHIATRY CLERKSHIP SURGERY ACTING INTERNSHIP	7.50 H	30.00
SURG 816	SURGERY ACTING INTERNSHIP 26.00 GPA-Hrs: 15.00 QPts:	5.00 8	0.00
Ehrs:	26.00 GPA-Hrs: 15.00 QPts:	60.00 GPA:	4.00
Fall 2022 - H	alf Year Term		
Semester	Well		
IMED 819	BONE MARROW TRANSPLANT INTERNAL MEDICINE AI	2.50 S	0.00
IMED 896	INTERNAL MEDICINE AI	5.00 S	0.00
SURG 818	INTERNAL MEDICINE AI SURGICAL INTENSIVE CARE UNIT OPHTHALMOLOGY	5.00 S	0.00
SURG 848	OPHTHALMOLOGY	5.00 S	0.00
********	****** CONTINUED ON PAGE 2	*******	*****



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

5.00 H

5.00 H

2.00 H

1.00 S

20.00

20.00

8.00

0.00



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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Venesa N. Heidick Venesa A. Heidick Registrar

College Station, Texas 77843

REPRESENTATION OF THE PROPERTY OF THE PROPERTY

BERRESHIELD

SALBERT SERVICE

2

OFFICIAL ACADEMIC RECORD

22-MAY-2023

Name: Ashtvn Brionna Zapletal

Date of Birth:

Level: Professional Medicine

SUBJ 1	10.		COURS	E TITLE		CRED GRD	PTS R
Institu	ition In	formation	n conti	nued:		1 100	
SURG 98	35	OFF CAMI	PUS SIE			5.00 S	0.00
	Ehrs:	22.50 GP	A-Hrs:	0.00 QPts	3: 0	.00 GPA:	0.00
Spring Semes		Half Year	r Term				
ANES 80	01	CLINICAL	ANEST	HESIOLOGY		2.50 S	0.00
EMED 80	00	EMERGENO	CY MEDIO	CINE CLERKS	SHIP	5.00 S	0.00
MEID 85	50	POM CAP	STONE			2.50 S	0.00
SURG 80	01	PLASTIC	SURGER	Y		2.50 S	0.00
SURG 80	02	OTOLARY	NGOLOGY			2.50 S	0.00
SURG 81	10	ORAL/MAX	KILLOFA	CIAL SURGER	RY	2.50 S	0.00
	Ehrs:	0.00 GP	A-Hrs:	0.00 QPts	s: 0	.00 GPA:	0.00
*****	*****	******	TRANSCI	RIPT TOTALS	*****	******	******
		Earne	ed Hrs	GPA Hrs	Points	GPA	18/16/1
TOTAL 1	INSTITU!	TION :	177.75	122.00	486.00	3.98	
TOTAL 7	FRANSFEI	3	0.00	0.00	0.00	0.00	
OVERALI			177.75	122.00	486.00	3.98	IR
*****	*****	******	END OF	TRANSCRIPT	*****	******	*****





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Venesa A. Heidick Venesa A. Heidick Registrar

College Station, Texas 77843

OFFICIAL ACADEMIC RECORD

Course Level: Undergraduate

22-MAY-2023

Name: Ashtyn Brionna Zapletal

Degree Awarded Bachelor of Science 15-DEC-2018

Major : Biomedical Sciences

Inst. Honors: Summa Cum Laude

SUBJ NO. COURSE TITLE

CRED GRD PTS R

4.00

4.00

DEMENSION OF

San Carachaman Contraction of the Contraction of th

TRANSFER CREDIT ACCEPTED BY THE INSTITUTION:

Dallas College

Total Earned Credits 50.00

INSTITUTION CREDIT:

Fall 2015 - College Station

Semester

1.00 A BIMS 101 INTRO TO BIOMEDICAL SC 12.00 FUND OF CHEMISTRY I 3.00 A CHEM 101 1.00 A CHEM 111 FUND OF CHEM LAB I 4.00 12.00 GEOG 202 GEOG OF GLOBAL VILLAGE 3.00 A MATH 131 MATH CONCEPTS CALCULUS 3.00 A 12.00 3.00 A 12.00 GREAT DISEASES OF WORLD VTPR 221 56.00 GPA: Ehrs: 14.00 GPA-Hrs: 14.00 QPts:

Spring 2016 - College Station

Semester ARTS 149

ART HISTORY SURVEY I 3.00 A 12.00 **CHEM 102** FUND OF CHEMISTRY II 3.00 A 12.00 FUND OF CHEM LAB II 1.00 A CHEM 112 4.00 3.00 A 12.00 MATH 141 BUSINESS MATH I FUND OF FOOD TOXI & SAFE 3.00 A VIBS 204 12.00 VTPB 285 DIRECTED STUDIES 0.00 A 0.00

Fall 2016 - College Station

Semester

**CHEM 227** ORGANIC CHEMISTRY I 3.00 A 12.00 \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* CONTINUED ON NEXT COLUMN \*\*\*\*\*\*\*\*\*\*\*\*\*

Ehrs: 13.00 GPA-Hrs: 13.00 QPts: 52.00 GPA:

Date of Birth:

SUBJ	NO.	COURSE TITLE	CRED GRD	PTS	
		nformation continued:			-
CHEM	237	ORGANIC CHEMISTRY LAB NUTR HLTH & HLTH CARE INTRO TO PSYCHOLOGY	1.00 A	4.00	
NUTR	222	NUTR HLTH & HLTH CARE	3.00 A	12.00	
PSYC	107	INTRO TO PSYCHOLOGY	3.00 A	12.00	
STAT	302	STATISTICAL METHODS	3.00 A	12.00	
VTPB	285	DIRECTED STUDIES	2.00 A	8.00	
	Ehrs:	15.00 GPA-Hrs: 15.00 QPts:	60.00 GPA:	4.00	
Spri	ng 2017 -	College Station			
Ser	nester				
CHEM			3.00 A	12.00	
CHEM	238	ORGANIC CHEMISTRY LAB	1.00 A	4.00	
ENTO	208	VETERINARY ENTOMOLOGY	2.00 A	8.00	
CONTRACTOR OF THE PARTY OF THE		VETERINARY ENTOMOLOGY LAB		4.00	
HIST	106	HISTORY OF THE U S	3.00 A	12.00	
URPN	370	HEALTH SYSTEMS PLANNING	3.00 A	12.00	
VTPB	285	DIRECTED STUDIES	1.00 A	4.00	
of the same of the	Ehrs:	14.00 GPA-Hrs: 14.00 QPts:	56.00 GPA:	4.00	
Fall	2017 - C	ollege Station			
Ser	nester				
BICH	410	COMPREHEN BIOCHEM I STATE & LOCAL GOVT	3.00 A	12.00	
POLS	207	STATE & LOCAL GOVT	3.00 A	12.00	
VIBS	310	BIOMEDICAL WRITING	1.00 S	0.00	
VTPB	405	BIOMEDICAL MICROBIOLOGY	5.00 A	20.00	
VTPB	485	DIRECTED STUDIES	1.00 A	4.00	
	Ehrs:	13.00 GPA-Hrs: 12.00 QPts:	48.00 GPA:	4.00	
-	ng 2018 -	College Station			
BICH		COMPREHEN BIOCHEM II	3.00 A	12.00	
PICH		AMER NATNL GOVT	3.00 A	12.00	
POTE	100	BIOMEDICAL ANATOMY		16.00	
POLS	3U3				
VIBS	211	DIOMED EVELOR MADRAMITE	1 00 0	0 00	
VIBS VIBS		BIOMED EXPLOR NARRATIVE DIRECTED STUDIES	1.00 S 1.00 A	4.00	

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MAY 3 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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Venesa N. Heidick Venesa A. Heidick Registrar

**Debbra Muntean** 

College Station, Texas 77843

OR REAL PROPERTY.

PERSONAL PROPERTY.

BOURHER BREEFER

22-MAY-2023

OFFICIAL ACADEMIC RECORD

Name: Ashtyn Brionna Zapletal SID:

Date of Birth:

Level: Undergraduate

SUBJ	NO.	COURS	E TITLE	CRE	D GRD	PTS R
Insti	tution I	nformation conti	nued:			
	Ehrs:	12.00 GPA-Hrs:	11.00 QPts	3: 44.00	GPA:	4.00
	2018 - C	ollege Station				
BIMS	320	HNR-BIOMEDICAL	GENETICS	3.0	0 A	12.00
VIBS	407	CORE IDEAS NEU	ROSCIENCE	2.0	0 A	8.00
VIBS	489	SPTP: ANATOMY	TEACHING	3.0	0 A	12.00
VTPB	485	DIRECTED STUDI	ES	1.0	0 A	4.00 I
VTPP	423	BIOMEDICAL PHY	SIOLOGY I	4.0	0 A	16.00
	Ehrs:	13.00 GPA-Hrs:	13.00 QPt	52.00	GPA:	4.00
****	******	****** TRANSC	RIPT TOTALS	3 *******	*****	******
		Earned Hrs	GPA Hrs	Points	GPA	-17
TOTAL	INSTITU	TION 94.00	92.00	368.00	4.00	
TOTAL	TRANSFE	R 50.00	0.00	0.00	0.00	19)
OVERA	ALL	144.00	92.00	368.00	4.00	
****	******	***** END OF	TRANSCRIP!	r *******	*****	******

RECEIVED MAY 3 0 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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Venesa N. Heidick Venesa A. Heidick Registrar

#### THE UNIVERSITY

Texas A&M University is comprised of sixteen colleges and two branch campuses in Galveston 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 Science Center (TAMUHSC) under its administration and acquired the Texas A&M University School of Law from Texas Wesleyan University.

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

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.

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.

ACADEMIC CREDIT

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

100-199 400-499 Freshman courses Senior courses

200-299 600-799 Sophomore courses Graduate courses

300-399 900+ Junior courses

Professional courses

#### G

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
Н	Honors (Effective June 1, 2014)	4.00	Yes	College of Medicine
A-		3.67	Yes	School of Law-Doctor of Jurisprudence
	Good	3.50	Yes	College of Dentistry-Doctor of Dental Surgery
B+		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
	Satisfactory	2.50	Yes	College of Dentistry - Doctor of Dental Surgery
C+		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	Salisfactory, D- or above.	0.00	No	School of Law-Doctor of Jurisprudence
0	Satisfactory, C or above.	0.00	No	Undergraduate & Professional
S	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

#### GRADE STANDARD - SCHOOL OF LAW-DOCTOR OF JURISPRUDENCE:

All lockstep and non-lockstep courses with an enrollment over twenty 3.0

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

3.33 all seminar courses

Minimum GPA for good standing at the School of Law- Doctor of Junsprudence is a 2.33 GPA or higher.

#### **EXPLANATION OF SYMBOLS**

E

191376

Indicates a course in progress. Found in the hours column.

HNR Indicates an honors course. Appears before the course title.

Aggie Honor Code Violation. Appears after the grade as F\* or U\* Grade Exclusion Policy, credit hour(s) and grade excluded from GPA calculation. #

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

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

#### TRANSFER WORK

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

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

TB Transfer grade of 'B' Transfer grade of 'C' TC

#### REPEAT CODES

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

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/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: with nonors. In the College of Dentistry, only those students in the top 1st to 4th positions in the class are eligible for account choices. Realings to Cliego of Plantiacy\_Students are eligible for account in the class are eligible for account choices. Students are eligible for account choices as cliego of the graduating class but not 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 2%; and Cum Laude if graduates in the top 10% 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 (3.40-3.59 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 1.50 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.

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 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 & M UNIVER

SCRIP-SAFE® Security Products. Inc. Cincinnati. OH



# AMA Physician Profile

PREPARED FOR

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

#### Name and Mailing Address

ASHTYN BRIONNA ZAPLETAL DEAN MCGEE EYE INST 608 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104-5065

Birth date

**Primary Office Address** 

SAME AS MAILING ADDRESS

Phone

PRIMARY

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

**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:

**OPHTHALMOLOGY** 

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.

## RECEIVED

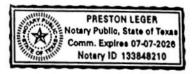
APR 2 0 2023

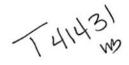
#### OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION **EVIDENCE OF STATUS - PART A**

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

Full	Legal Name: Ashtyn Brunna Zaplytal
Mail	ling Address:
	Street Address or Fost Office Box
	Social Security #:
	DECOM TEMPORAL PURPORAL PURPORA PURPORAL PURPORAL PURPORAL PURPORAL PURPORAL PURPORA PU
	PRIMARY EVIDENCE OF CITIZENSHIP
	(FOR US CITIZENS, US NATIONALS, OR PERMANENT LEGAL RESIDENT ALIENS)
	TOTO STATE OF THE TOTAL STATE OF
live	ou are a U.S. citizen, U.S. national, or permanent legal resident allen, please attach a photocopy of one of the following
dac	uments to this form. Place a checkmark below to indicate the document that is attached.
000000	and the control of th
1	A birth certificate showing birth in one of the 50 States, the District of Columbia, Puerto Rico (on or after January 13, 1941). Gigar II et a
٧	Virgin Islands (on or after January 17, 1917). American Samoa, Swain's Island or the Northern Mariana Islands, unless the person with the in-
-	foreign diplomats residing in the U.S.
: 1	United States passport (except limited passports, which are issued for periods of less than five years)
1	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
-	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 natural various
	after December 1990 to individuals who are individually naturalized, the NS70 is a replacement certificate issued when the N S50 f as the control of military and the NS50 f as the control of military and the NS50 f as the control of military and the NS50 f as the control of military and the NS50 f as the control of military and the NS50 f as the control of military and the NS50 f as the control of military and the NS50 f as the control of military and the NS50 f as the NS50 f as the control of military and the NS50 f as the NS50
-	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 Mick)
	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)
; 1	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).
1	American Indian Card with a classification code "KIC" and a statement on the back (identifying U.S. citizen members of the Taxas Hosting)
-	hirkapoos living near the U.S./Mexican border.)  Alien Lawfully Admitted for Permanent Residence:
13	INS Form 1-551 (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
1.1	eclare under penalty of perjury, under the laws of the State of Oklahoma, that all information contained in this application and in
.151	companying documents provided to substantiate my Evidence of Status application are true and correct
	Date 4/6/23
5 /	nature 100 Date 1107E
	bscribed and sworn before me this Sixtly day of April 20 23
50	pscribed and sworn before the this 31 × 177 day of 1101
	<b>7</b>
	otary Public Preston Leger De -
	AIOTADU
( =	ommission Number /33848210 SEAL

1.1y commission expires 07-07-2026





#### OKLAHOMA STATE BOARD OF MEDICAL FICENSERI AND SUPERVISION 101 NE 51<sup>54</sup> STREET OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining/a okmedicalboard org

Lo Request Ly	amination Scores
For National Board Scores	Lor H L & or USMI L Scores
National Board of Medic if Examiners	Lederation of State Medical Boords
PO Box 48014	400 Fuller Wiser Road
Newark, NJ 07101-4814	Luless, 1X 76039-1855
(215) 590-9500	(817) 868-4000
www.NBML org	www.FSMB.org

- 6 Extended Background Check Applicants for beensure are required to request an I stended Background? Check.
- Exidence of Status Form In order to verify citizenship or qualified alternstatus, 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 Theform must be notarized and mailed to the office.
- 9 <u>Telemedicine Form</u> Applicants planning to practice telemedicine must submit the initialed and signed Felemedicine 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.
- 6 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 satisficated 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 assumestrated 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
    - Verification of licensure in all jurisdictions in which applicant has been licensed to practice medicine and surgers, 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.

Ashtyn Zapletal

Signature of Applicant

4/5/23 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.

MO APPLICATION INSTRUCTIONS Sevised 08/2021 APR 2 0 2023

Page 4 of 4

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

1431

JUN 1 6 2023

#### Lisa Cullen

From:

Ashtyn Zapletal

Sent:

Friday, June 16, 2023 1:38 PM

To:

**OK Training** 

Subject:

[EXTERNAL] Re: Oklahoma MD Application #41431 Follow-Up

Attachments:

Marriage Certificate.pdf; Social Security Administration.pdf

Hello,

I am following up on my previous email from June 9th. My USMLE step 1 and 2 have been Primary Source Verified and a post-grad form 2 is not needed since I will be a PGY1. Therefore, I believe my application should be complete.

Additionally, I have legally changed my name to Ashtyn Zapletal Vogt (Zapletal as my middle name) after getting married. Attached is our official marriage license and proof of name change with the Social Security Administration.

Thank you,

Ashtyn

----Original Message----

From: Ashtyn Zapletal Sent: Jun 9, 2023 6:07 PM

To: <oktraining@okmedicalboard.org>

Subject: Re: Oklahoma MD Application #41431 Follow-Up

Hello,

I am checking on the status of my medical license. Attached is what is showing as deficiencies for my license. However, my USMLE step 1 and 2 have been Primary Source Verified and a post-grad form 2 is not needed since I will be a PGY1. Therefore, I believe my application should be complete.

Please let me know if this is not the case.

### Ashtyn Zapletal

----Original Message----

From: Seema Jayachand <sjayachand@okmedicalboard.org>

Sent: May 9, 2023 7:35 AM

To:

Subject: Oklahoma MD Application #41431 Follow-Up

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

If you have any questions about the licensing process or any listed deficiencies, please direct them to: oktraining@okmedicalboard.org

RECEIVED

MAY 1 1 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISIONITACHMENT 5

# TIME DEFICIENCY FORM

Name:	Ashtyn Zapletal	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
August	2011	May	2015	Bishop Lynch High School	Dallas	Texas	N/A
August	2015	Decembe	2018	Texas A&M University	College Station	Texas	Biomedical Scie
July	2019	May	2023	Texas A&M College of Medicine	Dallas	Texas	Doctor of Medic
EMPLO	OYMEI Start	NT IF NE	EDED End	TO FILL TIME GAP	SP-41-2712		Job
Month	Year	Month	Year	Name of Employer	City	State	Title
Jecembe	2018	July	2019	Personal Employer	Dallas	Texas	Nanny
-				TAY AT HOME PARENT, SUMME	R BREAK, TRA	VELING	
Month	Start Year	End Month	End Year	Other		City	State
May	2015	August	2015	Summer break		Dallas	s Texas
ecembe	2018	July	2019	Graduated college a semester early + se	ummer break	Dallas	Texas

T41431

#### Kenna L. Shaw

From:

BillPay Webmaster <donotreply@www.ok.gov>

Sent:

Friday, March 29, 2024 3:58 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

ASHTYN ZAPLETAL VOGT has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 03/29/2024 03:03:57am for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41431** 

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



05/09/2023

ASHTYN BRIONNA ZAPLETAL

RE: MD Application #41431

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP86683771
Password:Last 4 SSN

Dear ASHTYN ZAPLETAL,

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

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

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

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

with your activities during the specified time frame.

Time Deficiency Form for: 12/2018-7/2019

Exam verification date

MedSchool-Form 1 TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STATION TX 77843 PostGrad - Form 2 COLLEGE OF MEDICINE OKC

**USMLE Exams Incomplete** 

MedSchool-Transcript 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>AP86683771</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

Exam verification date PostGrad - Form 2 COLLEGE OF MEDICINE OKC JSMLE Exams Incomplete	nis may not be a complete list)
Last Medical School Attended: 048-16 TX A & M UNIV SYS HSC, COLL OF MED, COLLEGE STA Number of Licenses Previously Granted to Gra	
pplication for: Resident Full License	Reinstatement
he Secretary of the Board has reviewed this application and:	
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD ME	EMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]	
- Passed USMLE	
<ul> <li>No DUIs or Legal Issues</li> <li>No Significant Malpractice Issues</li> </ul>	
- US Graduate	
- Graduated Medical School on time	
3) HAS ISSUED A TEMPORARY LICENSE THROUGH/	Î
4) HAS ISSUED A SPECIAL PGY-1 TRAINING LICENSE	Siv 6-1-23
5) REQUESTS SPECIFIC CONSIDERATION OF:	

Type

Number

Name

MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)
Exam verification date PostGrad - Form 2 COLLEGE OF MEDICINE TULSA USMLE Exams Incomplete OTHER DEFICIENCIES: NEED USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION
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:681
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
<ul> <li>No DUIs or Legal Issues</li> <li>No Malpractice Issues</li> <li>US Graduate</li> <li>Graduated Medical School in 4 years or less</li> </ul>
<ul><li>No DUIs or Legal Issues</li><li>No Malpractice Issues</li><li>US Graduate</li></ul>

Type

Number

Name

MD 41715

CORBIN WERTZ

MEDICAL DOCTOR

**Practice Address:** 

May 10, 2023

Status:

Res: TR

Received: 05/05/2023

Entered: 05/05/2023

Temp Issued:

Temp Expires:

Train Issued: 07/01/2023

Train Expires: 09/30/2024 Fed Rec: 06/05/2024

AMA Rec: 06/05/2024

**Board Action:** 

License #: 41715

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

		Date	Date	
Test	Score	Taken	Verified	Attempts
Test 1: USMLE 1	PASS	5/12/21	5/18/23	

Test 2: USMLE 2

PASS 6/13/22 5/18/23

Test 3:

Note: PASS means higher than 75

Test AV:

Total Possible:

Okla Passing:

**Total Score:** 

#### PRE-MED EDUCATION

School Name: JOHN BROWN UNIVERSITY

City: SILOAM SPRINGS

Degree: BACHELOR OF SCIENCE

State: AR Country: UNITED STATES

From: 8/2015 To: 5/ 2019 Verified:

School Name: LOUISBURG HIGH SCHOOL

City: LOUISBURG

Degree:

State: KS Country: UNITED STATES

From: 8/2011 To: 5/ 2015 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:

From:

7 / 2019 **To**: 5 / 2023

Diploma Ver'd:

Υ

1

Type

Number

Name

MD 41715 CORBIN WERTZ

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty: PSYCHIATRY

Res. Fellowship: Residency

City: TULSA

State: OK Country: UNITED STATES OF AN

Verified:

From: 7 / 2023

To:

ACGME Ver'd:

Comments:

PRACTICE HISTORY

**Employed: NONE** 

City: SILOAM SPRINGS

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

State: AR Country: UNITED STATES

Specialty: SUMMER BREAK

Comments:

**Employed: REDROCK CANYON GRILL** 

City: OVERLAND PARK

Specialty: WAITER

Supervisor:

State: KS Country: UNITED STATES

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

Comments:

**Employed: YOUTHFRONT** 

City: EDGERTON

Specialty: CAMP COUNSELOR

Supervisor:

State: KS Country: UNITED STATES

From: 5/2016 To: 8/2016 Verified:

Comments:

Employed: TED'S CAFE ESCONDIDO

City: OVERLAND PARK

Specialty: WAITER

Supervisor:

Country: UNITED STATES State: KS From: 5/2015 To: 8/2015 Verified:

Comments:

Other Licenses

State Lic Type and Number

Status

Issued

Exp

Verif

**DEFICIENCIES** 

Exam verification date

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

**USMLE Exams Incomplete** 

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

# Oklahoma State Board of Medical Licensure and Supervision 19 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:05/05/2023

Applicant Name: WERTZ, CORBIN

Date Of Birth: Place Of Birth (City, State): OLATHE, KS

Sex: M Race: Caucasian

Educ	Education									
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri		
UG	JOHN BROWN UNIVERSITY	SILOAM SPRI	AR	8/2015	5/2019	BACHELOR OF SCIENCE				
HS	LOUISBURG HIGH SCHOOL	LOUISBURG	KS	8/2011	5/2015					

Medical School Name	City	State Country	Comments	From	To
Univ Of KS Sch Of Med, Kansas City Ks 66103	Kansas City	KS United States		7/2019	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
7. 30. 14. 4					1		

State	License #	Profession	Status	Issue Date	Exp Date
-------	-----------	------------	--------	------------	----------

MD Exam			7107	
Exam	State	Score	Date Taken	#
USMLE				

# Oklahoma State Board of Medical Licensure and Supervision of 379 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/05/2023

Que	stions Answered 05/03/2023	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
Ο.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
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
Η.	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
	Have you ever failed any part of a licensure/certification/registration examination?	N
VI.	Have you ever surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
Ο.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
Ρ.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
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 เการ์

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/05/2023					
	Daga	inna	1.05	$I \cap E I'$	າກາາ

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:	l
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 Residency Program	
If so, Please identify with which category: Teaching Facility	
Name of Previous Carrier and Policy Holder n/a	
Name of Current Carrier and policy Holder  Carrier: Academic Physicians Insurance Company Policy Holder: University of Oklahoma  Will your professional liability insurance policy cover your practice in Oklahoma  Yes	
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma	

I attest that all the above information is accurate as of May 04, 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.

MAY 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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



tz, Corbin, J

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

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

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

My Notary Commission Expires

JOHN A. HANYSZ

Notary Fublic - State My Appl Extres OL

Notary Public Signature

NOTARY SEAL



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

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

Recipient: OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 05/16/2023

Examinee:

Wertz, Corbin James

Alt Name(s):

Examinee ID: 5-465-815-8
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.

USM	LES	TEP	1
C C L L			-

COMMEDIAL						
Test Date	Pass/Fail	Score	Minimum Pass	Comments		
05/12/2021	Pass	221	(194)			

#### **USMLE STEP 2**

Clinical Knowledge (CK)

Test Date Pass/Fail Score Minimum Pass Comments 06/13/2022 Pass 247 (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.

EG ZOE

RECEIVED

MAY 18 2023

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: Wertz, Corbin James

Examinee ID: 5-465-815-8
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, (elephone (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.

The University of Kansas City/State Kansas City, K	S	
Our records indicate that the above named applicant attended our medical school on the following dates:		
From 07 129 12019 To 05 112 12027 and was awarded the degree Podor of Month Day Year Month Day Year	editine OS	14/202
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, ple explain.	ease	□ NO
Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	☐ YES	D NO
Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reason an investigation by the medical school or parent university? If yes, please explain below.	s or	□ NO
Does this individual's official record reflect that he/she was ever disciplined for unprofessional conduct/behavioral reasons by the medical school or parent university? If yes, please explain below	☐ YES	□ NO
Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	□ YES	⊡ NO
this individual's records and is true and correct.	re is an accurate a	account o
Name: Caro line Sca/s Signature	e is an accurate a	account o
Tattest that the completion of the following has been completed by the program director and that the information above this individual's records and is true and correct.  Name: Caroline Scale  Signature Date of Signature 05/16/2023  Tel: 913-588-7055 Fax: 913-588-8841 E-Mail: Name 125,7874 Chanceles	re is an accurate a	account o

Points

0.000

0.000

**GPA Units** 

0.000

0.000

Earned

16.000

35.000

#### Official KU Academic Record

Term GPA

Cum GPA

University of Kansas Lawrence, KS

Name: Corbin Wertz Student ID: 2997258

Institution Info:

University of Kansas

Lawrence, KS 66045 CEEB: 06871

ACT: 1470

SSN: Birthdate

Print Date:

05/24/2023

MAY 2 5 2023

OK Board To:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Beginning of Medicine Record

2019 Fall Program: Medicine Professional Course Description Attempted Earned Grade Points P ACED 800 Introduction to 3.000 3.000 0.000 Doctoring ACED 805 Molecular & Cellular 8.000 8.000 P 0.000 Medicine ACED 810 Infection, Blood & 8.000 8.000 P 0.000 Immunity Attempted Earned **GPA Units** Points Term GPA 19,000 19,000 0.000 0.000 0.000 Term Totals Cum GPA 0.000 Cum Totals 19.000 19.000 0.000 0.000 2020 Spring Medicine Professional Program: Course Description Attempted Earned Grade Points Respiration and P ACED 815 8.000 0.000 8.000 Circulation P ACED 820 Gastrointestinal and 8.000 8.000 0.000 Renal GSMC 501 Interprofessional 0.000 0.000 NE 0.000 Collab I

		M					
			2020	Fall			
Program:	M	edicine Pr	ofessional				
Course		De	escription	Attempted	Earned	Grade	Points
ACED	825		uscles and overnent	8.000	8.000	P	0.000
ACED	830	Br	ain, Mind and	8.000	8.000	P	0.000
ACED	835	Re	eprod., Develomnt Sexuality	0.000	0.000	IP	0.000
GSMC	502	Int	terprofessional ollab II	0.000	0,000	NE	0.000
				Attempted	Earned	GPA Units	Points
Term GPA		0.000	Term Totals	16.000	16.000	0.000	0,000
Cum GPA		0.000	Cum Totals	51.000	51.000	0.000	0.000
			2021 S	nring			
Program.	Me	edicine Pri		Pining.			
Course		De	escription	Attempted	Earned	Grade	Points
ACED	835		eprod., Develpmnt Sexuality	8.000	8.000	P	0.000
ACED	840	M	edicine Capstone	8.000	8.000	P	0.000
IDSP	806		sni Priessoni evelopment	0.000	0.000	NE	0.000
				Attempted	Eamed	GPA Units	Points
Term GPA		0.000	Term Totals	16,000	16,000	0,000	0.000
Cum GPA		0.000	Cum Totals	67.000	67.000	0.000	0.000
			2021	Fall			
Program:	Me	edicine Pro	ofessional				
Course		De	escription	Attempted	Earned	Grade	Points
FAPR	955		mily Medicine erkship	8.000	8.000	P	24,000
GYNO	900	Ot	stetric/Gynecolog Clerkship	8.000	8.000	Р	24.000
ICM	900		sues Clin Med	0.000	0.000	P	0.000
NEUR	900		eurology Clerkship	4,000	4.000	P	12.000
PYCH	955		ychiatry Clerkship	4.000	4.000	P	12.000
SURG	900	Su	irgery Clerkship	0.000	0.000	IP	0.000
				Attempted	Earned	GPA Units	Points

Attempted

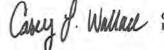
16.000

35.000

0.000 Term Totals

0.000 Cum Totals





Term GPA

Cum GPA

Casey L. Wallace Interim University Registrar

24.000

91.000

24.000

91.000

3,000 Term Totals

3.000 Cum Totals

#### RAISED SEAL NOT REQUIRED

24.000

24.000

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72.000

72.000

#### Official KU Academic Record

University of Kansas Lawrence, KS Name: Corbin Wertz Student ID: 2997258

Description		all along the	2022 S ofessional	Spring			
Program:	iyie						
Course GSMC	503	in	escription terprofessional ollab III	Attempted 0.000	0.000	Grade NE	0.000
ICM MED	900 900	is in	sues Clin Med ternal Medicine	0,000 8.000	0.000 8.000	P	0,000 24.000
PED SURG	900	P	erkship adiatrics Clerkship urgery Clerkship	8.000 8.000	8.000 8.000	P	24.000 24.000
				Attempted	Earned	<b>GPA Units</b>	Points
Term GPA		3,000	Term Totals	24.000	24.000	24.000	72.000
Cum GPA		3.000	Cum Totals	115.000	115.000	48,000	144.000
			2022	Fall			
Program:	Me	edicine Pr	ofessional				
Course		D	escription	Attempted	Earned	Grade	Points
IDSP	806		sni Prfessoni evelopment	0,000	0.000	NE	0.000
IDSP	806		sni Priessoni evelopment	0.000	0.000	NE	0.000
IDSP	806	Pr	sni Prfessoni evelopment	0.000	0.000	NE	0.000
PYCH	901		sychiatry Subinte	4.000	4.000	P	0.000
PYCH	916		ro Psychotherpy	4.000	4.000	P	0.000
PYCH	918		patient Psychiat	4.000	4.000	P	0.000
SURG	928	C	it Care Neuro Su	4.000	4.000	P	0.000
				Attempted	Earned	GPA Units	Points
Term GPA		0.000	Term Totals	16.000	16,000	0.000	0.000
Cum GPA		3,000	Cum Totals	131.000	131.000	48.000	144,000
·	144	and a	2023 S	pring			
Program:	ME		ofessional				
Course		De	escription	Attempted	Earned	Grade	Points
ANES	910		resthesiology	4.000	4.000	P	0.000
FAPR	900		ral Preceptorship	4.000	4.000	P	0,000
IDSP	806		sni Prfessoni evelopment	0.000	0.000	NE	0.000
MED	995		ermatology	4.000	4.000	P	0.000
OPTH	910		enri Ophthalmolgy	4,000	4.000	P	0.000
				Attempted	Earned	GPA Units	Points
Term GPA		0.000	Term Totals	16.000	16.000	0.000	0.000
Cum GPA		3.000	Cum Totals	147.000	147.000	48.000	144.000
Medicine Career T	otals	2.000	Cum Talain	147 000	147,000	49 000	144.000
Cum GPA:		3.000	Cum Totals	147.000	147.000	48.000	144.000

Non-Cours	in Mil	eston	PS

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: Completed Program: Medicine Professional Date Completed: 06/29/2022

Date Completed: 06/29/2022 Date Attempted: 06/29/2022 Completed

End of Medicine Academic Record

Note: The University of Kansas now 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: Doctor of Medicine
Confer Date: 05/14/2023
Plan: Doctor of Medicine

End of Official KU Academic Record

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MAY 2 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

SOURCE

Casey L. Wallace Interim University Registrar

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T41715



# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

**Primary Office Address** 

CORBIN JAMES WERTZ

SAME AS MAILING ADDRESS

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

SOUNDE

#### 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 06/5/2024 10:21:00

AMA Physician Profile for Corbin James Wertz, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3

My15



#### 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: 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

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.

RECEIVED

## MAGEO 3 20239

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

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

		( ) .		×	v.1	
Full Lega	l Name:	Corbin		James	Wertz	Maiden (if applicable)
Malling	Address:					
,			Street Address	or Post Office Box		
					Social Sec	urity#:
.,	City	.State.	Zip Code	Telephone		***
			PRIM	ARY EVIDENCE	OF CITIZENSHIP	
		(FOR US CITIZE	100		RMANENT LEGAL RE	SIDENT ALIENS)
If you ar	re a U.S. citi	zen, U.S. national, or p	ermanent	legal resident a	lien, please attach a	photocopy of one of the following
		form. Place a checkma				[[[[[] [[] [[] [[] [[] [[] [[] [] [] [[] [[] []
	oirth certifica	ate showing birth in one o	f the 50 Stat	es, the District of	Columbia, Puerto Rico	(on or after January 13, 1941), Guam, the U.S.
			17), America	n Samoa, Swain's	Island or the Northern	Mariana Islands, unless the person was born to
for	-	ats residing in the U.S.			T	
		assport (except limited p				
		abroad of a U.S. citizen (				
				ce post) or Certifi	cation of Report of Birt	h (DS1350) (issued by the Department of State),
		from the Department of		11 11 11/2 11 1		
						ourt, or through administrative naturalization interesting of the N-550 has been
		d or the individual's name			ie:woyous a replaceme	ut certificate issued much the M-220-uss peet.
					duals who dărive I) S. ci	itizenship through a parent; the N-561 is a
		ertificate issued when the				
- Un						sitizens living near the Canadian or Mexican
□ bo	rder who ne	eded it for frequent borde	er crossing).(	formerly Form I-1	79, last issued in Febru	ary 1974)
						of the U.S. who was born in the Northern
Ma	ariana Island	s before November 3, 198	(6)			
						This is given to an individual born outside the
		es citizenship through a pa				
				" and a statemer	it on the back (identify	ing U.S. citizen members of the Texas Band of
		g near the U.S./Mexican b				
		Admitted for Permanent (Alien Registration Recei		manhikasuin as	Rainon nord!!	
Ait		Admitted for Permanent		monly known as a	green card )	
		porary I-551 stamp in for		rt or on INS Form	1.94	
		The state of the s	cigii passpo	i or of right	1134	
I declare	under ben	alty of perjury under t	he laws of t	he State of Okla	homa that all inform	mation contained in this application and all
		ments provided to sub				
- 455-1116	/	1111	staticiona il	ry Evidence of 5	ratas application are	~
Signatur	re les	li Graff				Date 5-8-23
			16.	11		
Subscrib	ed and swi	orn before me this	offi	day of Nau	1-	. 20 23
	۸			/	1	
	Sal	)   1	_			
Notary F	Public X	ec-A-TOM	WSX			
	1	1100 2 400	00			NOTARY
Commis	day Winds	er 119608.	2			SEAL
		15 100 10	201			Seve
My com	mission exp	oires 04 118 180	1016			
						JOHN A. HANYSZ
						My Appt. Expires 04 (10) 202(c)
						C THE CHILD PUX (0)

# 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@okniedicalboard.org

To Request Ex	tainination 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 licenses.
  - 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

5-8-23

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.

### TIME DEFICIENCY FORM

Name: Corbin Wertz Application#

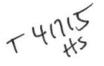
This document is used a tool to help you complete your application.

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	Degre	56
12	2014	5	2015	Louisburg High School	Louisburg	KS		
8	2015	5	2019	John Brown University	Silvansprings	AR	85	
7	2019	5	2023	University of Kansas School of Medicine	Kansus City	K5	MD	<b>)</b> .
EMPLO	DYME	VT IF NI	EDED	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
5	2015	8	2015	Ted's Cafe Escondido	Overland Park	KS	Was	ter
5	2016	8	2016	Youthfront	Edgecton	KS	Camp	Counselo
5	2017	8	2017	Redrock Canyon Gr.11	Overland Park	KS	Wai	ter
OTHE	R - UNI	EMPLO		TAY AT HOME PARENT, SUMMER	BREAK, TRA	VELING		
Start Month	Start Year	End Month	End Year	Other		City		State
5	2018	8	2018	Summer Break	***************************************	Silvans	prings	AR
					Section Section Sections.			

RECEIVED
MAY 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



05/12/2023

CORBIN WERTZ

RE: MD Application #41715

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP88801466
Password:Last 4 SSN

Dear CORBIN WERTZ,

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

with your activities during the specified time frame.

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

Your user name is <u>AP88801466</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

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

If we may be of further assistance, please email.

oktraining@okmedicalboard.org

Sincerely,

Kenna Shaw

Kenna Shaw

Dept. of Licensing

Encl

MEDICAL DOCTOR  omplete Information (due  PostGrad - Form 2 COLLEC  JSMLE Exams Incomplete  Exam verification date	to space limitations on this page,	this may not be a complete list)
Last Medical School Atter 019-02 Univ Of KS Sch Of	nded: Med, Kansas City Ks 66103	
Number o	f Licenses Previously Granted to G	Graduates of this Medical School:668
1) AUTHORIZED CIRC 2) ALL FIVE CRITERIA - Passed USMLE - No DUIs or Legal Is - No Significant Mal - US Graduate - Graduated Medical	School on time	
	PORARY LICENSE THROUGH	1/20 6-19-23
	CIAL PGY-1 TRAINING LICENSE	18108 6
- NEQUESTS SPECIF	IC CONSIDERATION OF:	

	MD 41484 ERIC JAMES WILSON
	MEDICAL DOCTOR
	complete Information (due to space limitations on this page, this may not be a complete list)
<u>'''</u>	OTHER DEFICIENCIES: NEED EVALUATION
	PostGrad - Form 2 COLLEGE OF MEDICINE OKC
	Total Talling California of Medical California
	Last Medical School Attended:
	039-01 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190
	Number of Licenses Previously Granted to Graduates of this Medical School:7,358
	Application for: Resident Full License Reinstatement
	Application for: Resident Full License Reinstatement
	Application for: Resident Full License Reinstatement
	Application for: Resident Full License Reinstatement
	Application for: Resident Full License Reinstatement
T	
I	Application for: Resident Full License Reinstatement  ne Secretary of the Board has reviewed this application and:
I	
I	
I	ne Secretary of the Board has reviewed this application and:
I	ne Secretary of the Board has reviewed this application and:  1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
<u>TI</u>	ne 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]
I	ne 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
IJ	ne 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]
I	ne 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
11	ne 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
IJ	ne 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
11	ne 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
T	ne 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
IJ	ne 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

Type MD

Number

Name

41484

**ERIC JAMES WILSON** 

MEDICAL DOCTOR

**Practice Address:** 

May 09, 2023

Status:

Res: TR

Received: 04/11/2023

Entered: 04/11/2023

Temp Issued: Temp Expires:

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

**Board Action:** 

License #: 41484

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2	PASS	03/02/22	4/12/23	1
Test 2:	USMLE 1	PASS	09/25/20	4/12/23	1
Test 3:	USMLE 3	PASS	12/29/23	5/28/24	1
		te: <b>PASS</b> r	neans high	er than 75	

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

#### PRE-MED EDUCATION

School Name: UNIVERSITY OF TULSA

City: TULSA

Degree: BACHELORS OF SCIENCE IN

State: OK Country: UNITED STATES From: 8/2012 To: 12/2016 Verified:

**BIOCHEMISTRY** 

#### MEDICAL SCHOOL EDUCATION

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

Foreign Name:

City: Oklahoma City

State/Country: United States of America

Degree: MD

From:

8 / 2018 To: 5 / 2023

Diploma Ver'd:

Y

#### POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty:SURGERY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES OF AM

Verified:

From: 712023 To: 1

ACGME Ver'd:

Comments:

Type

Number

Name

MD

41484

**ERIC JAMES WILSON** 

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: ANDERSON ORTHOPAEDIC RESEARCH

Supervisor:

INSTITUTE

City: ALEXANDRIA

State: VA

**Country: UNITED STATES** 

Specialty: CLINICAL RESEARCH From: 71 2022 To:

Verified:

**FELLOW** 

Comments: CLINICAL RESEARCH FELLOWSHIP IN ORTHOPAEDIC SURGERY WITH FOCUS IN JOINT

RECONSTRUCTION.

**Employed: NONE** 

Supervisor:

City: OKLAHOMA CITY

State: OK

**Country: UNITED STATES** 

Specialty: LEAVE OF ABSENCE FROM From: 4/ 2022 To: 7/ 2022 SCHOOL

Comments: DID NOT MATCH, SEARCHED FOR CLINICAL RESEARCH POSITION TO IMPROVE CV

AND REAPPLY FOR RESIDENCY.

**Employed: PAIN MANAGEMENT OF OKLAHOMA** 

Supervisor:

City: BROKEN ARROW

State: OK Country: UNITED STATES Specialty: LAB ACCESSIONER AT From: 10 / 2017 To: 6/ 2018

Verified:

PRIVATE PAIN

MANAGEMENT CLINIC

Comments: WORKED UNDER DR. BRENT HENDERSON AS A LAB ACCESSIONER AT PAIN

MANAGEMENT OF OKLAHOMA

Employed: ST. FRANCIS HEALTH SYSTEM

Supervisor:

City: TULSA

State: OK

Country: UNITED STATES

Specialty: HOSPITAL VOLUNTEER

From: 4/ 2017 To: 10/ 2017

Comments: VOLUNTEER IN THE PEDIATRIC HEME/ONC AND HEART FAILURE CLINICS PRIOR TO

BEGINNING JOB AT PAIN CLINIC.

**Employed: NONE** 

Supervisor:

City: BROKEN ARROW

Specialty: UNEMPLOYED

State: OK Country: UNITED STATES

From: 12/ 2016 To: 4/ 2017

Comments: UNEMPLOYED FOLLOWING COLLEGE, WAS JOB SEEKING FOR SEVERAL MONTHS

WHILE REAPPLYING TO MEDICAL SCHOOL.

Employed: CITY OF BROKEN ARROW

Supervisor:

City: BROKEN ARROW

From: 5/ 2012 To: 8/ 2012

State: OK Country: UNITED STATES

Specialty: LIFEGUARD Comments: WORKED AS A LIFEGUARD FOR SUMMER BEFORE COLLEGE

Other Licenses

State Lic Type and Number

Status Issued

Exp Verif

DEFICIENCIES

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

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

oktraining@okmedicalboard.org

# QUESTIONNAIRE Please read and follow ALL instructions

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

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

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

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

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

DI FASE DRINT ALL INFORMATION

FIRST NAME	CiC	LAST NAME	Wilson	
EMAIL ADDRESS				
NUMBER 4	484	CELL PHONE CITY/STATE		
ADDRESS		ZIP CODE		
PROGRAM ATTENDING() niversi	ity of Oklahonna Health	Sciences Center SPECIALTY	Cheneral Surgery	

#### **DOCUMENTATION TO ATTACH**

	PAYI	MENŢ	COMP	LET	ED	
	\$150 payment made on Billpay for RENEWAL of training license	D	\$250 licens		rment made on Billpay for <mark>UPGRADE</mark> of training	
,	DOCUM	IENTA	TION/R	EQ	UIRED	
内	Form 2 (must be received directly from progr **ONLY FOR UPGRADE	am)		The ball areas and the second		
D	USMLE Step 3 (must be received directly from USMLE)			An	swer confidential questions (on back of this form)	
	FOREIG	N TRA	NINED S	TUI	DENTS	
	Current visa				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 Eric Wilson

F YOU HAVE ANY "YES" ANSWERS YOU MUST PROVIDE A NOTARIZED STATEMENT EXPLAINING YOUR A SINCE RENEWAL OF YOUR TRAINING LICENSE (whiche recent)  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?	
Have you had any adverse judgment or settlement against you rising from a professional liability claim?	
Have you been reported to the National Practitioner Data Bank (NPDB)?	
Have you ever been denied, had removed, or suspended hospital privileges?	M
Have you surrendered hospital privileges while under investigation or to avoid investigation?	d
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?	4
Has your application for licensure ever been denied?	Ø
Have you surrendered a license or had any disciplinary action taken on any license?	D
Have you been investigated by or requested to appear before a licensing or disciplinary agency (other than the Oklahoma State Board of Medical Licensure and Supervision)?	
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	Ø
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	4
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?	1 P
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	<b>₽</b>
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?	d

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 OS-28-24

## Oklahoma State Board of Medical Licensure and Supervision 142 of 379

# APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023

Applicant Name: WILSON, ERIC JAMES

MD 41484



Date Of Birth:

Place Of Birth (City, State): BAKERSFIELD, CA

Sex: M

Race: Caucasian

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF TULSA	TULSA	ОК	8/2012	12/2016	BACHELORS OF SCIENCE IN BIOCHEMISTRY		,

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

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

<b>Practice History</b>							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
ANDERSON ORTHOPAEDIC RESEARCH INSTITUTE	CLINICAL RESEARCH FELLOW		ALEXANDRIA	VA	7/2022	0/0	
NONE	LEAVE OF ABSENCE FROM SCHOOL		OKLAHOMA CITY	OK	4/2022	7/2022	
PAIN MANAGEMENT OF OKLAHOMA	LAB ACCESSIONER AT PRIVATE PAIN MANAGEMENT CLINIC		BROKEN ARROW	ОК	10/2017	6/2018	
ST. FRANCIS HEALTH SYSTEM	HOSPITAL VOLUNTEER		TULSA	OK	4/2017	10/2017	
NONE	UNEMPLOYED		<b>BROKEN ARROW</b>	OK	12/2016	4/2017	
CITY OF BROKEN ARROW	LIFEGUARD		<b>BROKEN ARROW</b>	OK	5/2012	8/2012	

Other/ Out-Of-State L	icenses				
State License #	Profession	Status	Issue Date	Exp Date	
MD Exam	7.000				
Exam	State Sco	e Date Taken	#_		
USMLE					



## Oklahoma State Board of Medical Licensure and Supervision 143 of 379

### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/11/2023

Que	stions Answered 04/10/2023	Response
Ā.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
Ī.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
Ĺ.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ō.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

## Oklahoma State Board of Medical Licensure and Supervisce 1944 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received: 04/11/2023

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 Department of Surgery
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder None
Name of Current Carrier and policy Holder None
Will your professional liability insurance policy cover your practice in Oklahoma No
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma  Malpractice and liability insurance will be provided by the training program by start date 07/01/23
I attest that all the above information is accurate as of April 10, 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

#### 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 1 2 2023 OKLAHOMA STATE BOARD OF Applicant's signature (must be signed in the presence of a notary) Wilson, Eric, J Applicants printed last name, first name, middle initial, and suffix (e.g., Jr.) 04-11-23 Date of signature (must correspond to the date of notarization)

111	The second secon	
State of ICANICA	, County ofAlexandor	
· O		
	rth below, the individual named above did appear personally before me	
	her physical appearance with the photograph on the identifying docum aph affixed hereto, and (b) comparing the applicant's signature made b	
with the signature on his/her in		y my presence on this form
The statements on this documer	nt are subscribed and sworn to before me by the applicant on this 1 day	of Apr. 1,202
William Continue		
Motaoxidudic Signafure  PUBLIS	My Notary Commission Expires	04/30/505)
PUB 951260N N # 1953510N		#7951
RECOMMES A	NOTARY	1, 1. 61.
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NOTARY



# 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: 05/26/2024

Examinee:

Wilson, Eric

Alt Name(s):

Examinee ID: 5-451-526-7
Date of Birth:

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

USMLE ST	EP 1			
Test Date 09/25/2020	Pass/Fail Pass	Score 246	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)	1		
Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/02/2022	Pass	246	(209)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/29/2023	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.

BECERAND

MAY 28 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: Wilson, Eric

Examinee ID: 5-451-526-7
Date of Birth:

#### INTERPRETATION OF RESULTS

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

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

#### STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

#### ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

#### ANNOTATIONS APPEARING AS "NOTE"

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

#### PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Page 2 of 2 Rev 2018

Form 1 (MD)

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

Oklahoma City, OK 73105

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

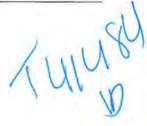


JUN 8 9 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Applicant's N	Vame	Eric W	ilson															
Institution:	Univ	ersity of (	Oklaho	ma Co	olleg	e of M	edi	cine	City/S	tate	Ok	daho	ma Ci	ity, O	K			
Our records	indicate	that the abo	ve named	applicant	attend	led our m	edica	al school	on the	follov	ving d	ates:						
From 8	,7	2018 Year	To_	5 Month	20	2023	_and	l was aw	arded t	he de	gree	Docto	r of Me	dicine	_			
Month	n Day	Year		Month	Day	Year												
Does the		idual's official	record re	flect (an) i	interru	ption(s) o	or ext	ension(s	) in his/	her m	edica	l educat	on? If yes	, please	1	YES		NO
his/her	medica	idual's official al education?	If yes, plea	se explai	n.			100								YES	<b>V</b>	NO
an inve	stigatio	idual's official n by the medi	cal school	or parent	unive	rsity? If ye	es, p	lease exp	olain be	low.	W.					YES	1	NO
reason:	s by the	idual's official medical scho	ol or parer	nt univers	ity? If	yes, pleas	se ex	plain bel	ow	opeo		4	1000			YES	1	NO
	ual beca	idual's official ause of question														YES	1	NO
		following is ce		that the	inform	nation abo	ove i	s an accu	ırate ac	count	of th	is indivi	dual's reco	ords and	l is tru	e and	correc	t.
voine.	-	Scordino		9 (a.	31.6		_		ure _				<u></u>				_	_
Title of Sign	atory:	Associate	Dean	for Stu	ıdeni	t Affairs	S	Date o	f Signat	ture	6	1912	.3	_			_	_
Tel: 405	-271-	2316	Fax:	405-	271-	2287		E-Mail	Te	resa	-Sc	ordino	@ouh	sc.edu	1			
	2.7			If no sea	ıl is ava	allable, th	nis fo	rm must	be not	arized	1							
	Scho Sea			Notary F	ublic	Edith										-		
				Commis		21004	-			_								_
				My com	mission	n expires:	4/	9/202	5									

**Notary Seal** 



JUN 08 2023

: Eric Wilson

Student ID: 1783718 Birthdate :



OKLAHOMA STATE BOARD OF AND SUPERVISION

Degrees Awarded

: Doctor of Medicine Degree

University of Oklahoma Health Sciences Center

: 2023-05-20 Confer Date Plan Medicine

Oklahoma City, OK 731260901

External Degrees

P. O. Box 26901

United States

2016-12-01 Bachelor of Science

Field of Study : Biochemistry

Academic Program History

University of Tulsa

2016-12-01 Bach

Fiel

One

Program : Medic

2018-07-23 : Activ : Medicine MD 2018-07-23 : Active in Program 2018-07-23 : Medic

2018-07-23 : Medicine - MD Major

1 2022-05-21 : Leave of Absence

2022-05-21	: Leave of Absence	A Tree in the	A Toole		
2023-01-13	: Active in Program		3 1		
2023-05-20	: Completed Program				
2023-05-20	Beginning of Medic	cine Record	6	-	
5	Fall 2018				
	Description	Attempted	Earned	Grade	Points
Course INDT 810	8 Molec & Cellular Systems	100.00	100.00	s	
INDT 811	0 Design/Analysis Clin Res	16.00	16.00	S	
INDT 811	6 Princ Phys, Pharm & Path	76.00	76.00	s	
INDT 812	2 Clinical Medicine I	111.50	111.50	s	
INDT 812	4 The Human Structure	105.00	105.00	S	
INDT 824	4 PPSI	87.00	87.00	s	
INDT 855	5 Req Orientation Documents I		0.00	CE	
INDT 910	0 Prologue	24.00	24.00	S	
TERM GPA	0.000 GPH: 0.00 TOTALS	: 519.50	519.50		0.000
OUHSC GPA	0.000 GPH: 0.00 TOTALS	: 519.50	519.50		0.000

Spring 2019

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	Blo	od, Hema	topoiesi	s & Lymp	h 77.00	77.00	S	
TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 315.00	315.00		0.000
OUHSC	GPA :	0.000	GPH:	0.00	TOTALS	: 834.50	834.50		0.000

				1 1000							
Cours	<u>e</u>	Desc	ription	100		At	tempted	Earned	Grade	Points	
INDT	8264	Caro	diovasc,	Resp, R	tenal		164.00	164.00	s		
INDT	8266	PPS	II: Cli	nical Et	hics		35.00	35.00	S		
INDT	8272	Neu	roscienc	es	500	17	166.00	166.00	S		
INDT	8275	Clin	nical Me	dicine I	ı		99.00	99.00	S		
INDT	8556	Req	Orienta	tion Doc	uments I	I		0.00	CE		
INDT	8301	Enri	chment	Program:	Humanit	ies	16.00	16.00	S		
	Course Top	ic(s): A	diction	Medicin	ie						
TERM	GPA :	0.000	GPH:	0.00	TOTALS		480.00	480.00		0.000	
OUHS	C GPA :	0.000	GPH:	0.00	TOTALS		1314.50	1314.50		0.000	

Spring 2020

				AL STORY						
Course		Desc	cription		10	A	ttempted	Earned	Grade	Points
INDT	8280	Rep	roduction	n			98.00	98.00	s	
INDT	9200	MS2	Capston	9			70.00	70.00	s	
INDT	9201	Joir	nt, Skin	, and Bo	one		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 Klining

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 150 6f37(905) 271-2480
www.ouhsc.edu

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.

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F = Failing (0 grade points)

#### Other Symbols

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

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

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

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

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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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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)

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

**TERM DEFINITIONS:** 

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

#### TRANSCRIPT SUMMARY:

Career totals

Transfer statistics (if posted)

OUHSC statistics Combined statistics

#### COURSE NUMBER:

 1000 - 1999
 = Freshman level courses

 2000 - 2999
 = Sophomore level courses

 3000 - 3999
 = Junior level courses

 4000 - 4999
 = Senior level courses

 5000 - 6999
 = Graduate level courses

5000 - 5999 = Bachelor degree program in College of Pharmacy

Undergraduate level courses 7000 – 9999 = Professional degree courses

#### **DEGREE HONORS:**

Distinction Special Distinction Outstanding Distinction

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Official Transcript

: Eric Wilson

Name

PAGE 15410f979 07-JUN-2023

Page No. 2

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

Oklahoma City, OK 731260901 United States

JUN D 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Student ID: 1783718 Birthdate :

Summer II 2020

Course		Des	cription			Accempted	Earned	Grade	FOIRES
INDT	9301	Cli	nical Tr	ansition	ns	40.0	0 40.00	S	
INDT	9980	Spe	cial Stu	dies Rot	ation	160.0	160.00	S	
TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 200.0	200.00		0.000
OUHSC	GPA :	0.000	GPH:	0.00	TOTALS	1722.5	0 1722.50		0.000

INDT	9980	Special Stu	dies Rot	ation	160.00	160.00	S	
TERM	GPA :	0.000 GPH:	0.00	TOTALS	: 200.00	200.00		0.000
OUHSC	GPA :	0.000 GPH:	0.00	TOTALS	: 1722.50	1722.50		0.000
			F	all 2020				
Course		Description	C. B		Attempted	Earned	Grade	Points
DBGY	9210	OB/Gyn & Gyn	necology	Clerksh	ip 240.00	240.00	В	720.000
SURG	9760	Surgery Cle	rkship		240.00	240.00	В	720.000
TERM	GPA :	3.000 GPH:	480.00	TOTALS	: 480.00	480.00		1440.000
OUHSC	GPA :	3.000 GPH:	480.00	TOTALS	: 2202.50	2202.50		1440.000
			Sp	ring 202	1			
TERM OUHSC		Description			Attempted	Earned	Grade	Points
PEDI	9650	Pediatric C	lerkship		240.00	240.00	A	960.000
MED	9250	Medicine Cl	erkship		240.00	240.00	В	720.000
ANES	9110	Anesthesiol	ogy Sele	ctive	80.00	80.00	S	
ORSG	9101	Orthopedic :	Selective	е	80.00	80.00	S	
FM	9540	Family Medi	cine Cle	rkship	160.00	160.00	A	640.000
NEUR	9370	Neurology C	lerkship	19	160.00	160.00	A	640.000
TERM	GPA :	3.700 GPH:	800.00	TOTALS	: 960.00	960.00		2960.000
					Western Co.			

					-							
Course			Desc	criptic	on .		At	tempted	Earned	Grade	Points	
PEDI	96	50	Ped	iatric	Clerkship	,		240.00	240.00	A	960.000	
ŒD	92	50	Med:	icine C	lerkship			240.00	240.00	В	720.000	
NES	91	10	Ane	sthesic	logy Sele	ctive		80.00	80.00	S		
DRSG	91	01	Orth	hopedic	Selectiv	re		80.00	80.00	S		
M	95	40	Fam:	ily Med	licine Cle	rkship		160.00	160.00	A	640.000	
NEUR	93	70	Neu	rology	Clerkship			160.00	160.00	A	640.000	
TERM	GPA	:	3.700	GPH:	800.00	TOTALS	:	960.00	960.00		2960.000	
OUHSC	GPA	:	3.438	GPH:	1280.00	TOTALS		3162.50	3162.50		4400.000	

Summer II 2021

Course			Desc	criptio	o <u>n</u>		A	ttempted	Earned	Grade	Points
INDT		103			hip Elect			160.00	160.00	A	640.000
C	ourse	Topi	.c(s): OI	RSG Sub	internshi	p Elect:	ive				
INDT	94	105	Off.	-Campus	Elective			160.00	160.00	S	
C	ourse	Topi	.c(s): OI	RSG Off	-Campus E	lective					
TERM	GPA	:	4.000	GPH:	160.00	TOTALS	10	320.00	320.00		640.000
OURSC	GPA	:	3.500	GPH:	1440.00	TOTALS	:	3482.50	3482.50		5040.000

				Fall 2021				
Course		Desci	ription	2	Attempted	Earned	Grade	Points
PSBS	9520	Psych	niatry Clerksh	P	240.00	240.00	A	960.000
INDT	9300	Capst	one		160.00	160.00	S	
INDT	9407	Fourt	h Year Select	ive	80.00	80.00	S	
C	ourse Top	pic(s): Pri	n of Internal	Med & Sur	, II			
		Pri	n of Internal	Med & Sur	Į II			
Course		Descr	ription	2	Attempted	Earned	Grade	Points
INDT	9407	Fourt	h Year Select	ive	80.00	80.00	s	
C	ourse Top	pic(s): Dir	ected Reading	s in PHARM				
		Dir	ected Reading	s in PHARM				
Course		Descr	ription	- 1	Attempted	Earned	Grade	Points
INDT	9407	Fourt	h Year Select	ive	80.00	80.00	S	
С	ourse Top	pic(s): Pri	n of Internal	Med & Sur	Į I			
		Pri	n of Internal	Med & Sur	J I			
TERM	GPA :	4.000	GPH: 240.00	TOTALS :	640.00	640.00		960.000
OURSC	GPA :	3.571	GPH: 1680.00	TOTALS :	4122.50	4122.50		6000.000

Spring 2022

Course	Description	Attempted	Earned	Grade	Points
INDT 9407	Fourth Year Selective	80.00	80.00	s	
Course Topic	s): Essentials of the Phys E				
	Essentials of the Phys E	xam 1			

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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 152 of 879405) 271-2480 www.ouhsc.edu

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JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

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Spring (Graduate) = 9 semester hours

printing (Graduato)

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#### TRANSCRIPT SUMMARY:

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Transfer statistics (if posted)
OUHSC statistics
Combined statistics

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

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Distinction Special Distinction Outstanding Distinction

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University of Oklahoma Health Sciences Center

P. O. Box 26901

Oklahoma City, OK 731260901

United States

JUN 0 8 2023

OKLANOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name : Eric Wilson Student ID: 1783718

Birthdate :

Course	Description	Attempted	Earned	Grade	Points
1000					

80.00 80.00 S TNDT 9407 Fourth Year Selective

Course Topic(s): Essentials of the Phys Exam 2 Essentials of the Phys Exam 2

Course Description Attempted Earned Grade Points

CENTER INDT 9406 Special Studies Elective 160.00 160.00 S

Course Topic(s): ORSG Special Studies Elective

9407 Fourth Year Selective 160.00 160.00 S

Course Topic(s): Pharmacology Readings

Pharmacology Readings

S Course Description Attempted Earned Grade

9101 Ophthalmology Selective 80.00 80.00 S

0.00 TOTALS : 560.00 560.00 0.000

3.571 GPH: 1680.00 TOTALS: 4682.50 4682.50 6000.000

Spring 2023

TERM GPA: 0.000 GPH: 0.00 TOTAL
OURSC GPA: 3.571 GPH: 1680.00 TOTAL
Tinterprofessional Education Tier I-Completed

Spring 2

Course

Description

Description

Description Attempted Earned Grade Points

Special Studies Elective 160.00 160.00 S

ILINDT Course Topic(s): ORSG Special Studies Elective

TERM GPA : 0.000 GPH: 0.00 TOTALS : 160.00 0.000

GPH: 1680.00 TOTALS: 4842.50 4842.50 6000.000 OUHSC GPA : 3.571

Medicine Career Totals

3.571 GPH: 1680.00 TOTALS: 4842.50 4842.50 6000.000 OUHSC GPA :

Post-Baccalaureate Career Totals

OUHSC GPA : 3.571 GPH: 105.00 TOTALS: 302.65 302.65 375.000

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

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

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.



Low Klini

REGISTRAR, OUHSC

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

# THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OUHSC FICE CODE 5889

PHONE (405) 271-2359 PAGE 154 of 37905) 271-2480 www.ouhsc.edu

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

#### **GRADES USED AT OUHSC:**

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

A = Excellent (4 grade points)

B = Good (3 grade points)

C = Average (2 grade points)

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

F = Failing (0 grade points)

#### Other Symbols

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

AU = Audit (no credit)

W = Withdrawal

AW = Administrative Withdrawal

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

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

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

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

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

#### **Program Specific Symbols**

CE = Continuing Education

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

R = Requirements successfully completed

Y = Year-Long Course

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

#### **FULL-TIME COURSE LOAD:**

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

RECEIVED

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### TRANSCRIPT SUMMARY:

Career totals
Transfer statistics (if posted)
OUHSC statistics
Combined statistics

#### COURSE NUMBER:

1000 - 1999 = Freshman level courses 2000 - 2999 = Sophomore level courses 3000 - 3999 = Junior level courses 4000 - 4999 = Senior level courses 5000 - 6999 = Graduate level courses 5000 - 5999 = Bachelor degree program in College of Pharmacy Undergraduate level courses

7000 - 9999 = Professional degree courses

#### **DEGREE HONORS:**

Distinction
Special Distinction
Outstanding Distinction

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

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

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 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!



# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

**ERIC WILSON** 

Birth date

**Primary Office Address** 

Phone UNKNOWN

MAY 30 2024

OKLAHOMA STATE BOARD 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

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:** 

08/2018

Degree Type:

MD

Degree Date:

05/2023

AMA files checked 05/30/2024 11:44:25

AMA Physician Profile for Eric Wilson, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 3

1x1484



#### 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:

GENERAL SURGERY

**Training Type:** 

**SPECIALTY** 

Dates: Status: 07/01/2023 - 06/30/2024 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:	Eric	James	Wilson	
Series Care A	First	Middle	Last	Malden (if applicable)
Mailing Address: _	state	rip code Telephone No.	_Social Security #:_	
16 11 C		PRIMARY EVIDENCE OF	MANENT LEGAL RESIDENT A	
		ermanent legal resident allor rk below to indicate the doc		py of one of the following
☐ Virgin Islands (				er January 13, 1941), Guam, the U.S. slands, unless the person was born to
		assports, which are issued for po FS-240) (issued by the Departmo		
Certificate of b		foreign service post) or Certifica		) (issued by the Department of State),
☐ after Decembe		are individually naturalized; the		rough administrative naturalization ate issued when the N-550 has been
replacement co	ertificate issued when the	N-560 has been lost or mutilate	d or the individual's name has	
border who ne	eded it for frequent borde	er crossing) (formerly Form I-179	, last issued in February 1974)	ing near the Canadian or Mexican
	iana Identification Card (is Is before November 3, 198	ssued by the INS to a collectively (6)	naturalized citizen of the U.S.	who was born in the Northern
		officer certifying that the individual of the in		en to an Individual born outside the
	an Card with a classification of the control of the classification of the control		on the back (identifying U.S. cit	tizen members of the Texas Band of
	Admitted for Permanent	Residence: ot Card, commonly known as a "	green card")	
☐ Alien Lawfully	Admitted for Permanent			
I declare under per	nalty of perjury, under t uments provided to sub		oma, that all information co tus application are true and	entained in this application and all correct.
Subscribed and swe	orn before me this	IL day of Ag	ril,	20 23
+	AF			
Notary Public	- Ca	nritte.	IAN SANCHEZ STAN	RECEIVED
Commission Numb	ep 04/30/202	5	NOTARY SEA	100 10
My commission exp	pires 795	1260 VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	NOTARY NOTA SEA NOTA SEA NOTARY NOTAR	OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
		ALIANII.	MONWEALTH OF LINE	· 24

#### 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

Sircinia (March 1970)

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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

- 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.
  - 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)

Eric Wibon Signature of Applicant

04-02-23

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.

(U)

### Kenna L. Shaw

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

**Sent:** Saturday, May 25, 2024 9:12 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

ERIC JAMES WILSON has paid for a LICENSE - MD Training-to-Full License Fee 250.00 on 05/25/2024 09:05:12pm for \$250.00.

**OKLAHOMA MD LICENSE NUMBER 41484** 

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



# PORE 163 20239

#### Lisa Cullen

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

From: Eric Wilson

Sent: Monday, June 5, 2023 12:05 AM

To: OK Training

Subject: [EXTERNAL] MD Application #41484 Deficiencies

Attachments: USMLE Transcripts Delivery Confirmation.png; FSMB - Exam Services.pdf; Eric Wilson

Med License Deficiencies.pdf

#### Seema Jayachand,

I am an applicant for an Oklahoma medical license for my residency program starting July 1st. I received an email with a list detailing deficiencies and wanted to reach out for clarification, the form that was provided to me has been attached. These are the deficiencies listed, and I would appreciate some information on how to get these resolved.

- 1. Extended Background Check I completed a background check form that was provided through my training program via an organization named truescreen. The form was completed on April 6th, and I have not received any further contact from the organization regarding results or additional follow-up. I was told by the program coordinator that this would function as the extended background check required for the medical license application, but please let me know if this is incorrect and I will contact my program coordinator on how to move forward.
- 2. Other deficiencies: why did med school take 4+ years? I am unaware how to address this, there is no form for "other deficiencies" that I have been able to find. The reason medical school took 5 years is because I did not match for residency my first application cycle, so I elected to postpone graduation for a year to complete a clinical research fellowship in orthopaedic surgery at the Anderson Orthopaedic Research Institute in Alexandria, Virginia. I completed the courses needed to graduate in the spring of 2023, and graduated successfully on May 20th of this year. Any insight on how to move this forward would be appreciated.
- 3. Exam verification date I am not certain exactly what this is asking for. I have applied and paid to have my USMLE transcripts sent via the FSMB to the Oklahoma Medical Licensing Authority, these were delivered on April 12th according to the FSMB website. I have attached the receipt and a screenshot of verification of delivery to this email. Some more information on how to resolve this deficiency would be appreciated.
- 4. MedSchool-Transcript Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 This should be sent by my home institution and should have been sent by now. More information on whether this has been resolved or how to move forward would be appreciated.
- 5. MedSchool-Form 1 Univ Of Ok Coll Of Med, Oklahoma City Ok 73190 This should be sent by my home institution and should have been sent by now. More information on whether this has been resolved or how to move forward would be appreciated.
- 6. PostGrad Form 2 COLLEGE OF MEDICINE OKC The instructions I was provided stated to only complete this form if beginning PGY 2 year or if you have had prior postgraduate training, neither of which apply to me. I am unsure if a blank form needed to be sent in this case, but my home institution was responsible for sending this form. If I need to contact them and ask that something specific be done for this please let me know, and more information on this deficiency would be appreciated.
- 7. USMLE exams incomplete I have completed both USMLE Step 1 and 2, and scores were delivered to the Oklahoma Medical Licensing Authority via the FSMB in April. I have not taken step 3 yet, but from my understanding it is not necessary to take this exam until you have begun your intern residency year. As I just graduated from medical school a couple weeks ago, this would not apply to me from my understanding. If there

41484/1

is something here that I am missing, some more information on how to resolve this deficiency would be appreciated.

If it would be easier to speak on the phone or via text, please feel free to reach out to me at

Regards, Eric Wilson

JUN **0** 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### **ATTACHMENT 5**

# TIME DEFICIENCY FORM

Name:	Eric James Wilson	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.

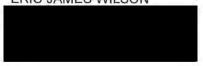
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree		
08	2010	05	2012	Broken Arrrow High School	Broken Arrow	ОК	HS Diploma		
08	2012	12	2016	University of Tulsa Tulsa OK		ОК	BS		
08	2018	05	2023	2023 University of Oklahoma Health Sciences Center Oklahoma		ОК		MD	
EMPLO	DYME	NT IF NE	EDED	TO FILL TIME GAP					
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	D-25C3-C3C	
05	2012	08	2012	City of Broken Arrow	Broken Arrow	OK	Lifeguard		
10	2017	06	2018	Pain Management of Oklahoma Broken Arrow		ОК	Lab Accession		
07	07 2022 06 2023		2023	Anderson Orthopaedic Research Institute Alexandria		VA Research F		earch Fellow	
				TAY AT HOME PARENT, SUMMER	R BREAK, TRA	VELING	;		
Start Month	Start Year	End Month	End Year	Other		City		State	
12	2016	04	2017	Unemployed		Broken	Arrow	ОК	
04	2017	10	2017	Volunteer at St. Francis Hospi	tal	Tuls	sa	OK	
04	2022	07	2022	Leave of Absence from School to Find Res	Oklahoma City		ОК		



YM1484

05/09/2023

**ERIC JAMES WILSON** 



RE: MD Application #41484

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP94155600 Password:Last 4 SSN

Dear ERIC WILSON,

# 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.

Extended Background Check

OTHER DEFICIENCIES: WHY DID MED SCHOOL TAKE 4+YEARS?

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>AP94155600</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

omplete Informatio	on (due to space limitations on this page,	this may not be a complete list)
Exam verification dat		
	COLLEGE OF MEDICINE OKC	
JSMLE Exams Incor	mpiete	
Last Medical School	ol Attended:	
039-01 Univ Of Ok C	Coll Of Med, Oklahoma City Ok 73190	
Numl	ber of Licenses Previously Granted to Gra	aduates of this Medical School:7 275
Application for: Re	esident Full License	Reinstatement
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he Secretary of the	e Board has reviewed this application and	<u>d:</u>
	e Board has reviewed this application and	
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Type

Number

Name

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 COLLEGE OF MEDICINE OKC
Last Medical School Attended: 422-01 St George's Univ, Sch Of Med, St George's, Grenada
Number of Licenses Previously Granted to Graduates of this Medical School:324
Application for: Resident Full License Reinstatement
The Secretary of the Board has reviewed this application and:
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBERS
2) ALL FIVE CRITERIA HAVE BEEN MET [Fast Track]  - Passed USMLE  - No DUIs or Legal Issues  - No Malpractice Issues  - US Graduate  - Graduated Medical School in 4 years or less
3) HAS ISSUED A TEMPORARY LICENSE THROUGH / /

Type

Number

Name

MD 39597 SEAN CORRY WOOLINGTON

MEDICAL DOCTOR

Practice Address:

April 20, 2022

ST. ANTHONY HOSPITAL 1000 N. LEE, RM. 1980

OKLAHOMA CITY, OK 73102-1036

OKLAHOMA

Status:

Res: MD

Received: 04/20/2022

Entered: 04/20/2022

Temp Issued:

**Temp Expires:** 

Train Issued: 07/01/2022 Train Expires: 09/30/2024

Fed Rec: 06/05/2024 AMA Rec: 06/05/2024

**Board Action:** 

License #: 39597

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	10/21/22	4/26/23	1
Test 2: USMLE 1	PASS	7/15/20	5/3/22	1
Test 3: USMLE 2	PASS	7/17/21	5/3/22	1

Note: PASS means higher than 75

Test AV: **Total Possible:** 

Okla Passing:

Total Score:

PRE-MED EDUCATION

School Name: OKLAHOMA CITY COMMUNITY COLLEGE

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Degree:

From: 5/2012 To: 12/ 2015 Verified:

School Name: THE UNIVERSITY OF OKLAHOMA

State: OK Country: UNITED STATES City: NORMAN

Degree: BACHELOR OF SCIENCE IN BIOLOGY From: 8/2011 To: 12/ 2015 Verified:

School Name: NORTHERN OKLAHOMA COLLEGE

City: ENID

Degree:

State: OK Country: UNITED STATES

From: 8/2010 To: 5/ 2011 Verified:

MEDICAL SCHOOL EDUCATION

Name: St George's Univ, Sch Of Med, St George's, Grenada

Foreign Name:

City: St George's

State/Country: Grenada

Degree: DOCTORATE OF ME 8 / 2018 To: 3 / 2022 Diploma Ver'd: From:

Y

Type

Number

Name

MD 39597 SEAN CORRY WOOLINGTON

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty:RADIOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:OK Country:UNITED STATES

Verified:

From: 7 / 2023

To:

ACGME Ver'd:

Comments:

Facility:ST. ANTHONY HOSPITAL

Specialty:TRANSITIONAL YEAR

Res. Fellowship: Internship

City: OKLAHOMA CITY

State:OK Country:UNITED STATES OF AN

Verified: 07/03/2023

ACGME Ver'd: 04/25/2022

From:

7 / 2022

To: 6/2023

Comments:

Type

Number

Name

MD 39597 SEAN CORRY WOOLINGTON

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: ST. GEORGE'S UNIVERSITY, DEPARTMENT Supervisor:

OF EDUCATIONAL

City: TRUE BLUE

State:

Country: GRENADA

Specialty: MEDICAL STUDENT TUTOR From: 1/2019 To: 3/2020 Verified: Comments: TUTOR FOR MEDICAL STUDENTS. CREATED AND PRESENTED POWERPOINT FOR

LEARNING SESSIONS AND TEST REVIEWS

Employed: OKLAHOMA MEDICAL RESEARCH

FOUNDATION

City: OKLAHOMA CITY

Supervisor:

State: OK Country: UNITED STATES

From: 8/2016 To: 8/2018 Verified:

Specialty: SENIOR RESEARCH TECHNICIAN Comments: MURINE MODEL SURGEON.

ANALYZED ULTRASOUND, IMAGING, AND STATISTICS.

PREPARED HISTOLOGY.

Employed: ST. ANTHONY HOSPITAL

Supervisor:

City: OKLAHOMA CITY State: OK Country: UNITED STATES

Specialty: PREMEDICAL INTERNSHIP, PATIENT From: 6/2016 To: 8/2016 Verified:

CARE ASSISTANT

Comments: ROTATED WITH DIFFERENT PHYSICIANS AND SPECIALTIES.

ATTENDED PHYSICIAN LECTURES.

**Employed: UNEMPLOYED** 

City: OKLAHOMA CITY

Supervisor:

State: OK Country: UNITED STATES OF AMER

Specialty: UNEMPLOYED From: 12/2015 To: 6/2016 Verified:

Comments:

Employed: UNIVERSITY OF OKLAHOMA, DEPARTMENT Supervisor:

OF BIOLOGY

City: NORMAN

State: OK Country: UNITED STATES From: 1/2015 To: 5/2015 Verified:

Specialty: TEACHER'S ASSISTANT, COMPARATIVE VERTEBRATE

ANATOM

Comments: TEACHER/TUTOR

SET UP ANATOMY QUIZZES/TESTS

OVERVIEWED LAB, DISSECTIONS, TESTS

**GRADED PAPERS/TESTS** 

Other Licenses

State Lic Type and Number

**Status** 

Issued

Exp

Verif

**DEFICIENCIES** 

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

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

# Oklahoma State Board of Medical Licensure and Supervision PAGE 171 of 379

### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2022

### Foreign Graduate

Applicant Name: WOOLINGTON, SEAN CORRY

MD 39597



Date Of Birth:

Place Of Birth (City, State): CONROE, TX

Sex: M

Race: Caucasian

Educ	Education										
Type	Name	City	ST Country	From	То	Degree	Comments	Veri			
UG	OKLAHOMA CITY COMMUNITY COLLEGE	OKLAHOMA (	ОК	5/2012	12/2015						
UG	THE UNIVERSITY OF OKLAHOMA	NORMAN	OK	8/2011	12/2015	BACHELOR OF SCIENCE IN BIOLOGY					
UG	NORTHERN OKLAHOMA COLLEGE	ENID	OK	8/2010	5/2011						

Medical School Name	City	State Country	Comments	From	То
St George's Univ, Sch Of Med, St	St George's	Grenada		8/2018	3/2022
George's, Grenada					

Post-Graduate							
Facility	City S	St	Country	Specialty	Comments	From	То
ST. ANTHONY HOSPITAL	OKLAHOMA CITY C	ΣK	UNITED S'	TRANSITIONAL YEAR		1	1

<b>Practice History</b>								
Employer	Specialty	Supervisor	City	ST	Countr	From	То	Verif
ST. GEORGE'S UNIVERSITY, DEPARTMENT OF EDUCATIONAL	MEDICAL STUDENT TUTOR		TRUE BLUE		GRENA DA	1/2019	3/2020	
OKLAHOMA MEDICAL RESEARCH FOUNDATION	SENIOR RESEARCH TECHNICIAN		OKLAHOMA CITY	OK		8/2016	7/2018	
ST. ANTHONY HOSPITAL	PREMEDICAL INTERNSHIP, PATIENT CARE ASSISTANT		OKLAHOMA CITY	OK		6/2016	8/2016	
UNIVERSITY OF OKLAHOMA, DEPARTMENT OF BIOLOGY	TEACHER'S ASSISTANT, COMPARATIVE VERTEBRATE ANATOM		NORMAN	OK		1/2015	5/2015	

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

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

Received:04/20/2022

#### Foreign Graduate

Que	stions Answered 04/19/2022	Response
Ā.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
В.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
С.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
Ŧ	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
١.	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
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
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 173 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/20/2022

Foreign Graduate

If licensed, where do you intend to locate?
OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: St. Anthony Hospital
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder St. George's University
Name of Current Carrier and policy Holder St. Anthony Hospital
Will your professional liability insurance policy cover your practice in Oklahoma Yes
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma
I attest that all the above information is accurate as of April 19, 2022: (Signed Online)



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

Send this form to:

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

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

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

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

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

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

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

		RECEIVED
	Searlebolington	L'AY 0 3 7002
135	Applicant's signature (must be signed in the presence of a notary)  Woolington, Sean, C.  Applicants printed last name, first name, middle initial, and suffix (e.g.	ORLAND STATE SCAFE OF
	Applicants printed last name, first name, middle initial, and suffix (e.g. 4/25/2022  Date of agnature (must correspond to the date of notarization)	., Jr.)
VV	Date of gignature (must correspond to the date of notarization)  [Please note: The Notary Public seal should overlan the bottom of the	he photo to the left!

			NOTA	RY			
State of_	OKlahor	νις, County of	OKlahoma				
by (a) con photograp identifying	nparing his/her oh affixed herete g document.	et forth below, the individent physical appearance with the parties of the angle of the accument are subscribed and the coment	the photograph on the photograph on the photograph of the photogra	he identifying documen nade by my presence or	nt presented by the n this form with	ne applicant and w the signature on h	vith the nis/her
		CA- Zull		My Notary Commiss		The second second	



## 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: 04/26/2023

Examinee:

Woolington, Sean Corry

Examinee ID: 1-099-126-3

Alt Name(s):

Date of Birth:

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

USMLE ST	EP 1			
Test Date 07/15/2020	Pass/Fail Pass	Score 259	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)		Company of the last	
Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/17/2021	Pass	259	(209)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
10/21/2022	Pass	231	(198)	

#### **End of Exam History**

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

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





# 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: Woolington, Sean Corry

Examinee ID: 1-099-126-3 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

A00996828

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.

Applicant's Name SEAN WOOLINGTON		
Institution: It Lenge's unvellety School of City/State Grenada, We	st In	dies
Our records indicate that the above named applicant attended our medical school on the following dates:		
From 08/20/18 To 03/11/22 and was awarded the degree Doctor 1 111 Month Day Year Month Day Year	3/25	120:
Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.	☐ YES	₽ NO
2. Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	□ YES	UZ NO
3. Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.	□ YES	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	☐ YES	<b>⊠</b> No
Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	□ YES	DNO
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: Gary Belotzerkovsky Signature	>	
Title of Signatory: Unversely legition Date of Signature 426/2023		
Tel: 800 899 (347) Fax: E-Mail: LCV @ S G-W	COL	
OFFICE Schools REGISTRAR  OFFICE Notary Public Commission #		
My commission expires:		
	THO	39597

OKLAHOMA STATE BOARD OF S



Page: 1

Record of: Sean Corry Woolington
Current Name: Sean Corry Woolington

Issued To: Oklahoma Board of Medical Lice

Parchment DocumentID: TW501Q6I

Date Issued: 27-APR-2022

Date of Birth:

Student ID: A00996828

Level: Doctor of Medicine

Course Level: Doctor of Medicine Current Program Program : Doctor of Medicine Degree Requirements Completed 11-MAR-2022 Degrees Awarded Doctor of Medicine 25-MAR-2022 Primary Degree Program : Doctor of Medicine Inst. Honors: summa cum laude COURSE TITLE CRED GRD PTS R SUBJ NO. INSTITUTION CREDIT: August 2018 Session Basic Principles of Medicine I 17,00 A 1618.40 BPM 500 Term Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1618.40 Grade: A Cuml Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1618.40 Chancellor's List January 2019 Session Basic Principles of Med II 17.00 A 1639.99 BPM 501

January 2019 Session

BPM 501 Basic Principles of Med II 17.00 A 1639.99

Term Ehrs: 17.00 GPA-Hrs: 17.00 QPts: 1639.99 Grade:A

Cuml Ehrs: 34.00 GPA-Hrs: 34.00 QPts: 3258.39

Chancellor's List

August 2019 Session BPM 502 Basic Principles of

 BPM
 502
 Basic Principles of Med III
 8.00 A 719.68

 PCM
 500
 Principles of Clinical Med I
 21.00 A
 2005.50

 Term Ehrs:
 29.00 GPA-Hrs:
 29.00 QPts:
 2725.18 Grade:A

Cuml Ehrs: 63.00 GPA-Hrs: 63.00 QPts: 5983.57

Dean's List

January 2020 Session

PCM 501 Principles of Clinical Med II 23.00 A 2212.60 SCSK 575 Honors Selective II 1.00 P 0.00

Term Ehrs: 24.00 GPA-Hrs: 23.00 QPts: 2212.60 Grade:A

Cuml Ehrs: 87.00 GPA-Hrs: 86.00 QPts: 8196.17

	SUBJ	NO.		COURSE	TITLE		CRED	GRD	PTS	R
	Insti	tution	Informa	tion contin	ued:					
١	2020-	2021 C	linical	Session						
l	EMED	700N	Emer	gency Medic	ine		6.00	P	0.00	
1				ly Medicine						
				ctious Dise						
				rnal Medici						
	OBG	795N	Ob/G	yn - Core			12.00	A+	1200.00	
				atrics - Co			12.00	A+	1200.00	
R	SURG	795N	Surc	ery - Core					2400.00	
	Term	Ehrs:	92.00	GPA-Hrs: 7	2.00 QPt	s: 7104.	00 Gr	ade:	A+	
Ī				GPA-Hrs: 15						
	2021-	2022 C	linical	Session						
				gency Medic			2.00	P	0.00	
	INRD	700N	inte	erventional	Radiolog	TY.	4.00			
	ORTH	700N	Orth	nopaedeic Su	irgery		4.00	P	0.00	
	PSY	795N	Psyc	chiatry - Co	ore		12.00	A	1152.00	
	RAD	700N	Rad:	iology-Diagr	nostic				0.00	
	SURG	785N	Sur	gery Sub int	ernship		4.00	P	0.00	
	Term	Ehrs:	30.00	GPA-Hrs: 1	2.00 QPt	s: 1152	00 Gr	ade:	A	
				GPA-Hrs: 1						
	****	*****	******	**** TRANSCE	RIPT TOTA	LS ****	*****	****	******	
			1	Earned Hrs	GPA Hrs	Point	s			
	TOTAL	INSTI	TUTION	209.00	170.00	16452.	17			
	TOTAL	TRANS	FER	0.00	0.00	0.0	00			
	OVERA	LL		209.00	170.00	16452.	17			



APR 27 2022

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

PRIMARY

Many Bulgt

1 KND 39597



Gary Belotzerkovsky, University Registrar

## ST. GEORGE'S UNIVERSITY TRANSCRIPT LEGEND'S 179 of 379

#### SCHOOL OF MEDICINE

#### Prior to Fall 1997

A	Excellent	
В	Good	
C	Satisfactory	
F	Failure	
P	Pass	
1.	Incomplete	
E	Exemption	
T	Transfer	
W	Withdrawal	
X	Passing at time of withdrawal	
V	Falling at time of withdrawal	

Prior to Spring 1987, a successful remediated course was removed from the transcripts.

Effective Spring 1987, a successfully remediated course remained on the transcript but quality points were excluded from the Grade Point Average.

#### Effective Fall 1997

A	Excellent
В	Good
C	Satisfactory
F	Failure
P	Pass
T	Incomplete
T	Transfer
E	Exemption
W	Withdrawal
WP	Passing at time of withdrawal
WF	Falling at time of withdrawal
CC	Continued course
NG	No recorded grade
IP	In progress
Allean	ned quality points remain in the Semester and

Cumulative Grade Point Average.

Beginning with Spring 2011 New Matriculants

BASI	CSCIENCES	CLIN	ICAL SCIENCES
A+	97-100	A+	97-100
A.	93-96	A	93-96
A-	90-92	A-	90-92
B+	87-89	B+	87-89
В	83-86	В	83-86
B-	80-82	B-	80-82
C+	77-79	C+	77-79
C	73-76	C	73-76
C-	70-72	C-	70-72
F	0-69	F	0-69

#### Students Who Matriculated Prior to August 2019

#### Terms 1-5 Grade Designations

Letter Grade	Numeric Grade
A+	96.50-100
A	92.50-96.49
A-	89.50-92.49
B+	86.50-89.49
В	82.50-86.49
B-	79.50-82.49
C+	76.50-79.49
C	72.50-76.49
	Courses completed by August 2019
C-	69.50-72.49
	Course completed after August 2019
C- (Term 2)	71.50-72.49
	Courses completed by August 2019
F	1-69.49
	Courses completed after August 2019
F (Term 2)	1-71.49
F (Term 3, 4, 5)	1-72.49

Course Grades are converted from numeric to alpha grades according to the conversion charts. Term Averages and Cumulative Averages are based on quality points and credits earned using the following calculations and then converted to an average alpha grade on the transcript according to the conversion charts.

> Quality Points = [Course Numeric Grade x Course Credits] Mean Weighted Percentage Grade (MWPG) = [Total Quality Points + GPA Hours]

Clinical rotations: I week = 40 hours = I credit (credit value is doubled for core rotations)

## Beginning with August 2019 New Matriculants/Term 1 Repeating Students

Courses are graded numerically for the transcript. The conversion charts are as follows:

#### Terms 1-5 Grade Designations

Grade Honors (H)	Numeric Grade 89.50-100
High Pass (HP)	79.50-89.49
Term 1 Pass (PS) Fail (F)	69.50-79.49 ≤69.49
Term 2 Pass (PS) Fail (F)	71.50-79.49 ≤71.49
Term 3, 4, 5 Pass (PS) Fail (F)	72.50-79.49 ≤ 72.49

Effective January 3, 2022, New Clinical Students that begin Clinical Core Rotations on or after January 3, 2022;

Honors (H)	95
High Pass (HP)	85
Pass (PS)	75
Fall (F)	69

Fail (not calculated into MWPG)

Incomplete Transfer Exemption W Withdrawal

WE Passing at time of withdrawal Failing at time of withdrawal WF CC Continued course NO No recorded grade

IP In progress CR Credit remediation Exam pending<sup>2</sup>

Effective as of Fall 2016

Effective as of August 2021

#### SCHOOL OF VETERINARY MEDICINE

#### Fall 1999

4.00 AB 3.00 2.00 D 1.00 0.00 Pass Incomplete Exemption

Transfer Withdrawal

Passing at time of withdrawal Failing at time of withdrawal

#### Effective Fall 2000

A B 4.00 3.50 B 3.00 CH 2,50 C 2.00 1.50 D 1.00\* FP 0.00 Pass Incomplete E Exemption Transfer Withdrawal W X Passing at time of withdrawal Failing at time of withdrawal

NG No recorded grade

In progress

\*Requires remediation.

Effective Fall 2000, all successfully remedied failures are not calculated into the GPA.

Effective Fall 2009 through Spring 2013, D or D+ no longer awarded.

All failures must be remedied by repeating the course.

#### SCHOOL OF ARTS AND SCIENCES

#### Prior to Fall 1997

4.00

3.75 B+ 3.25 В 3,00 B-2.75 C+ 2.25 2,00 D 1.00 000 Incomplete Exemption Satisfactory Transfer W Withdrawal

Passing at time of withdrawal Failing at time of withdrawal

#### Effective Fall 1997

4.00 A B+ 3.50 В 3.00 C+ 2.50 2.00 CD APR 27 2012 1.00 0.00 Incomplete Exemption OKLAHOMA STATE BO Satisfactory Transfer U Unsatisfactory W Withdrawal AU CC Continued course NG No recorded grade In progress

\*Does not add grade points to GPA; used to denote distinction in a given course

#### SCHOOL OF GRADUATE STUDIES

4.00 В 3.00 C 2.00 0.00 P Pass Incomplete Transfer W Withdrawal Passing at time of withdrawal WP WF Failing at time of withdrawal Continued course NG No recorded grade In progress

#### **ALL SCHOOLS**

# Make-up examinations ## Remediation examination

Completion examination

t is not permissible to release information from this transcript to a third party without the written consent of the student.

A reproduced copy of an original record shall not be oxalid without the University seal and signature of the Registrar or other authorized person.

If course is repeated, the far right column will have an E, I, or A included with the GPA only but not the credit hours.

Incomplete grades not remediated within the time allowed by the program's guidelines will automatically be converted to failures.

#### **ATTACHMENT 3**

Form 2 (MD - TRAINING)

# Kecenaed

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

## OKTRAINING@okmedicalboard.org

JUL 0 3 2023 This form must be completed and sent directly to the Board by the training institution

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Verification of Graduate Medical Education

nstitution:	St. Anthor	ny Hospital		City/State	Oklahon	na Ci	ty, Okl	ahom	a
raining Level: e.g. 1, 2, 3, etc.)	_1 Spe	eclalty/Subspecialty	Transitional Year		From; 06_	/20	0/2022	To:	06 /30/202
ccredited By:	☑ Internship	□ Residency	Successfully Completed	227.2	☐ IN PROG	RESS			
raining Level: e.g. 1, 2, 3, etc.)	Sp	ecialty/Subspecialty			From:	,	,	_ To:	1 1
ccredited By:	☐ Internship	□ Residency	Successfull Completed	100	☐ IN PROG	RESS			
raining Level:		ecialty/Subspecialty			From:	,	i	To:	_ / /
Accredited By:	☐ Internship	☐ Residency	Successfull Completed		□ IN PROG	RESS			
1. Did thi	is individual e	ver take a leave o	f absence or break from his/h	er training?				□ YES	X NO
2. Was th	his individual	ever placed on pro	obation?					☐ YES	XI NO
3. Was th	his individual	ever disciplined or	placed under investigation?					☐ YES	X) NO
1 Mara									
5. Were acade	any limitation emic incompe	ns or special requir tence, disciplinary	pehavioral reasons ever filed be rements placed upon this indi- problems or any other reason	idual becau		ons of		□ YES	X NO
5. Were acade	any limitation emic incompe n any "YES" res	ns or special requir tence, disciplinary ponse from above: ng is attesting that	ements placed upon this indi-	vidual becau	se of question	indivi	dual's red	□ YES	
5. Were acade Please explain Completion cand correct.	any limitation emic incompe n any "YES" res	ns or special requir tence, disciplinary ponse from above: ng is attesting that e line must contai	the information above is an anthe original signature of the	occurate acceprogram di	ount of this	individuo./D.O.	dual's red	□ YES	
5. Were acade Please explain Completion cand correct.	any limitation emic incompe n any "YES" res of the followin The signatur regg Eichma	ns or special requir tence, disciplinary ponse from above: ng is attesting that e line must contai	the information above is an anthe original signature of the	occurate acceprogram di	se of question	individuo./D.O.	dual's red	□ YES	
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Were acade Please explain Completion of and correct.  Name: Gr Title of Signat Tel: 405-23	any limitation emic incompe n any "YES" res of the followin The signatur regg Eichma	ns or special requirence, disciplinary  ponse from above:  ng is attesting that e line must contain  an, D.O.  Fax: 405  If no  Not	the information above is an anthe original signature of the Signa Date -231-2007 E-Ma	eccurate acceptors signature of Signature it gregg.ed	ount of this rector (M.D.	individuo./D.O.	dual's rec	ords a	T39597
5. Were acade Please explain Completion of and correct.  Name: Gr Title of Signat Tel: 405-23	any limitation emic incomperation any "YES" results of the following The signature regg Eichman 1-3798  School Seal	ns or special requirence, disciplinary  ponse from above:  ng is attesting that e line must contain  an, D.O.  Fax: 405  If no  Not	the information above is an anthe original signature of the Signa Date  231-2007 E-Ma  seal is available, this form mustary Public	eccurate acceptors signature of Signature it gregg.ed	ount of this rector (M.D.	individuo./D.O.	dual's rec	eords a	and is true

3624 ManGFsited of 379
Philadelphia, PA 19104-2685 USA
215-386-5900 | 215-386-9767 FAX
www.ecfmg.org

Issue Date: 18 May 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: 1-099-126-3

Applicant's Name: Sean Corry Woolington
Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 06 May 2022 English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

KIECIETANELU

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	15 Jul 2020	*	*
USMLE Step 2 CK	17 Jul 2021	*	*

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

Examination Date

ECFMG Clinical Skills Pathway \*\* N/A

nguaga profisionaly for

\*\* 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: St. George's University School of Medicine, St. George's, GRENADA

Degree Year: 2022

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: ZQCRGB8GVO

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



# AMA Physician Profile

PREPARED FOR

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

Name and I	Mailing	Address
------------	---------	---------

**Primary Office Address** 

Phone UNKNOWN

SEAN C WOOLINGTON

SOURARY

Birth date

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

Self-designated practice specialty

DIAGNOSTIC RADIOLOGY (primary)

UNSPECIFIED (secondary)

Self-designated practice specialties (SDPS) listed on the AMA Physician Profile do not imply recognition or endorsement of any field of medical practice by the Association nor does it imply verification by a member board of the American Board of Medical Specialties (ABMS) or that the physician has been trained or has special competence to practice the SDPS.

AMA membership status

**MEMBER** 

JUN 0 5 2024

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.

Page 1 of 4



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: ST GEORGE'S UNIVERSITY SCHOOL OF MEDICINE

Degree Awarded: YES Degree Type: MD Enrollment Date: NOT REPORTED Degree Date: 2022

#### 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: DIAGNOSTIC RADIOLOGY

Training Type: SPECIALTY

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

Sponsoring Institution: ST ANTHONY HOSPITAL

Sponsoring State: OKLAHOMA

Program name: SSM HEALTH ST ANTHONY HOSPITAL PROGRAM

Specialty: TRANSITIONAL YEAR

Training Type: SPECIALTY

Dates: 06/20/2022 - 06/30/2023

Status: COMPLETED



#### Specialty board certification

NO DATA REPORTED AT THIS TIME

#### Current and/or historical medical licensure

NO DATA REPORTED AT THIS TIME

#### Action notifications reported to the AMA

Medical Licensing Boards: NO ACTIONS REPORTED AT THIS TIME

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

#### U.S. Drug Enforcement Administration (DEA)

NO DATA REPORTED AT THIS TIME

#### **ECFMG** certification

Applicant Number: 10991263

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.

1 7 0 3 2012

			101 NE 51 <sup>st</sup> OKLAHOMA CIT <u>EVIDENCE OF STA</u>	TY OK 73105	OKO NONY STATE DON
ull L	egal Name:	Sean	Corry	Woolingto	Maiden (if applicable)
Maili	ng Address:				Malden (II application
	city	State	Zip Code Telephor	ocial Security #:_	
					turi.
			PRIMARY EVIDENCE	E OF CITIZENSHIP	
		(FOR US C	ITIZENS, US NATIONALS, OR P	ERMANENT LEGAL RESIDENT A	LIENS)
f you docu	Ments to this  A birth certifi	form. Place a chec	kmark below to indicate the o	of Columbia. Puerto Rico (on or afte	py of one of the following er January 13, 1941), Guam, the U.S. slands, unless the person was born to
	foreign diplor	nats residing in the U.	./, 191/), American Samoa, Swain S.	's Island or the Northern Iviariana i	siands, unless the person was been
W .	United States	passport (except limit	ited passports, which are issued for		124 181
	Report of birt	h abroad of a U.S. cit	izen (FS-240) (issued by the Depa	rtment of State to U.S. citizens)	the state of State
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	border who n	needed it for frequent	border crossing) (formerly Form )	ntil April 7, 1983 to U.S. citizens liv -179, last issued in February 1974)	
	Northern Ma	riana Identification C	ard (issued by the INS to a collect	ively naturalized citizen of the U.S.	who was born in the Northern 31144
	Statement pr	rovided by a U.S. consives citizenship throug	sular officer certifying that the in-	FS-240, FS-545 or DS-1350);	en to an individual born outside the s
	American Inc	dian Card with a classing near the U.S./Mex	ification code "KIC" and a statem	ent on the back (identifying U.S. ci	tizen members of the Texas Band of
	Alien Lawfull	y Admitted for Perma	anent Residence:		n order
		51 (Alien Registration ly Admitted for Perma	Receipt Card, commonly known a	s a "green card")	éinstal é a vith thau
	Unexpired Te	emporary I-551 stamp	in foreign passport or on INS For	m I-94	WHIT HAIN
I ded	clare under pe	cuments provided t	nder the laws of the State of O to substantiate my Evidence of Linaton	klahoma, that all information co f Status application are true and	ontained in this application and all correct.

Notary Public\_

Commission Number

My commission expires\_

NOTARY SEAL

documen informalio document 04/25/2022

SEAN CORRY WOOLINGTON

RE: MD Application #39597

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP14323624
Password:Last 4 SSN

Dear SEAN WOOLINGTON,

# 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

INSTRUCTION SHEET

**OATH** 

Extended Background Check

Time DEFICIENCIES: 12/2015-6/2016 (PLEASE USE TIME DEFICIENCY FORM FOR

**EXPLANATIONS**)

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

Exam verification date

**ECFMG** 

**ECFMG Date** 

MedSchool-Transcript St George's Univ, Sch Of Med, St George's, Grenada

MedSchool-Form 1 St George's Univ, Sch Of Med, St George's, Grenada

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 AP14323624 (all caps and no spaces) and your password is the last 4 digits of your social security number. If you did not provide a social security number with your application, your password will be your 4-digit year of birth in the form "YYYY". To log in, scroll down the home page until you see the tabs in the middle of the page. Click on the tab labeled "eServices," then click "Online Application Status Check." This will open a webpage that allows you to enter your login information.

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

Sincerely,

## Lisa Cullen

Lisa Cullen Director of Licensing Dept. of Licensing

Encl

#### OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 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 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.
- 8 Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- 9 <u>Telemedicine Form</u> 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 /2

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

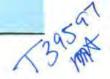
Please return these signed instructions by mail to the address at the top of the page or email.

MAY 0 3 2022

OKLANCIA STATE TO PD OF

Page 4 of 4

MD APPLICATION INSTRUCTIONS Revised 08/2021



### TIME DEFICIENCY

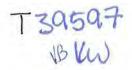
ORLAND STATE OF PD OF

Name:	Sean Corry Woolington	Application #	39597

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.

EDUC/	DE BOOKS						_	
Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degre	ee
08	2011	12	2015	University of Oklahoma	Norman	ОК	E	Biology
EMPLO	OVME	NT						
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
06	2016	08	2016	St. Anthony Hospital Oklahoma City		ОК	atient Care Assis	
08	2016	08	2018	Oklahoma Medical Research Foundation	Oklahoma City	ОК	Resear	ch Technicia
OTHE	R							
Start Month	Start Year	End Month	End Year	Other (Unemployed, Stay at home parent, etc	.)	City		State
12	2015	06	2016	Unemployed (MCAT studying	g)	Oklahoma City		ОК

12/15/6/16



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

Type MD MEDIO	Number 39597 CAL DOCTOR		Y WOOLINGTON	
Feder OTHE AMA NPDE Exam Post0	ration Clearan ER DEFICIEN Profile Not Re B Profile Not R n verification d	ce Not Received CIES: ***DO NO ceived (to be co leceived (to be c ate ST. ANTHONY	d (to be completed by OSBMLS DT NEED FORM2, STEP3, FED ompleted by OSBMLS Staff) completed by OSBMLS Staff)	
	10	Univ, Sch Of M	Med, St George's, Grenada	raduates of this Medical School:280
The S	AUTHORIZE ALL FIVE CI - Passed US - No DUIs or - No Signific - US Graduar	ED CIRCULARIZ RITERIA HAVE I MLE Legal Issues ant Malpractice	eviewed this application and: ZATION TO OTHER BOARD M BEEN MET [Fast Track]	
		976 15 10 295 1	RY LICENSE THROUGH	1_1_ BIN 6-6-22
5)	REQUESTS	SPECIFIC CON	NSIDERATION OF:	

#### ATTACHMENT 1

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

oktraining@okmedicalboard.org

APR 0 3 2023

#### 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-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

NAM		Sean			LAST NAM	_	Woolington
EMAI	None	Sean			IVAIVI	E	Wood Circa Core
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LICEN	ISE						en in America
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	RAM NDING $\underline{I}$	Dr. Gregg	Eichman		SPEC	IAL	Transitional Year
		90	DOCUME				
			PAY	MENT	COMPL	ET	ED
B	\$150 paym of training	nent made on Billp license	ay for RENEWAL		\$250 p		ment made on Billpay for UPGRADE of training
\	and the same of th						
			DOCUM	ENTA	TION RI	EQI	JIRED
		nust be received d **ONLY FOR UPG	irectly from IRADE - ATTACHMEN	Т3			aluation (must be received directly from program) -
B	USMLE St USMLE)	ep 3 (must be rec	eived directly from		B	An	swer confidential questions (on back of this form)
	_		FOREIGI	NTRA			
	Current v	isa		157.2.4			Social Security Number **if not provided at initial application
	Backgrou	nd Check **if not	done at initial appli	ication	1	-10116	
C						-	

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

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

**RENEWAL QUESTIONNAIRE UPDATED 01-2023** 

AND PAY THE RENEWAL FEE.

FIRST

		REC	TELL VE
NAME Soan C	Doolingt	on APR	0 3 2023
YOU HAVE ANY "YES" AN	WEDE VOLLBAUET	OKLAHOMA MEDIC	STATE BOARI AL LICENSURE SUPERVISION

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

SINCE RENEWAL OF YOUR TRAINING LICENSE OR INITIAL ISSUE OF YOUR TRAINING LICENSE (whichever in		ecent)
QUESTIONS	YES	NO
Have you failed any part of the USMLE exam (not previously disclosed)?	0	B
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?		M
Have you been reported to the National Practitioner Data Bank (NPDB)?	0	A
Have you ever been denied, had removed, or suspended hospital privileges?	0	দ্ৰ
Have you surrendered hospital privileges while under investigation or to avoid investigation?		B
Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action?		B
Has your application for licensure ever been denied?	0	দ্র
Have you surrendered a license or had any disciplinary action taken on any license?	0	DK
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)?		对
Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol?	0	D
Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation?	0	赵
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?	0	B
Have you been denied provider participation, terminated, sanctioned or penalized by any third-party payor including TRICARE, MEDICARE, or MEDICAID?	0	DK.
Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)?		Þ

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

RENEWAL QUESTIONNAIRE UPDATED 01-2023

Date 3/28/23

T 39597

#### **ATTACHMENT 4**

## RECEIVED

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

oktraining@okmedicalboard.org

JUL 0 3 2023

FORM MUST BE RETURNED BY THE PROGRAM, NOT THE APPLICANT

OKLAHOMA STATE BOARD O	F
MEDICAL LICENSURE	
AND SUPERVISION	

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

PRIMARY SOURCE

LKC

Name of Resident (please print)S	Sean Corry	Wooling	ton			SOURCE
License Number_ 39597	Speci	alty_Trai	nsitional Yea	r Residency	Y	
Institution Name St. Anthony Hosp	ital					
Program Director (please print) Gi	egg Eichm	an, D.O.				
Program Director Email gregg.eich	ıman.do@s	smhealth	.com			
Instructions: Please rate each resider						
(Fair) or 2 (Below Average) YOU MUS	I PROVIDE	WRITE		ITATION RE		HS RATING.
ASSESSMENT	POOR	FAIR	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING
MEDICAL KNOWLEDGE					X	
APPLICATION OF MEDICAL KNOWLEDGE					A	
COMMUNICATION SKILLS					<b>A</b>	
STABILITY IN WORKING RELATIONSHIP WITH OTHER PROFESSIONALS					K	
THE INDIVIDUAL'S PERFORMANCE COMMENSURATE WITH PEER GROUP					M	
Amuk						
REMARKS/COMMENTS						
COMPLETED BY (please print) Greg	k Eichman,	D.O.				
SIGNATURE X / MEANT A B.	luin.	11/2	5	DATE	06/30/2023	
Evaluation revised 1-2028	SOMON	770(		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		T 39597 7-3-23

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

Type Number Name MD 41642 ABIGAIL ANNALEE YORK
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 PostGrad - Form 2 COLLEGE OF MEDICINE OKC USMLE Exams Incomplete Exam verification date PostGrad - Form 2 UNIVERSITY OF MISSOURI, COLUMBIA
Last Medical School Attended:
028-03 UNIV OF MO, COLUMBIA SCH OF MED, COLUMBIA MO 65212
Number of Licenses Previously Granted to Graduates of this Medical School:221
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 41642

ABIGAIL ANNALEE YORK

MEDICAL DOCTOR

**Practice Address:** 

April 27, 2023

NOT OKLAHOMA

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: 06/05/2024 AMA Rec: 06/05/2024

Board Action:

License #: 41642

Sex: F

Ethnic Origin: 3

Endorsed By: USMLE

			Date	Date	
	Test	Score	Taken	Verified	Attempts
Test 1:	USMLE 2	PASS	01/11/22	5/22/23	1

Test 2: USMLE 1

PASS 01/11/22 5/22/23 PASS 08/24/20 5/22/23

Test 3:

Note: PASS means higher than 75

Test AV:

**Total Possible:** 

Okla Passing:

**Total Score:** 

#### PRE-MED EDUCATION

School Name: UNIVERSITY OF MISSOURI

City: COLUMBIA

Degree: BS BIOLOGY; BS PSYCHOLOGY

State: MO Country: UNITED STATES

From: 8/2012 To: 8/ 2016 Verified:

School Name: BROOKFIELD HIGH SCHOOL

City: BROOKFIELD

Degree: DIPLOMA

State: MO Country: UNITED STATES

From: 8/2008 To: 5/ 2012 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: UNIV OF MO, COLUMBIA SCH OF MED, COLUMBIA MO 65212

Foreign Name:

City: Columbia

State/Country: United States of America

Degree: MD

From:

7 / 2018 **To:** 5 / 2022

Diploma Ver'd:

Y

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

Type

Number

Name

MD

41642 ABIGAIL ANNALEE YORK

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: NEUROSURGERY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Verified:

From: 7 / 2023

To:

1

ACGME Ver'd:

Comments:

Facility: UNIVERSITY OF MISSOURI, COLUMBIA

Specialty: GENERAL SURGERY

Res. Fellowship:

City: COLUMBIA

State:MO Country:UNITED STATES OF AN

Verified:

From: 7 / 2022

To: 6/2023

ACGME Ver'd:

Comments:

PRACTICE HISTORY

Employed: UNIVERSITY OF MISSOURI HEALTH

Supervisor:

SYSTEM

City: COLUMBIA

State: MO Country: UNITED STATES

Specialty: CERTIFIED PHARMACY TECHNICIAN From: 10/2015 To: 6/2018 Verified:

Comments: TRAINED: MEDICATION HISTORY, HAZARDOUS COMPOUNDING, STERILE COMPOUNDING AND CONTROLLED SUBSTANCES.

Employed: UNIVERSITY OF MISSOURI SCHOOL OF

Supervisor:

**MEDICINE** 

City: COLUMBIA

State: MO Country: UNITED STATES

Specialty: UNDERGRADUATE RESEARCH

From: 9/2012 To: 9/2014 Verified:

ASSISTANT

Comments: MEDICAL MICROBIOLOGY AND IMMUNOLOGY LAB ASSISTING IN PROJECTS

SURROUNDING HUR AND REACTIVE AIRWAY.

Other Licenses

State Lic Type and Number

Status Issued Exp

Verif

MO MD 2022025236

1 6/30/22 6/30/23 6/5/24

**DEFICIENCIES** 

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

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

**USMLE Exams Incomplete** 

Exam verification date

PostGrad - Form 2 UNIVERSITY OF MISSOURI, COLUMBIA

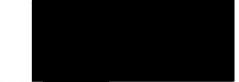
## Oklahoma State Board of Medical Licensure and Supervision 198 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/27/2023

Applicant Name: YORK, ABIGAIL ANNALEE

MD 41642



Date Of Birth:

Place Of Birth (City, State): CHILLICOTHE, MO

Sex: F Race: American Indian

Edu	cation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF MISSOURI	COLUMBIA	MO	8/2012	8/2016	BS BIOLOGY; BS PSYCHOLOGY		

Medical School Name	City	State Country	Comments	From	То
UNIV OF MO, COLUMBIA SCH OF	Columbia	MO United States		8/2018	5/2022
MED, COLUMBIA MO 65212					

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
UNIVERSITY OF MISSOURI, COLUMBIA	COLUMBIA	MO UNITED S'	GENERAL SURGERY		7/2022	6/2023

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
UNIVERSITY OF MISSOURI HEALTH SYSTEM	CERTIFIED PHARMACY TECHNICIAN		COLUMBIA	МО	10/2015	6/2018	
UNIVERSITY OF MISSOURI SCHOOL OF MEDICINE	UNDERGRADUATE RESEARCH ASSISTANT		COLUMBIA	MO	9/2012	9/2014	

Other/	Out-Of-State Lic	enses				
State	License #	Profession	Status	Issue Date	Exp Date	
MO	2022025236	The second secon	U	7/1/22	6/30/23	

MD Exam				
Exam	State	Score	Date Taken	##
USMLE				



## 

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/27/2023

Que	stions Answered 04/22/2023	Response
Ā.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
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
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 chemica substance, including alcohol?	N
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	N
T.	Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently?	N
Ū.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
V.	Are you or your spouse currently Deployed on Active Duty in the U.S. Armed Forces?	N

## Oklahoma State Board of Medical Licensure and Supervisien poor of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received: 04/27/2023

If licensed, where do you intend to locate?
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma?  Yes
If 'Yes', Name of practice: The University of Oklahoma Health Sciences Center
If so, Please identify with which category: Hospital
Name of Previous Carrier and Policy Holder University of Missouri Health System
Name of Current Carrier and policy Holder University of Missouri Health System
Will your professional liability insurance policy cover your practice in Oklahoma
If NO, when do you expect to obtain liability insurance that will cover practice in Oklahoma 7/1/23
I attest that all the above information is accurate as of April 26, 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.

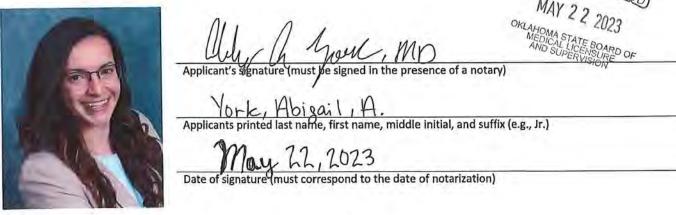
I acknowledge that I have read and understand the application and have answered all questions contained in the application truthfully and completely. I further acknowledge that failure on my part to answer questions truthfully and completely may lead to my being prosecuted under appropriate federal and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



		NOTAR	Y			
State of Missoun	, County of <u></u>	ne				
Certify that on the date set for applicant by (a) comparing his/happlicant and with the photograwith the signature on his/her id	her physical appearance v aph affixed hereto, and (b	with the phot	ograph on the ident	tifying documer	nt presented by	the
The statements on this documen	t are subscribed and sworr	n to before m	e by the applicant on	this <u>D</u> day of	, May	, 20,23
Notary Public Signature M	gan Crane	,	My Notary Comm	ission Expires _	8/29/2	4026
	O			MEGAN CRAN	NE .	

NOTARY SEAL MEGAN CRANE
Notary Public - Notary Seal
State of Missouri
Commissioned for Boone County
My Commission Expires: August 29, 2026
Commission Number: 18316416

41642



## 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: 05/22/2023

Examinee:

York, Abigail Annalee

Alt Name(s):

Examinee ID: 5-444-114-2 Date of Birth:

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

USMLE ST	EP 1				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
08/24/2020	Pass	247	(194)		

#### **USMLE STEP 2**

Clinical Knowledge (CK)

Test Date Pass/Fail Score Minimum Pass Comments 01/11/2022 Pass 234 (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.



MAY 2 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Rev 2018

Page 1 of 2

(41642)



## 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: York, Abigail Annalee

Examinee ID: 5-444-114-2
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: University of Missou	ri School of Medicine	City/State Columbia, Missouri		
Our records indicate that the above name	applicant attended our medical	al school on the following dates:		
From 7 / 30 / 2018 To Month Day Year	5 / 13 / 2022 and Month Day Year	I was awarded the degree Doctorate of Medic	ine (M.I	D.)
Does this individual's official record rexplain.	eflect (an) interruption(s) or ext	ension(s) in his/her medical education? If yes, please	□ YES	Ø∕NO
2. Does this individual's official record r his/her medical education? If yes, pl		ed on academic or disciplinary probation during	☐ YES	NO NO
	eflect that he/she was ever the	subject of negative reports for behavioral reasons or lease explain below.	☐ YES	Ø∕N0
	eflect that he/she was ever disc	iplined for unprofessional conduct/behavioral	☐ YES	A NO
Does this individual's official record r	eflect that there were any limit	ations or special requirements imposed on the ary problems, or any other reason? If yes, please	☐ YES	NO NO
Completion of the following is certification	n that the information above i	s an accurate account of this individual's records and		correct.
Completion of the following is certification				correct.
Lating Value (Mail	/ID	s an accurate account of this individual's records and  Signature 4. Young - Walks  Date of Signature 5-1-2023		correct.
Name: Laine Young-Walker, Mittle of Signatory: Associate Dea	/ID	Signature L. Young-Walks	n mo	
Name: Laine Young-Walker, Manue: Laine Young-Walker, Manue: Associate Dea	MD  n, Student Programs  573.884.2736  If no seal is available, this for Notary Public	Signature 2. Young - Walks  Date of Signature 5-1-2023  E-Mail: Verification Coordinator: owens	n mo	
Name: Laine Young-Walker, Name: Laine Young-Walker, Name: Associate Dea	MD  n, Student Programs  573.884.2736  If no seal is available, this for Notary Public	Signature 2. Young - Walker  Date of Signature 5-1-2023  E-Mail: Verification Coordinator: owens	n mo	

KIRCIEILAIED

MAY 15 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE Notary Seal



(41642

Date: 05/22/2023 Page: 1 of 4

## University of Missouri - Columbia

Official Transcript

Name:

York, Abigail Annalee

Student ID:

Date of Birth:

Soc. Sec. Number:



This transcript has been produced for:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISI

Course Numbe	r	Course Title	Grade	Hours	Remarks
Degrees Awa	rded			1	
University of		- Columbia		1	
	ne-MD	Columbia	05-13-202	)	
	ical Scien	nces-BS	07-29-201	-	
		m Laude)	400.000.000		
Psycho	logy-BS		07-29-201	6	
	(Cu	m Laude)			
Multic	ultural Si	udies-Cert	07-29-201	6	
EVII 0040					
FALL 2010	North 122	Central Missouri College	Α	3.0	Т
Mt		College Algebra Gen Psychology	A	3.0	
Ру	121	Gen Psychology	Α.	3.0	1
SPNG 2011	North	Central Missouri College			
Mt		Trigonometry	A	3.0	T
So		Gen Sociology	A	3.0	T
SUM 2011	North	Central Missouri College			
FI		Elem Spanish I	Α	3.0	Т
FALL 2011	North	Central Missouri College			
En	101		A	3.0	T
Hi	103	Amer Hist to 1877	A	3.0	Ť
Sp	175	Speech Comm	A	3.0	T
SPNG 2012	North	Central Missouri College			
En		English II	Α	3.0	T

RECEIVED

MAY 2 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Course Number		Course Ti	lle	Grade	Hours	Remarks
FALL 2012		f MO-Col	Ugrd			
Biological			ar a Milala	D	7.0	
Chem	1320	Gnrl Chemist		В	3.0	M
Financ	1000	Principles of	rinance	A+	3.0	
Intdsc	1001	Proseminar Ir		S	1.0	
Phil	1100	Introduction I		A-	3.0	
Span	1100	Elementary Sp	oanish 1	В-	5.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		14.0	15.0	45.60		3.257
UGRD CUM:		14.0	42.0	45.60		3.257
SPNG 2013 Biological Psychology	Science	of MO-Col es-BA	Ugrd			
Bio Sc	1500	Intro Biol Sys	tems W/Lah	A	5.0	
Chem	1330			A-	3.0	
Psych	2210	Mind, Brain &		A+	3.0	
Span	1200	Elementary S		A	5.0	
Span	1200	Liementary 3	panisii 2	./\	3.0	
		GPA Hrs Att	Hrs Em	Qual Pt		GPA.
UGRD Term:		16.0	16.0	63.10		3,944
UGRD CUM:		30.0	58.0	108.70		3.623
FALL 2013 Biological Psycholog	Science y-BA		Ugrd		4.0	
Bio Sc	2200	General Gen		A	4.0	
Chem	2100			B+	3.0	
Span	2100			A-	3.0	Y.
Stat	1400	Elem Stat for	Life Science	A	3,0	M
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		13.0	13.0	49.00		3.769
UGRD CUM:		43.0	71.0	157.70		3.667
SPNG 2014	Exam	Cradit				
Chem		General Che	mistry 1	CR	2.0	
SPNG 2014 Biological Psycholog	Scienc	of MO-Col es-BS	Ugrd			
Bio Sc	2300	Intro to Cell	Biology	A	4.0	
Chem	2110			B-	3.0	
Chem	2130	Organic Labo		A	2.0	
Psych	3010		thds in Psych	A	3.0	
	4003	100000000000000000000000000000000000000	ology-Bhy Sc	B+		
Psych	4003		on Neuroscience		5.0	
Stat	2200			B-	1.0	M
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		16.0	16.0	56.70		3.544
UGRD CUM:		59.0	89.0	214.40		3.634



## Date: 05/22/2023 Page: 2 of 4

## University of Missouri - Columbia

Official Transcript

Name:

York, Abigail Annalee

Student ID:

16110797

Date of Birth: Soc. Sec. Number:

This transcript has been produced for:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISI

Course Number		Course Til	le	Grade	Hours	Remarks
SUM 2014	Univ o	f MO-Col	Ugrd			
Withdrawn	r from t	he University a	s of 06-18-2014			
FALL 2014 Biological Psycholog	Science	of MO-Col es-BS	Ugrd			
Bio Sc	3700	Animal Physic	ology	B-	5.0	
Music Nm	1608	Beginning Pia		A+	1.0	
Physcs	1210	College Physi		W	4.0	M
Psych	3140	Cognitive Psy		A	3.0	X. V.
Sociol	3310	Social Psycho		Α	3.0	W
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		12.0	12.0	41.50		3.458
UGRD CUM:		71.0	101.0	255.90		3.604
SPNG 2015 Biological Psycholog	Science	of MO-Col es-BS	Ugrd			
Bio Sc	4600	Evolution		A-	3.0	
Biochm	4270	Biochemistry		В	3.0	
Physcs	1210	College Physi	ics 1	A	4.0	M
Psych	4570	Pediatric Neu	ropsychology	A	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		13.0	13.0	48.10		3.700
UGRD CUM:		84.0	114.0	304.00		3.619

MAY 2 2 2023

Course Number		Course Tit	le	Grade	Hours	Remarks
SUM 2015 Biological Psychology	Science	f MO-Col es-BS	Ugrd			
Psych	2220	Drugs and Be	havior	Α	3.0	
		05111 (1)	Mr. F.	0.10		cal
UGRD Term:		GPA Hrs Att 3.0	Hrs Ern 3.0	Qual Pt 12.00		GPA 4.000
UGRD CUM:		87.0	117.0	316.00		3.632
FALL 2015 Biological Psycholog	Science	of MO-Col es-BS	Ugrd			
Biochm	4460	Cancer Biolog	SV	A	3.0	
Microb	3200		obiology & Im		4.0	
Psych	3020			A+	3.0	
Psych	4440			A	3.0	
Rel St	2110	Religions of the	ne World	A	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		16.0	16.0	64.00		4.000
UGRD CUM:		103.0	133.0	380.00		3.689
SPNG 2016 Biological Psycholog	Science y-BS		Ugrd			
Multicultu			and Williams	0	-051	
Bio Sc	4988	Nerve Cells 8	The state of the s	A+	3.0	
Phil	2440			A	3.0	
Physcs	1220	College Phys		A	2.00	M
Psych	4978	Clinical Psych	n Capstone	A	3.0	S,W
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		13.0	13.0	52.00		4.000
UGRD CUM:		116.0	146.0	432.00		3.724
SUM 2016 Biological Psycholog	Scienc y-BS		Ugrd			
Multicultu	C THE SELECT	NOTUPING	Marcal a	4.2	2.0	TAGE:
Math Pea St	10000	Calc Social/L Intro to Peace		A+ A+		W
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
UGRD Term:		6.0	6.0	24.00		4.000
UGRD CUM:		122.0	152.0	456.00		3,738
FALL 2017		of MO-Col	Ugrd			

Withdrawn from the University as of 08-25-2017



Scerda VS Selman

## Date: 05/22/2023 Page: 3 of 4

## University of Missouri - Columbia

Official Transcript

Name:

York, Abigail Annalee

Student ID: Date of Birth:

Soc. Sec. Number:



This transcript has been produced for:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISI

Course Number		Course Tit	le	Grade	Hours	Remarks
FALL 2018 Medicine-		of MO-Col	Meds			
Med Id	5041	Structure & Fi	unction I	S	6.0	
Med Id	5042	Interviewing		5 5	3.0	
Med Id	5043	Structure & Fi	unction II	S	6.0	
Med Id	5044	Physical Exan	nination	S	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	18.0	0.00		
MEDS CUM:		0.0	18.0	0.00		
SPNG 2019	Univ c	of MO-Col	Meds			
Medicine-	MD					
Med Id	5045	Structure & Fr		5 S	6.0	
Med Id	5046	Psychosoc As	pects	S	3.0	
Med Id	5047	Structure & F	unction IV	5	6.0	
Med Id	5048	Clin Epid/Pre	v Med	S	3.0	
Med Id	5051	Ambulatory (	Clin Exper 1	5	1.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	19.0	0.00		
MEDS CUM:		0.0	37.0	0.00		
SUM 2019 Medicine-		of MO-Col	Meds			
Med Id	5215	Med Ed-Rese	arch		0.0	
		GPA Hrs Att	Hrs Em	Qual Pt		GPA
MEDS Term:		0.0	0.0	0.00		
MEDS CUM:		0.0	37.0	0.00		



MAY 2 2 2023

Course Number		Course Ti	tle	Grade	Hours	Remarks
FALL 2019 Medicine-		f MO-Col	Meds			
Med Id	5551	Pathophysiol	ogy 1	S	6.0	
Med Id	5552	Diag Tests/M		5	3.0	
Med Id	5553	Pathophysiol		5	6.0	
Med Id	5554	Psychopatho		S	3.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	18.0	0.00		
MEDS CUM:		0.0	55.0	0.00		
SPNG 2020 Medicine		f MO-Col	Meds			
		Dath anhusial	0.001.2	c	60	
Med Id	5555	Pathophysiol Clinical Prac		S	6.0	
Med Id	5556			5	6.0	
Med Id	5557			5	3.0	
Med Id	5558	Physician As		5		
Med Id	5561	Adv Physical	Diagnosis 1	5	1.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	19.0	0.00		
MEDS CUM:		0.0	74.0	0.00		
SUM 2020 Medicine		of MO-Col	Meds			
In Med		Medicine Cl	erkship	S	8.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	8.0	0.00		
MEDS CUM:		0.0	82.0	0.00		
FALL 2020		of MO-Col	Meds			
Medicine	6004	Ohlow Clay	electric	S	8.0	
Ob Gyn		Ob/Gyn Cler		LC	6.0	
Pschty Surgry	6005 6948	Psychiatry C Ortho Surg S		S	2.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	16.0	0.00		CI A
MEDS CUM:		0.0	98.0	0.00		
SPNG 2021 Medicine		of MO-Col	Meds			
Ch Hth	6000	Child Health	Clerkship	LC	8.0	
Neurol	6003	Neurology C		S	4.0	
Surgry	6006	Surgery Cler		S	8.0	
		GPA Hrs Att	Hrs Ern	Qual Pi		GPA
MEDS Term:		0.0	20.0	0.00		
MEDS CUM		0.0	118.0	0.00		
THE DO CON		0.0	110.0	0.00		



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## University of Missouri - Columbia

PAGE 208 of 379

Course Title

Date: 05/22/2023 Page: 4 of 4

Grade Hours Remarks

Official Transcript

Course Number

Name: Student ID: York, Abigail Annalee

16110797

Date of Birth:

Soc. Sec. Number:



This transcript has been produced for:

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISI

Course Number	r .	Course Ti	tle	Grade	Hours	Remarks
SUM 2021 Medicine-		of MO-Col	Meds			
Pth As	6608	Anatomy Elec	tive	HN	5.0	
Surgry	6985	Neurosurgery	A	HN	5.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	10.0	0.00		
MEDS CUM:		0.0	128.0	0.00		
FALL 2021 Medicine-		of MO-Col	Meds			
F C Md	6001	Family Medic	ine Clerkshn	5	8.0	
Surgry	6655	Surgery Off-S		HN	5.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	13.0	0.00		
MEDS CUM:		0.0	141.0	0.00		
SPNG 2022 Medicine		of MO-Col	Meds			
Ch Hth	6829	Pediatric Neu	ırology	HN	5.0	
Med Id	5850	Compass		S	1.0	
Med Id	6397		c Tutor M1/M2	Stdnt HN	5.0	
Med Id	6399	Abs Case Wr	The state of the same of the	HN	5.0	
Med Id	6693		ep for Internshi	ip HN	5.0	
Surgry	6985	Neurosurgery		HN	5.0	
		GPA Hrs Att	Hrs Ern	Qual Pt		GPA
MEDS Term:		0.0	26.0	0.00		
MEDS CUM:		0.0	167.0	0.00		



MAY 2 2 2023



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University Registrar

University of Missouri-Columbia credit is expressed in semester hours.

#### **Explanation of Remarks**

E = Law Experiential Learning

C = Computer and Information Proficient

H = General Honors

R

M = A course including a substantial amount of mathematics reasoning

= Repeated course, grade not figured in CUM GPA (eff. Fall 2000)

S = Service Learning

W = A course requiring 5000 words of writing and revision

\* = An official change has been made to this record

#### **Explanation of Grading System**

A = Outstanding
B = Superior
C = Adequate
CR = Credit
D = Marginal
E = Exam
F = Unacceptable
H = Hearer or Auditor

HN = Honors - Medicine only, beginning Fall 1997

IP = In Progress
LC = Letter of Cor
NR = Not Reported

= Incomplete

LC = Letter of Commendation - Medicine only, beginning Summer 1998

NR = Not Reported PR = Preregistered S = Satisfactory

S\* = Satisfactory with Honors - Medicine only

T = Non UM system transfer course

U = Unsatisfactory
W = Withdrew Passing
WF = Withdrew Failing

The grade of D is not awarded to Graduate Students

#### **Grade Point Values for Grading System**

A = 4.00 D = 1.00 B = 3.00 F = 0.00 C = 2.00 WF = 0.00

#### Plus-Minus Grading Effective Fall 1995

A plus (+) sign following a letter grade adds an additional 0.33 grade points per credit hour. A minus (-) sign following a letter grade subtracts 0.33 per credit hour. Plus/Minus grade points apply to undergraduate students only.

#### Plus-Minus Grading Effective Fall 1998

A plus (+) sign following a letter grade adds an additional 0.3 grade points per credit hour, however no additional grade points are awarded for an A+. A minus (-) sign following a letter grade subtracts 0.3 per credit hour. Plus/Minus grade points apply to undergraduate students only.

#### Plus-Minus Grading Effective Fall 2011

Plus/Minus grade points apply to undergraduate and graduate students.

#### Law Numeric Grading System Effective Summer 2007

Important Note: Since 1987, the University of Missouri - Columbia has only used a numeric grading system. There are no definitive numeric grade to letter grade translations.

NOTE: To view the complete guide of transcript information go to http://www.transcripts.missouri.edu.

#### ADDRESS

University of Missouri-Columbia Office of the University Registrar 125 Jesse Hall Columbia MO 65211 573-882-4249



MAY 2 2 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

In April 2007, the School of Law converted from a 55-100 to a 65-100 grading scale. Grades are reflected on the 55-100 scale for Winter 2007 and all prior semesters. Grades are reflected on the 65-100 scale for Summer 2007 and all subsequent semesters. All cumulative GPAs were adjusted to the new scale by a one-time adjustment at the conclusion of the Winter 2007 semester.

NOTE: TO RECEIVE GRADUATE CREDIT IN ANY COURSE, THE STUDENT MUST HAVE BEEN ENROLLED IN GRADUATE SCHOOL OR AS A POST BACCALAUREATE SPECIAL. ALL COURSES TAKEN IN GRADUATE SCHOOL OR AS A POST BACCALAUREATE SPECIAL ARE GRADUATE LEVEL.

#### Course Numbering System Through Summer 2004

1	to 99	courses primarily for freshmen and sophomores
100	to 199	courses primarily for undergraduates: no graduate credit
200	to 299	courses for undergraduates, appropriate professional students, and for graduate students except those whose graduate major is in the department in which the course is offered.
300	to 399	courses for undergraduates, appropriate professional students, and for graduate students without restriction to major.
400	to 499	primarily for graduate students and appropriate professional students in special programs; undergraduates admitted only with the approval of the instructor of the course and the dean of the division in which the course is offered.
500	to 599	law, medicine or veterinary medicine courses

#### Course Numbering System Effective Fall 2004

Cour	se	vumberi	ng System Enective Fall 2004
0000	to	0999	skill development courses: courses that
5.000			do not count towards degree requirement
1000	to	1999	freshman-level courses
2000	to	2999	sophomore-level courses
3000	to	3999	junior/senior level courses (upper division)
4000	to	4999	junior/senior level courses (upper division)
5000	to	6999	professional-level courses
7000	to	7999	beginning graduate courses
8000	to	8999	mid-level graduate courses
9000	to	9999	upper-level graduate courses

In accordance with the Family Educational Rights and Privacy Act of 1974, information from this transcript may not be released to a third party without written consent of the student.





# AMA Physician Profile

PREPARED FOR

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

Name and Mailing Address

**Primary Office Address** 

ARIGAIL ANNALEE VORK

Birth date

Phone (660) 734-4056

Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS

RECEIVED

OURGE

AMA membership status

MEMBER

JUN 0 5 2024

OKLAHOMA STATE BOARD OF MEDICAL LICE NOURE AND SUPERVISION

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

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

NO DATA REPORTED AT THIS TIME

#### Current and/or historical medical school

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

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

School: UNIVERSITY OF MISSOURI COLUMBIA SCHOOL OF MEDICINE

Degree Awarded:

YES

Degree Type:

MD

Enrollment Date:

08/2018

Degree Date:

05/2022

AMA files checked 06/5/2024 10:21:02

AMA Physician Profile for Abigail Annalee York, MD ©2024 by the American Medical Association. All rights reserved.

Page 1 of 4

TURNEY



#### 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:

NEUROLOGICAL SURGERY

**Training Type:** 

SPECIALTY

Dates: Status: 07/01/2023 - 06/30/2030 TRAINING IN PROGRESS

Sponsoring Institution:

UNIVERSITY OF MISSOURI-COLUMBIA SCHOOL OF MEDICINE

Sponsoring State:

MISSOURI

Program name:

UNIVERSITY OF MISSOURI-COLUMBIA PROGRAM

Specialty:

GENERAL SURGERY

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
41642	MD	OK	07/01/2023	09/30/2024		ACT	RES	05/06/2024	ABIGAIL ANNALEE YORK
2022025236	MD	MO	06/30/2022	06/30/2023		INA	RES	06/05/2023	Abigail Annalee York

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

#### 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.



Michael L. Parson Governor State of Missouri

Sheila Solon, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Missouri Department of Commerce & Insurance Chlora Lindley-Myers, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS 3605 Missouri Boulevard P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
573-751-3166 FAX
800-735-2966 TTY Relay Missouri
800-735-2466 Voice Relay Missouri

James Leggett Executive Director healingarts@pr.mo.gov pr.mo.gov/healingarts

PRECIPITATED
MAY 0 5 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

PR MARY

To:

Oklahoma Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105-1821

This is to certify that the records of the Missouri Board of Healing Arts indicate the following information regarding Abigail Annalee York.

LICENSE TYPE:

Med Phys/Surg Temporary

LICENSE NUMBER:

2022025236

DATE ISSUED:

6/30/2022

STATUS:

Active

**EXPIRATION DATE:** 

6/30/2023

DISCIPLINARY ACTION:

None

Jessica Sartain Verifications Clerk

05/01/2023

Date

This is the only form that will be used by the Missouri State Board of Registration for the Healing Arts for the purpose of license verification.

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

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

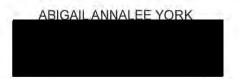
Full Legal Name:	Abigail	Annalee	York	
				Malden (if applicable)
Malling Address		4		
City	State	Zip Code Telephone	Social Sec	curity #
		Standa Standard		
		PRIMARY EVIDENCE	OF CITIZENSHIP	
	(FOR US CITIZ	ENS, US NATIONALS, OR PE		SIDENT ALIENS)
If you are a U.S. ci documents to this	tizen, U.S. national, or form. Place a checkm	permanent legal resident a ark below to indicate the do	llien, please attach a ocument that is attac	photocopy of one of the following ched.
☐ Virgin Islands	(on or after January 17, 1	of the 50 States, the District of 917), American Samoa, Swain's	Columbia, Puerto Rico Island or the Northern	(on or after January 13, 1941), Guam, the U.S Marlana Islands, unless the person was born
	nats residing in the U.S.	passports, which are issued for	naviada af lass than fiv	vo voard
		(FS-240) (issued by the Depart		
n				th (DS1350) (issued by the Department of Stat
copies availab	le from the Department	of State		
☐ after December		o are individually naturalized; the		court, or through administrative naturalization ent certificate issued when the N-550 has been
Certificate of	Citizenship (N-560 or N-5		duals who derive U.S. c ated or the individual's	itizenship through a parent; the N-561 is a name has been changed)
border who no	eeded it for frequent bor	der crossing) (formerly Form I-1	179, last issued in Febru	
Mariana Island	ds before November 3, 19	986)		of the U.S. who was born in the Northern
U.S. who deriv	ves citizenship through a	parent but does not have an FS	-240, FS-545 or DS-135	(This is given to an individual born outside the io);
	ian Card with a classifica ng near the U.S./Mexican		nt on the back (identify	ring U.S. citizen members of the Texas Band of
Allen Lawfully	Admitted for Permaner	nt Residence:	a Secondaria	
INS Form 1-55		eipt Card, commonly known as	a "green card")	
	y Admitted for Permaner	it Residence: oreign passport or on INS Form	1-94	
I declare under pe	nalty of perjury, under		ahoma, that all inform	mation contained in this application and a true and correct.  Date $5/22/23$
Subscribed and sw	vorn before me this	22 day of M	ay	20_23
Notary Public	Negen Cro	ine		
	193/104/10			NOTARY
Commission Numb	the state of the s	4.7.		SEAL MEGAN CRANE
My commission ex	opires 3/29/20	776	SECIEINVANTE	Notary Public - Notary Se State of Missouri

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Commissioned for Boone County
My Commission Expires: August 29, 2026
Commission Number: 18316416



05/09/2023



RE: MD Application #41642

Dear ABIGAIL YORK,

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP58253830 Password:Last 4 SSN

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

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

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

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

with your activities during the specified time frame.

Evidence of Status

**USMLE** Exams Incomplete

OATH

Extended Background Check

Time Deficiency Form for: 10/2011-8/2012

OTHER DEFICIENCIES: FCVS / MUST PAY \$250 FOR FULL LICENSE

Exam verification date

MedSchool-Transcript UNIV OF MO, COLUMBIA SCH OF MED, COLUMBIA MO 65212 MedSchool-Form 1 UNIV OF MO, COLUMBIA SCH OF MED, COLUMBIA MO 65212

Application Instructions

PostGrad - Form 2 UNIVERSITY OF MISSOURI, COLUMBIA

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>AP58253830</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

## TIME DEFICIENCY FORM

		100000000000000000000000000000000000000	
Name:	Abigail York	Application #	41642

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	Degi	ee
08	2008	05	2012	Brookfield High School	Brookfield	МО	HS	S Diploma
EMPLO	OYMEI	NT IF NI	EDED	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	4
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## 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: 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
    - 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.

Abigail Vork My Jour, MD 5/22/23
Name of Applicant (type or print) Signature of Applicant Date

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

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

MAY 2 2 2023

RECEIVED

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE MEDICAL LICENSURE 141642

mplete Informa cam verification of		ations on this page, t	his may not be a comple	te list)
stGrad - Form 2	UNIVERSITY OF MISS	OURI, COLUMBIA		
	COLLEGE OF MEDICI	NE OKC		
SMLE Exams Inc	omplete			
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	<b>Type</b> MD	Number 41561	Name REHAN ZAFAR
	MEDICA	AL DOCTOR	
In	comple	te Informatio	on (due to space limitations on this page, this may not be a complete list)
			CIES: NEED USMLE STEP 3 / QUESTIONNAIRE / \$250 UPGRADE FEE / EVALUATION
		erification da	
			COLLEGE OF MEDICINE TULSA
	USMLE	Exams Inco	omplete
	V.		
			ol Attended:
	039-01	Univ Of Ok	Coll Of Med, Oklahoma City Ok 73190
		Num	ber of Licenses Previously Granted to Graduates of this Medical School:7,359
F	Applicat	ion for: Res	sident Full License Reinstatement
	The Se	cretary of th	e Board has reviewed this application and:
	1) A	AUTHORIZE	D CIRCULARIZATION TO OTHER BOARD MEMBERS
	2) /	ALL FIVE CR	RITERIA HAVE BEEN MET [Fast Track]
		Passed USA	
			Legal Issues
		No Malpract	
		US Graduated I	e Medical School in 4 years or less
	-	Oranauteu I	nouncer control in 4 yours or ross
	<b>.</b>		A TEMPORARY LIGENSE TURQUOU
	3) I	HAS ISSUED	A TEMPORARY LICENSE THROUGH / /
	4) I	HAS ISSUED	A SPECIAL PGY-1 TRAINING LICENSE

Type

Number

Name

MD 41561 REHAN ZAFAR

MEDICAL DOCTOR

Practice Address:

May 05, 2023

Status:

Res: TR

Received: 04/19/2023

Entered: 04/19/2023

Temp Issued:

Temp Expires:

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

Fed Rec: 06/05/2024 AMA Rec: 06/05/2024

**Board Action:** 

License #: 41561

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

1221 2		Date	Date	Acres a
Test	Score	Taken	Verified	Attempts
Test 1: USMLE 1	PASS	6/15/21	5/12/23	1

Test 2: USMLE 2CK PASS 8/29/22 1 5/12/23

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 OF SCIENCE IN

**BIOCHEMISTRY** 

State: OK Country: UNITED STATES

From: 8/2015 To: 5/ 2019 Verified:

#### MEDICAL SCHOOL EDUCATION

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

Foreign Name:

City: Oklahoma City

State/Country: United States of America

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

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE TULSA

Specialty: PSYCHIATRY

Res. Fellowship: Residency

City: TULSA

State: OK Country: UNITED STATES

Verified:

From: 7 / 2023 To:

ACGME Ver'd: Comments:

Type Number Name MD 41561

REHAN ZAFAR

MEDICAL DOCTOR

	PRACTICE HISTORY	,				
Employed:		Sup	ervisor:			
City:	State:		Country	y:		
Specialty:	From:	1	To:	1	Verified:	
Comments:						

Other Licenses State Lic Type and Number Status Issued Verif Exp

**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 PAGE 224 of 379

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE Received:04/19/2023

Applicant Name ZAFAR REHAN

MD 41561

Date Of Birth:

Place Of Birth (City, State): LAHORE, PAKISTAN

Sex: M

Race: Asian/Pacific Islander

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF OKLAHOMA	NORMAN	ОК	8/2015	5/2019	BACHELOR OF SCIENCE IN BIOCHEMISTRY		

Medical School Name	City	State Country	Comments	From	To
Univ Of Ok Coll Of Med, Oklahoma	Oklahoma City	OK United States	S=20000100111111111111111111111111111111	8/2019	5/2023
City Ok 73190	60 <b>.</b> 50				

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
COLLEGE OF MEDIC	INE TULSA TULSA	OK UNITED S'	PSYCHIATRY		7/2023	1
		UNITED S'			1	1

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

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

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

Received:04/19/2023

Que	estions Answered 04/04/2023	Response
۹.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID?	N
3.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
Э.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
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
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
١.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
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
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
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
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 PAGE 226 of 379

Received:04/19/2023

If licensed, where do you intend to locate?  OK
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: OU-Tulsa School of Community Medicine Psychiatry Residency Program
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder I have not had a previous carrier and policy holder.
Name of Current Carrier and policy Holder  My current liability is under my medical school, OU 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
Lattact that all the above information is accurate as of April 18, 2023: (Signed Online)



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

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

### oktraining@okmedicalboard.org

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

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

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

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

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

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



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

Rehan Zafar

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

04/10/2023

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

RECEIVED

APR 19 2023

State of Ellahona, county of Pklahene

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 and with the photograph affixed hereto, and (b) comparing the applicant's signature made by my presence on this form with the signature on his/her identifying document.

The statements on this document are subscribed and sworn to before me by the applicant on this  $\frac{\bigcup O}{\bigcup O}$  day of  $\frac{\bigcup O}{\bigcup O}$ 

Day of April

.20 23

Notary Public Signature

\_My Notary Commission Expires \_

741561



## 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: 05/11/2023

Examinee ID: 5-476-295-0

Examinee: Alt Name(s): Zafar, Rehan

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.

USN	ILE	ST	EP	1
0011				

Test Date	Pass/Fail	Score	Minimum Pass	Comments	
06/15/2021	Pass	201	(194)		

#### **USMLE STEP 2**

Clinical Knowledge (CK)

Pass/Fail Minimum Pass Comments **Test Date** Score 08/29/2022 Pass 232 (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.



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

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

Examinee ID: 5-476-295-0
Date of Birth:

#### INTERPRETATION OF RESULTS

Examinee: Zafar, Rehan

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 Secretarial, 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.



PAGE 230 of 379

JUN 08 2023

Applicant's Name	Rehan Zafar			O	KLAHOMA STATE MEDICAL LICE	BOARD OF
Institution: Unive	ersity of Oklaho	ma College of Me	edicine City/State	Oklahoma City,	OK	TOLOTY
Our records indicate	that the above named	applicant attended our me	dical school on the follow	wing dates:		
From 8 / 19 Month Day		May , 20 , 2023	and was awarded the de	Doctor of Medic	ine	
2222	- 1250		extension(s) in his/her n	nedical education? If yes, ple	ase YES	NO
his/her medical	l education? If yes, plea	ise explain.		isciplinary probation during	YES	✓ NO
2		flect that he/she was ever or parent university? If ye	그렇게 가게 하는 것이 하는데 하는데 세계에 가득하는데 되었다. 네트네	eports for behavioral reasons	yes Yes	NO
		flect that he/she was ever nt university? If yes, please		ional conduct/behavioral	YES	NO
		flect that there were any li demic incompetence, disci		irements imposed on the other reason? If yes, please	YES	NO
		that the information abo	5	nt of this individual's records	and is true an	d correct.
ivaille.	Scordino, M.D.	as St. H. Walker		lien Dron	. 7	
Title of Signatory:	Associate Dean	for Student Affairs	Date of Signature	5/31/23		
Tel: 405-271-	2316 Fax:	405-271-2287	E-Mail: Teres	a-Scordino@ouhsc.	edu	
Scho Sea		If no seal is available, the	is form must be notarize Torres	d		
Jea		Commission # 21004	896			
		My commission expires;	4/9/2025			
				WHITH TORRES		1 4 1

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Official Transcript

: Rehan Zafar Name Student ID: 1796973

Birthdate :

07-JUN-2023 PAGE 23 F of 379

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Spring 2020

	Course		Desc	ription		Attempted	Earned	Grade	Points
	INDT	8132	IMI			68.00	68.00	s	
	INDT	8140	Gast	rointest	inal & Hepatobi	1 85.00	85.00	S	
	INDT	8148	Endo	, Metab	& Nutri Biochem	85.00	85.00	S	
ees	INDT	8156	Bloo	d, Hemat	opoiesis & Lympl	h 77.00	77.00	S	
	TERM	GPA :	0.000	GPH:	0.00 TOTALS	: 315.00	315.00		0.000
	OUHSC	GPA :	0.000	GPH:	0.00 TOTALS	: 834.50	834.50		0.000
		Course INDT INDT INDT INDT INDT INDT	Course   INDT   8132   INDT   8140   INDT   8148   INDT   8156	Course   Description	Course Description  INDT 8132 IMI  INDT 8140 Gastrointest  INDT 8148 Endo, Metab  INDT 8156 Blood, Hemat  TERM GPA: 0.000 GPH:	Course Description  INDT 8132 IMI INDT 8140 Gastrointestinal & Hepatobi INDT 8148 Endo, Metab & Nutri Biochem INDT 8156 Blood, Hematopoiesis & Lymp  TERM GPA: 0.000 GPH: 0.00 TOTALS	Course   Description   Attempted	Course Description Attempted Earned  INDT 8132 IMI 68.00 68.00 INDT 8140 Gastrointestinal & Hepatobil 85.00 85.00 INDT 8148 Endo, Metab & Nutri Biochem 85.00 85.00 INDT 8156 Blood, Hematopolesis & Lymph 77.00 77.00  TERM GPA: 0.000 GPH: 0.00 TOTALS: 315.00 315.00	Course   Description   Attempted   Earned   Grade

Section 1999							INDT	8148	Ende	, Metab	& Nutri	Biochem	85.00	85.00 S	
		External Degre	es				INDT	8156	Bloc	d, Hema	topoiesi	s & Lymp	oh 77.00	77.00 S	
University	of Oklahoma						TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 315.00	315.00	0.000
2019-0	5-10 BS in Biochemis	try													
	Field of Study	: Biochemistry					OUHSC	GPA :	0.000	GPH:	0.00	TOTALS	: 834.50	834.50	0.000
University 2019-0 Program 2019-07-01 2023-05-20	A	cademic Program H	History -								F	all 2020			
Program	: Medicine MD						Course	Control of	Desc	ription			Attempted	Earned Grade	Points
2019-07-01	: Active in Program	m													
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2019-07-01 : Med	icine - MD Major					INDT	8264	Caro	liovasc,	Resp, R	enal	164.00	164.00 S	
2023-05-20	: Completed Program	m					INDT	8266	PPS	II: Cli	nical Et	hics	35.00	35.00 S	
							INDT	8272	Neux	oscience	s		166.00	166.00 S	
1 1 1 1 1							INDT	8275	Clir	ical Me	dicine I	I	99.00	99.00 S	
	Be	ginning of Medici	ne Record		-		INDT	8301	Enri	chment 1	Program:	Humanit	ies 16.00	16.00 S	
							C	ourse Top	ic(s): Ac	diction	Medicin	e			
		Fall 2019													
							TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 480.00	480.00	0.000
Course	Description		Attempted	Earned	Grade	Points									
INDT 81:	The second second						OUHSC	GPA :	0.000	GPH:	0.00	TOTALS	: 1314.50	1314.50	0.000
INDT 81	.0 Design/Analy	ysis Clin Res	16.00	16.00	S										
INDT 81:	2 Clinical Me	dicine I	111.50	111.50	S						Sp	ring 202	1		
TNDT 81:	4 The Human S	tructure	130.00	130.00											
INDT 81:	5 Foundations	of Medicine	151.00	151.00			Course		Desc	ription			Attempted	Earned Grade	Points
INDT 81: INDT 82: INDT 85:	7 7777		87.00	87.00											
INDT 85	5 Req Orienta	tion Documents I		0.00	3.77		INDT	8280		oduction			98.00	98.00 S	
INDT 91	0 Prologue		24.00	24.00	S		INDT	9200		Capstone			70.00	70.00 S	
							INDT	9201	Joir	t, Skin	and Bo	ne	40.00	40.00 S	
TERM GPA	0.000 GPH:	0.00 TOTALS :	519.50	519.50		0.000									
							TERM	GPA :	0.000	GPH:	0.00	TOTALS	: 208.00	208.00	0.000
OUHSC GPA	0.000 GPH:	0.00 TOTALS :	519.50	519.50		0.000									

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University of Oklahoma Health Sciences Center

P. O. Box 26901

United States

Oklahoma City, OK 731260901

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0.00 TOTALS

Low Klen

0.000

REGISTRAR, OUHSC

1522.50 1522.50

OUHSC GPA :

0.000

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

# THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER OURSC FICE CODE 5889

PHONE (405) 271-2359 PAGE 232 of 37905) 271-2480 www.ouhsc.edu

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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W = Withdrawal

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

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

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#### TRANSCRIPT SUMMARY:

Career totals
Transfer statistics (if posted)
OUHSC statistics
Combined statistics

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

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Distinction Special Distinction Outstanding Distinction

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3.000

3.000

2.857

University of Oklahoma Health Sciences Center

Description

Psychiatry Clerkshp

Neurology Clerkship

Ophthalmology Selective

Obstet & Gyn Clerkship

Pediatric Clerkship

Surgery Clerkship

Dermatology Selective

Fam Med Clerkship

GPH:

GPH:

Description

EM Selective

GPH:

GPH:

Earned Grade

40.00 S

Earned Grade

240.00 B

160.00 B

160.00 B

640.00

80.00 S

Earned Grade

240.00 C

240.00 B

80.00 S

80.00 S

320.00 B

960.00

320.00 B

360.00

1882.50

Points

960.000

960.000

960,000

Points

720.000

480.000

480.000

1680.000

2640.000

Points

480.000

720.000

960.000

2160.000

4800.000

Official Transcript

: Rehan Zafar Student ID: 1796973 Birthdate :

ILIN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

RECEIVE AGE 238-01-979 07-JUN-2023

Page No. 2

Summer II 2021

Fall 2021

560.00 TOTALS :

880.00 TOTALS :

800.00 TOTALS :

1680.00 TOTALS :

Spring 2022

Attempted

40.00

320.00

360.00

1882.50

240.00

160.00

160.00

80.00

640.00

Attempted

240.00

240.00

80.00

80.00

320.00

960.00

3482.50 3482.50

2522.50 2522.50

Attempted

Description Course Attempted Earned Grade Points INDT 9403 Subinternship Elective 160.00 160.00 A 640.000 Course Topic(s): PSBS Subinternship Elective 9300 INDT Capstone 160.00 160.00 S TERM GPA : 4.000 GPH: 160.00 TOTALS : 320.00 320.00

Summer II 2022

640.000 OURSC GPA : 2.957 GPH: 1840.00 TOTALS : 3802.50 3802.50 5440.000 Fall 2022 Course Description Attempted Earned Points INDT 9405 Off-Campus Elective 160.00 160.00 S Course Topic(s): PSBS Off-Campus Elective INDT 9407 Fourth Year Selective 80.00 80.00 S Course Topic(s): Directed Readings in PHARM Directed Readings in PHARM Description Course Attempted Earned Points INDT 9407 Fourth Year Selective 80.00 80.00 S Course Topic(s): Directed Readings in PHARM Directed Readings in PHARM TERM GPA : 0.000 0.00 TOTALS : 320.00 320,00 0.000 OUHSC GPA : 2.957 GPH: 1840.00 TOTALS : 4122.50 4122.50 5440.000 Spring 2023

Course		Description	Attempted	Earned	Grade	Points
INDT	9401	Outpatient Elective	160.00	160.00	S	
C	ourse Topic(s	): PSBS Outpatient Elective				
INDT	9406	Special Studies Elective	160.00	160.00	S	
C	ourse Topic(s	): INDT Special Studies Elec	tive			
INDT	9407	Fourth Year Selective	160.00	160.00	S	
C	ourse Topic(s	): Pharmacology Readings				
		Pharmacology Readings				
Course		Description	Attempted	Earned	Grade	Points
				7	-	

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REGISTRAR, OUHSC

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SCI

OF OKLAHOM

PSBS FM NEUR PSBS

OPHT

Course

A LIS OBGY

PEDI EM DERM SURG

SURG

TERM

TERM GPA :

OUHSC GPA :

Course

9520

9540

9370

9101

9210

9650

9101

9101

9760

GPA :

OUHSC GPA :

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 234 of 437 (9.05) 271-2480 www.ouhsc.edu

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## Roman A GOD

JUN 0 8 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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OUHSC statistics Combined statistics

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PRIMA

Official Transcript

Name : Rehan Zafar Student ID: 1796973

Birthdate :

PAGE 235-04-379 07-JUN-2023

JUN 08 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Oklahoma City, OK 731260901 United States

University of Oklahoma Health Sciences Center

INDT 9406 Special Studies Elective 80.00 80.00 S Course Topic(s): INDT Special Studies Elective

INDT 9406 Special Studies Elective 160.00 160.00 S

Course Topic(s): PATH Special Studies Elective

TERM GPA: 0.000 GPH: 0.00 TOTALS: 720.00 720.00 0.000

OUHSC GPA: 2.957 GPH: 1840.00 TOTALS: 4842.50 4842.50 5440.000

Medicine Career Totals

THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER

P. O. Box 26901

OURSC GPA: 2.957 GPH: 1840.00 TOTALS: 4842.50 4842.50 5440.000

Post-Baccalaureate Career Totals

OUHSC GPA: 2.957 GPH: 115.00 TOTALS: 302.65 302.65 340.000

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

- - - - End Of Transcript - - - -

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REGISTRAR, OUHSC

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

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TO WOOKS III longer

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# AMA Physician Profile

PREPARED FOR

Oklahoma State Board of Licensure & Supervision, Oklahoma City,

Name and Mailing Address

REHAN ZAFAR

Birth date

**Primary Office Address** 

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

Phone UNKNOWN



Physician's major professional activity

HOSPITAL BASED RESIDENTS - ALL YEARS RECEIVED

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
1922629724	05/03/2020	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

AMA files checked 06/5/2024 10:21:03

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



Degree Awarded: YES Degree Type: MD Enrollment Date: 08/2019 Degree Date: 05/2023

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

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

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

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

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

Sponsoring Institution: UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE-

**TULSA** 

Sponsoring State: OKLAHOMA

Program name: UNIVERSITY OF OKLAHOMA SCHOOL OF COMMUNITY MEDICINE

(TULSA) PROGRAM

**Specialty:** 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

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

ull Legal Name: Ref	nan Zafar				
	First		Middle	Last	Maiden (if applicable)
Mailing Address:		Charak Address	or Post Office Box		
		Street Address	or Post Office Box		)
	ftet-	No Code	V-11	Social Secur	ity
City	State	Zip Code	Telephone Nun	ber	
	Section Section Section		ARY EVIDENCE OF		and contains
	(FOR US CI	TIZENS, US NAT	IONALS, OR PERM	ANENT LEGAL RESIL	DENT ALIENS)
you are a U.S. citizer ocuments to this for					notocopy of one of the following
	or after January 1	7, 1917), American			n or after January 13, 1941), Guam, the U.S. ariana Islands, unless the person was born to
			ch are issued for per	riods of less than five y	rears)
Report of birth ab	road of a U.S. citi	izen (FS-240) (issu	ed by the Departmen	nt of State to U.S. citize	ens)
Certificate of birth copies available from			e post) or Certificat	on of Report of Birth (	DS1350) (issued by the Department of State),
	990 to individuals	who are individua	lly naturalized; the f		rt, or through administrative naturalization certificate issued when the N-550 has been
Certificate of Citiz	enship (N-560 or	N-561) (issued by	the INS to individua		enship through a parent; the N-561 is a nee has been changed)
					zens living near the Canadian or Mexican
porder who needs				last issued in February	
Northern Mariana Mariana Islands be			NS to a collectively	naturalized citizen of t	he U.S. who was born in the Northern
				nal is a U.S. citizen (Thi D, FS-545 or DS-1350);	is is given to an individual born outside the
American Indian C			and a statement o	n the back (identifying	U.S. citizen members of the Texas Band of
Alien Lawfully Ada	mitted for Perma	nent Residence:	4.3		
INS Form I-551 (A			monly known as a "g	reen card")	
Alien Lawfully Add			t ar an INC Form I O	4	
Unexpired Tempo	rary 1-551 stamp	in foreign passpor	t or on INS Form I-9	4	
accompanying docum					tion contained in this application and all ue and correct. Date 04/10/202
Subscribed and sworn	before me this	16	day of Apen	i (	, 20 <i>0</i> 3
Notary Public Commission Number_	ald Dy	<u>~</u> 894		100	MOTARY  2 SAALES
My commission expire	25 4/9/	2025			A COMPANY  A COMPANY
			जिल्लाब	O CENTRE	- John Mark

APR 19 2023

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

T41561

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

UNLAHOMA CITY OK 73105

[RIBCIBIVED] Phone: (405)962-1400 Fax: (405)962-1440 email: oktraining@okmedicalboard.org To Request Examination Scores For National Board Scores National Board of Medical Examiners

> Newark, NJ 07101-4814 (215) 590-9500 www.NBME.org

PO Box 48014

For FLEX or USMLE Scores Federation of State Medical Boards 400 Fuller Wiser Road Euless, TX 76039-3855 (817) 868-4000 www.FSMB.org

- 6. Extended Background Check Applicants for licensure are required to request an Extended Background Check.
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the office.
- 8. Photo and Oath Form Applicants for licensure will be required to complete the Photo and Oath Form. This form must be notarized and mailed to the office.
- Telemedicine Form Applicants planning to practice telemedicine must submit the initialed and signed Telemedicine 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 subsoquent 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.

05/09/2023

REHAN ZAFAR

RE: MD Application #41561

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP74994248
Password:Last 4 SSN

Dear REHAN ZAFAR,

# 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.

Extended Background Check Exam verification date

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

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

PostGrad - Form 2 COLLEGE OF MEDICINE TULSA

**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>AP74994248</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

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

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

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

xam verification da	
SMLE Exams Inco	COLLEGE OF MEDICINE TULSA
JOIVILL EXAMS MICE	mplete
Last Medical Scho	ool Attended:
	Coll Of Med, Oklahoma City Ok 73190
No.	F
Num	nber of Licenses Previously Granted to Graduates of this Medical School:7,275
Application for: R	Resident Full License Reinstatement
The Secretary of th	ne Board has reviewed this application and:
1) AUTHORIZE	D CIRCULARIZATION TO OTHER BOARD MEMBERS
	RITERIA HAVE BEEN MET [Fast Track]
Da	VILE
- Passed USI	
- No DUIs or	Legal Issues
<ul> <li>No DUIs or</li> <li>No Significa</li> </ul>	Legal Issues ant Malpractice Issues
<ul><li>No DUIs or</li><li>No Significa</li><li>US Graduat</li></ul>	Legal Issues ant Malpractice Issues te
<ul> <li>No DUIs or</li> <li>No Signification</li> <li>US Graduated I</li> </ul>	Legal Issues ant Malpractice Issues te Medical School on time
<ul> <li>No DUIs or</li> <li>No Signification</li> <li>US Graduated I</li> </ul>	Legal Issues ant Malpractice Issues te Medical School on time D A TEMPORARY LICENSE THROUGH / /
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- No DUIs or - No Significa - US Graduat - Graduated I 3) HAS ISSUED	Legal Issues ant Malpractice Issues te Medical School on time  D A TEMPORARY LICENSE THROUGH / _ / _ / _ / / / / / / / / / / / / /

## REFER TO ATTACHMENT #5 OF THE AGENDA

### The applications behind this page are:

 International Medical Graduate physicians who are coming to Oklahoma to begin their 2<sup>nd</sup> year of post graduate training.

### Possible application deficiencies:

- Form 2 reflecting successful completion of current program; and
- Other application documents

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 43616 SHIVAANSH AGGARWAL 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 UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM PostGrad - Form 2 QUINNIPIAC UNIVERSITY FRANK H. NETTER MD SOM ST. VINCENT'S MEDICAL CENTER
Last Medical School Attended: 495-43 Dayanand Med Coll & Hosp, Punjab Univ, Ludhiana, Punjab, India
Number of Licenses Previously Granted to Graduates of this Medical School:14
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 43616 SHIVAANSH AGGARWAL

MEDICAL DOCTOR

**Practice Address:** 

May 02, 2024

UNIVERSITY OF OKLAHOMA NEUROLOGY RES 920 STANTON L. YOUNG BLVD, SUITE 2040

OKLAHOMA CITY, OK 73104 **OKLAHOMA** 

Status:

Res: TR

Received: 04/17/2024

Entered: 04/17/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires: Fed Rec:

AMA Rec:

**Board Action:** 

License #: 43616

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	02/14/24	4/15/24	1
Test 2:	USMLE 2	PASS	07/02/21	4/15/24	1
Test 3:	USMLE 1	PASS	12/20/19	4/15/24	1
		e: PASS r	neans high	er than 75	

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

**Total Score:** 

PRE-MED ED	LICATION
PRE-IVIED ED	UCATION

School Name: DAV PUBLIC SCHOOL

City: LUDHIANA

Degree:

State:

Country: INDIA

From: 3/2012 To: 3/ 2014 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: Dayanand Med Coll & Hosp, Punjab Univ, Ludhiana, Punjab, India

Foreign Name:

City: Punjab

State/Country: India

Degree: BACHELOR OF MED

From:

6 / 2014 **To**: 9 / 2021

Diploma Ver'd:

Υ

Type

Number

Name

MD 43616 SHIVAANSH AGGARWAL

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty:NERUOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:OK Country:UNITED STATES

Verified:

From: 7 / 2024

To:

ACGME Ver'd:

Comments:

Facility: QUINNIPIAC UNIVERSITY FRANK H. NETTER MD Specialty: INTERNAL MEDICINE

Res. Fellowship:

City: BRIDGEPORT

State:CT Country:UNITED STATES OF AM

Verified: ACGME Ver'd:

From: 7 / 2023

To: 6/2024

Comments:

Type MD

Number

Name

43616

SHIVAANSH AGGARWAL

MEDICAL DOCTOR

PRACTICE HISTORY

Employed: DAYANAND MEDICAL COLLEGE AND

Supervisor:

HOSPITAL

City: LUDHIANA

Country: INDIA State:

Specialty: NEUROLOGY

From: 10/2022 To: 4/2023 Verified:

Comments: MEDICAL OFFICER

Employed: LAKE AMERICA FAMILY PHYSICIANS

Supervisor:

City: CLERMONT Specialty: FAMILY MEDICINE

State: FL Country: UNITED STATES From: 8/2022 To: 9/2022 Verified:

Comments: HANDS-ON CLINICAL EXTERN

Employed: SYNAPSE NEUROLOGY

Supervisor:

Country: UNITED STATES

City: CLERMONT Specialty: NEUROLOGY State: FL

From: 6/2022 To: 7/2022 Verified:

Comments: HANDS-ON CLINICAL EXTERN

Employed: DAYANAND MEDICAL COLLEGE AND

Supervisor:

HOSPITAL

State:

Country: INDIA

City: LUDHIANA Specialty: NEUROLOGY

From: 1/2022 To: 5/2022 Verified:

Comments: MEDICAL OFFICER

Employed: HIALEAH HOSPITAL

Supervisor:

City: MIAMI

State: FL Country: UNITED STATES

Specialty: NEUROLOGY

From: 8/2021 To: 8/2021 Verified:

Comments: HANDS-ON CLINICAL EXTERN

Employed: DAYANAND MEDICAL COLLEGE AND

Supervisor:

HOSPITAL

State:

Country: INDIA

City: LUDHIANA Specialty: CARDIOLOGY

From: 5/2020 To: 8/2021 Verified:

Comments: RESEARCH ASSISTANT

Employed: DAYANAND MEDICAL COLLEGE AND

Supervisor:

HOSPITAL

City: LUDHIANA

State:

Country: INDIA

Specialty: NEUROLOGY

From: 7/2019 To: 12/2021 Verified:

Comments: RESEARCH ASSISTANT

Other Licenses

State Lic Type and Number Status Issued Verif Exp CT MD 74647 A 6/19/23 6/30/26 4/29/24

**DEFICIENCIES** 

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

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

PostGrad - Form 2 QUINNIPIAC UNIVERSITY FRANK H. NETTER MD SOM ST. VINCENT'S MEDICAL CENTER

# Oklahoma State Board of Medical Licensure and Supervision PAGE 250 of 379

#### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/17/2024

#### Foreign Graduate

Applicant Name: AGGARWAL, SHIVAANSH

MD 43616

Date Of Birth:

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

Sex: M Race: Asian/Pacific Islander

Edu	cation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
HS	DAV PUBLIC SCHOOL	LUDHIANA	INDIA	3/2012	3/2014			

Medical School Name	City	State Country C	Comments	From	То
Dayanand Med Coll & Hosp, Punja	o Punjab	India		6/2014	6/2021
Univ, Ludhiana, Punjab, India	96				03

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
QUINNIPIAC UNIVERSITY FRANK H. NETTER MD SOM ST. VINCENT'S MEDICAL	BRIDGEPORT	CT UNITED S	INTERNAL MEDICINE		7/2023	6/2024

Practice History								
Employer	Specialty	Supervisor	City	ST	Countr	From	То	Verif
DAYANAND MEDICAL COLLEGE AND HOSPITAL	NEUROLOGY		LUDHIANA		INDIA	10/2022	4/2023	
LAKE AMERICA FAMILY PHYSICIANS	FAMILY MEDICINE		CLERMONT	FL		8/2022	9/2022	
SYNAPSE NEUROLOGY	NEUROLOGY		CLERMONT	FL		6/2022	7/2022	
DAYANAND MEDICAL COLLEGE AND HOSPITAL	NEUROLOGY		LUDHIANA		INDIA	1/2022	5/2022	
HIALEAH HOSPITAL	NEUROLOGY		MIAMI	FL		8/2021	8/2021	
DAYANAND MEDICAL COLLEGE AND HOSPITAL	CARDIOLOGY		LUDHIANA		INDIA	5/2020	8/2021	
DAYANAND MEDICAL COLLEGE AND HOSPITAL	NEUROLOGY		LUDHIANA		INDIA	7/2019	12/2021	

Other/	Out-Of-State L	icenses					
State	License #	Profession		Status	Issue Date	Exp Date	
CT	74647			U	6/19/23	6/30/26	
MD Ex	am						
Exam		State	Score	Date Taken	#_		
USMLE	<b>=</b>						

# Oklahoma State Board of Medical Licensure and Supervision PAGE 251 of 379 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/17/2024

#### Foreign Graduate

	stions Answered 04/12/2024	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 a license or had any adverse action taken against any narcotic permit (state or federal)?	N
).	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
Э.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, or training program?	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
l.	Have you been reported to the National Practitioner Data Bank (NPDB)?	N
ζ.	Has your application for a professional license been denied?	N
И.	Have you surrendered a license or had a license revoked?	N
1.	Has any disciplinary action been taken on any license?	N
Э.	Have you been the subject of a review by a professional licensing/regulatory agency, other than the Oklahoma State Board, based on a complaint filed against you?	N
٥.	Have you ever been arrested or convicted of a felony or misdemeanor, or are charges currently pending against you?	N
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
<b>V</b> .	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 252 of 379

### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/17/2024

#### Foreign Graduate

If licensed, where do you intend to locate?
OK .
Why do you seek Licensure in the state of Oklahoma?
Post-Graduate Training In what manner will you be communicating with your Oklahoma patients (telephone, email, internet, video-conference, etc)?
Describe how you will examine each patient in person prior to diagnosis, treating, correcting, or prescribing for a patient in Oklahoma from the state, province, or country you are located:
Describe the manner in which you intend to practice medicine across state lines in Oklahoma:
Have you executed or been offered a contract in connection with practice in the state of Oklahoma? Yes
If 'Yes', Name of practice: University of Oklahoma Neurology Residency
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder Hartford HealthCare Corporation
Name of Current Carrier and policy Holder Hartford HealthCare Corporation
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 16, 2024:(Signed Online)



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

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

# OKTRAINING@okmedicalboard.org

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

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

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

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

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

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

APR 2 3 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE



Shivaansh.

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

# Aggarwal, Shivaansh

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

04/18/2024

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

NOTARY

State of

County of

. Fairfield

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

, 2 ..., ...

\_, 20

Notary Public Signature

Blane L. Slosser My Notary Commission Expires

Diane L. Slosser NOTARY PUBLIC

State of Connecticut
My Commission Expires 04/30/2027

NOTARY SEAL

743616



# 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: 04/12/2024

Examinee:

Aggarwal, Shivaansh

Examinee ID: 1-081-894-6

Alt Name(s):

Date of Birth:

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

USMLE ST	EP 1				PRINA
Test Date 12/20/2019	Pass/Fail Pass	Score 239	Minimum Pass (194)	Comments	SOURCE
USMLE ST	EP 2				
Clinical Know	oledge (CK)				
<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments	
07/02/2021	Pass	239	(209)		
USMLE ST	TEP 3				
Test Date	Pass/Fail	Score	Minimum Pass	Comments	
02/14/2024	Pass	229	(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: Aggarwal, Shivaansh

Examinee ID: 1-081-894-6

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

# Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

RECEIVED

# Email form to: OKTRAINING@okmedicalboard.org This form must be completed by the institution and sent directly from the institution.

APR 2 0 2024

App	icant's Name Dx. Shivaansh Aggarwal		MEDICAL LICEN AND SUPERVIS
Insti	tution: Dayanand Medical College & Hospital City/State Ludhiana		
Our	records indicate that the above named applicant attended your medical school on the following	dates:	
	Month Day Year Month Day Year on 09 / 09 / 2021	PRIN	//ARY JRCE
1.	Month Day Year  Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.	₩ YES	□ NO
2.	Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	☐ YES	<b>⊠</b> No
3.	Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.	☐ YES	□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	☐ YES	No
5.	Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	☐ YES	□∕NO
de la	se explain any "YES" response from above: He has taken approved extension of Leunship - 1. 1st Jul, 2019-24 Dec, 2019-for the preparation of I walnutery the research project on "factors affecting adherence as "Jactors affection of USMLE Atcomplete of the following is certification that the information above is an accurate account of the role and are true and correct.	tep-1 E Lin Pas 0-17 Ma p-2 exc	kem kinsons 4.2021-
10.23	broad	du	
Nam Title Sign		tical Colleg	je & Hospital

Revised 03/2024

743616

Ref. No. DMCH/\_\_\_\_UG/57/2014

Dated \_\_\_\_\_14 Sep 2021

# MEDICAL SCHOOL TRANSCRIPT

This is to certify that Dr. Shivaansh Aggarwal son of Mr. Deepak Kumar Aggarwal did his clinical duties at Dayanand Medical College & Hospital, Ludhiana–141001 (Punjab), India as an undergraduate student w.e.f. June, 2014 to November/December, 2018 as per the following schedule:

Sr. No.	Department		f Clinical tings	Total Weeks	
		From	То		
1.	Medicine	29 Oct 2015	07 Dec 2015	25 Weeks	
		15 Aug 2016	01 Oct 2016		
		30 Jan 2017	04 Feb 2017		
		13 Feb 2017	04 Mar 2017		
		01 Jan 2018	21 Feb 2018		
		06 Sep 2018	12 Sep 2018		
2.	Surgery	19 Sep 2015	28 Oct 2015	25 Weeks	
	10.7	03 Jun 2016	06 Jul 2016		
		01 Aug 2016	14 Aug 2016		
		12 May 2017	16 Jun 2017		
		06 Jun 2018	08 Jun 2018		
		16 Jun 2018	15 Jul 2018		
		11 Aug 2018	29 Aug 2018		
		20 Sep 2018	26 Sep 2018		
3.	Obst. & Gynae	17 Dec 2015	25 Dec 2015	20 Weeks	
		16 Apr 2016	09 May 2016		
		05 Sep 2017	26 Oct 2017		
		15 Apr 2018	05 Jun 2018		
		13 Sep 2018	19 Sep 2018		
4.	Pediatrics	08 Dec 2015	16 Dec 2015	10 Weeks	
		05 Mar 2017	30 Mar 2017		
		20 Mar 2018	14 Apr 2018		
		30 Aug 2018	05 Sep 2018		

.....2

RECEIVED 5/6/2024 T43616 SJ

EPABX : 0161-4687700 (30 Lines)

FAX : 0161-2302620 Website : www.dmch.edu

DMCH/F/A/E/Pri. 02/543/2015.5.1

COLLEGE OF THE PROPERTY OF THE

Principal : 0161-4687501 Dean Academics : 0161-4687503 Medical Supdt. : 0161-4687504

S August, 2019

Ref. No. DMCH/ UG/57/2014

Dated \_\_\_\_\_ 17 Sep 202

# Regarding: Dr. Shivaansh Aggarwal

5.	Community Medicine	10 Aug 2015		09 Weeks
		26 Apr 2017 Weekly field	21 May 2017 Visit in MBBS	
			of. (Part-I)	140 hrs
6.	Ophthalmology	23 Mar 2016	15 Apr 2016	07 Weeks
		10 Aug 2017	04 Sep 2017	
7.	ENT	16 Jan 2016	27 Jan 2016	05 Weeks
		31 Mar 2017	25 Apr 2017	
8.	Dermatology	11 Mar 2016	22 Mar 2016	05 weeks
		17 Jun 2017	10 Jul 2017	
		08 Aug 2017	09 Aug 2017	
9.	Orthopaedics	04 Jan 2016	15 Jan 2016	09 Weeks
		04 Jan 2017	29 Jan 2017	
		22 Feb 2018	19 Mar 2018	
10.	TB/Chest	28 Feb 2016	10 Mar 2016	02 Weeks
11.	Psychiatry	28 Jan 2016	07 Feb 2016	02 Weeks
		15 Feb 2016	15 Feb 2016	
12.	Radio Diagnosis	16 Feb 2016	27 Feb 2016	02 Weeks
13.	Casualty	10 May 2016	21 May 2016	02 Weeks
14.	Dentistry	22 May 2016	02 Jun 2016	02 Weeks

Dr. Sandeep Kaushal
Dean Academics

AA034402

Dr. Sandeep Puri Principal (Dean)

Principal (Dean)
Dayanand Medical College & Hospital,
Ludhiana, Punjab (India)

EPABX : 0161-4687700 (30 Lines)

FAX : 0161-2302620 Website : www.dmch.edu Principal : 0161-4687501 Dean Academics : 0161-4687503

Medical Supdt. : 0161-4687504

S August, 2019

Ref. No. DMCH/ UG/57/2014

Dated

14 Sep 2021

# MEDICAL SCHOOL TRANSCRIPT

This is to certify that Dr. Shivaansh Aggarwal son of Mr. Deepak Kumar Aggarwal was admitted to the MBBS First Professional Class of this institution on 21 Jun 2014. He passed his MBBS Final Professional (Part-II) Examination conducted by Baba Farid University of Health Sciences, Faridkot in November/December 2018 under Roll No. 14840553 (Regn. No. 2014-DNM/L-074) as exhibited in Result Notification No. 1 dated 31 Dec 2018 by securing 591 marks out of 900. Subsequently, he did his Compulsory Rotatory Internship duty (One Year Programme) from 01 Jan 2019 to 30 Jun 2021 and thus became eligible for the award of MBBS Degree by the Baba Farid University of Health Sciences, Faridkot.

During his undergraduate career, he secured the following marks in his various Professional Examinations conducted by Baba Farid University of Health Sciences, Faridkot.

# MBBS FIRST PROFESSIONAL EXAMINATION HELD IN MAY/JUN, 2015 UNDER ROLL NO. 115305557

Subjects	<b>Marks Obtained</b>	<b>Maximum Marks</b>	<b>Total Marks</b>
Anatomy	150	200	
Physiology	144	200	
Biochemistry	154	200	448/600

# MBBS SECOND PROFESSIONAL EXAMINATION HELD IN NOV/DEC, 2016 UNDER ROLL

NO. 12640555			
Pathology	102	150	
Microbiology	110	150	
Pharmacology	122	150	
Forensic Medicine	65	100	399/550

# MBBS FINAL PROFESSIONAL (PART-I) EXAMINATION HELD IN NOV/DEC, 2017 UNDER

ROLL NO. 13/4055/			
Community Medicine	131	200	
EYE	65	100	
ENT	83	100	279/400

# MBBS FINAL PROFESSIONAL (PART-II) EXAMINATION HELD IN NOV/DEC, 2018 UNDER ROLL No. 14840553

Medicine	185	300	
Surgery	197	300	591/900
Obst. & Gynaecology	137	200	
Pediatrics	72	100	

Total - 1717(71.54%) 2450

During the period of his stay in this institution his work and conduct has been good. He bears a good moral character.

Dr. Sandeep Puri Principal (Dean)

EPABX : 0161-4687700 (30 Lines)

FAX : 0161-2302620 Website : www.dmch.edu Principal (Dean) Dayanand Medical College & h @904687501 Ludhiana Deanjahchdeinics: 0161-4687503

Medical Supdt. : 0161-4687504

S August, 2019

Ref. No. DMCH/ \_\_\_UG/57/2014\_

# MEDICAL SCHOOL TRANSCRIPT

This is to certify that Dr. Shivaansh Aggarwal son of Mr. Deepak Kumar Aggarwal was admitted to the MBBS First Professional Class of this institution on 21 Jun 2014. He passed his MBBS Final Professional (Part-II) Examination conducted by Baba Farid University of Health Sciences, Faridkot in November/December 2018 under Roll No. 14840553 (Regn. No. 2014-DNM/L-074) as exhibited in Result Notification No. 1 dated 31 Dec 2018 by securing 591 marks out of 900. Subsequently, he did his Compulsory Rotatory Internship duty (One Year Programme) from 01 Jan 2019 to 30 Jun 2021 and thus became eligible for the award of MBBS Degree by the Baba Farid University of Health Sciences, Faridkot.

During his study as an undergraduate student, he put up the following hours as required to be put up by the Medical Student in different subjects following admission to the college, before graduation.

SUBJ	ECTS :-		HOURS
	Human Anatomy, Neuro Anatomy, Embryology & Histology		760
	Human Physiology including Bio-Physics	:	560
	Biochemistry	1	300
	Pathology, Microbiology, Immunology and Bacteriology	1	700
	Forensic Medicine & Toxicology	1	100
	Pharmacology, Therapeutics	:	360
	Ophthalmology		322
	Oto-Rhino-Laryingology		266
٠	Community Medicine (Social & Preventive Medicine) including Nutrition and Introduction to Humanities & Family Medicine	;	504
	Radio-diagnosis & Radiotherapy	- 1	56
	Psychiatry including human Sexuality/Partner abuse detection & treatment	:	56
	Dermatology & Sexually Transmitted Diseases		126
	Pediatrics including Human Child abuse detection and treatment	1	308
	Obstetrics & Gynaecology	:	752
•	Medicine - including Tropical Medicine, Neurology, Geriatric Medicine Physical Medicine, Gastroenterology, Cardiology, Endocrinology, Nephrology, Rheumatology, Chest Diseases, Oncology & Casualty	ì	1084
•	Surgery - including Plastic Surgery, Neuro Surgery, Pediatric Surgery Urology, Anaesthesia, Pain Management and End of Life Care Cardio-Vascular & Thoracic Surgery, Orthopaedics Surgery and Dentistry	I	1306
	TOTAL HOURS		7560

During the period of his stay in this institution his work and conduct has been good. He bears a good moral character.

Dr. Sandeep Puri Principal (Dean)

Principal (Dean)

Dayanand Medical College & Hospital

Ludhiana, Punjab (India) Principal

: 0161-4687501

Dean Academics: 0161-4687503 Medical Supdt.: 0161-4687504

S August, 2019

EPABX : 0161-4687700 (30 Lines)

FAX : 0161-2302620 Website : www.dmch.edu



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

Issue Date: 16 Apr 2024

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**

RECEIVED

APR 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

USMLE®/ECFMG Identification Number: 1-081-894-6

Applicant's Name: Shivaansh Aggarwal
Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 01 Dec 2021 English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

Passing Performance on Medical Science Examinations:

Examination

Date

Two Digit Score

Three Digit Score

USMLE Step 1

USMLE Step 2 CK

02 Jul 2021

\*

Two Digit Score

\*

\*

\*

\*

## Most Recent Passing Performance on Clinical Skills Examination:

Examination	Date
FCFMG 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: Dayanand Medical College, Ludhiana, INDIA

Degree Year: 2022

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: 5M5MA17HFX

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.

<sup>†</sup>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 - 6/22





# **Lookup Detail View**

## Name

Name

SHIVAANSH AGGARWAL

## **License Information**

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status		Licensure Actions or Pending Charges
Resident Physician	74647	06/30/2026	06/19/2023	SHIVAANSH AGGARWAL	ACTIVE	CURRENT	None

Generated on: 4/30/2024 1:39:17 PM





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

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

Full L	egal Name: Sh	ivaansh Ag	garwal			
		First		Middle	Last	Malden (if applicable)
Maili	ng Address:					
IVIGIII	ing Addition		Street Address	or Post Office Box		
					Social Secur	10.0 40.
	City	State	Zip Code	Telephone Nur	mber Social Secul	ity #:
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		ered or Subjected to				
		appropriate supporti	ng documentation			
_	Document (please	list)				
			4			
I decla	re under penalty of	of perjury, under the	e laws of the Stat	e of Oklahoma, that	t all information conta	ined in this application and all accompanying
docum			dence of Status a	pplication are true a	and correct.	4
Signat	Mira Shir	aanst.			Dat	124/18/2024
Signat	ui e		1.1.		Dat	01118
Subscr	ibed and sworn be	efore me this	day of_	April	, 20	24
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My-col	mmission-expires_	CIUTCIE	17017	St St	ate of Connecticut	670 4110
				My Comm	ission Expires 04/	30/2027

#### OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51<sup>ST</sup> STREET OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Email: OKTRAINING@okmedicalboard.org

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

- Extended Background Check Applicants for licensure are required to request an Extended Background
  Check.
- Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by
  endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and
  the required supporting documentation with their application. This form must be notarized and mailed to the
  office.
- 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:
  - 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.

SHIVAANSH	AGGARWAL	Shivaansh	4/24/2024
Name of Applicant (t	ype 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 email to the address at the top of the page.

# TIME DEFICIENCY FORM

Name:	Shivaansh Aggarwal	Application #	
ivallic.	Silivaansii Aggarwai	Application #	

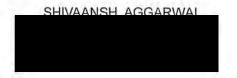
This document is used a tool to help you complete your application.

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
March	2012	March	2014	DAV Public School	Ludhiana	Punjab		N/A
June	2014	June	2021	Dayanand Medical College	Ludhiana	Punjab		MBBS
July	2023	June	2024	QU Frank H. Netter MD SOM/ St. Vincent's Med	Bridgeport	Connecticu	Connecticu Internal Me	
EMPLO	DYME	NT IF NE	EDED	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
July	2019	Decembe	2021	Dayanand Medical College and Hospital, Dept. Ludhiana		Punjab	Research Assista	
May	2020	August	2021	21 Dayanand Medical College and Hospital, Dept. Ludhiana		Punjab	Research Assista	
August	2021	August	2021	Hialeah Hospital	Miami Florida H		Hands-on Clinical	
January	2022	May	2022	Dayanand Medical College and Hospital, Dept.	Ludhiana	Punjab Medical C		lical Officer
June	2022	July	2022	Synapse Neurology	Synapse Neurology Clermont Florid		Hands-on Clinica	
August	2022	Septembe	2022	Lake America Family Physicians	Clermont	Florida	Hands	s-on Clinical
October	2022	April	2023	Dayanand Medical College and Hospital, Dept.	Ludhiana	Punjab	Med	lical Officer
OTHER	R - UN	EMPLOY	ED, S	TAY AT HOME PARENT, SUMMER	BREAK, TRA	VELING		
Start Month	Start Year	End Month	End Year	Other		City		State
April	2020	April	2020	Compulsory Lockdown due to covid (stayed at h	ome and worked	Ludhia	na	Punjab
				RIBC	OELVIED -			
				APR	2 3 2024			
				OKLAHOMA MEDIC/ AND S	STATE BOARD OF AL LICENSURE SUPERVISION			

143616

04/30/2024



RE: MD Application #43616

Dear SHIVAANSH AGGARWAL.

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP84483839 Password:Last 4 SSN

YOU CANNOT 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.

Extended Background Check

OTHER DEFICIENCIES: FCVS/ YOU ARE NOT ELIGIBLE FOR FULL ICENSE. PLEASE PAY THE TRAINING LICENSE FEE USING ONLINE BILL PAY. WE WILL START THE REFUND PROCESS FOR THE FULL LICENSE APPLICATION /INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE

Translations

MedSchool-Transcript Dayanand Med Coll & Hosp, Punjab Univ, Ludhiana, Punjab, India PostGrad - Form 2 QUINNIPIAC UNIVERSITY FRANK H. NETTER MD SOM ST. VINCENT'S MEDICAL CENTER

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

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

http://www.okmedicalboard.org/resources

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

Your user name is <u>AP84483839</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**

Type Number Name MD 43282 TANIA GHORBAN AZAR
MEDICAL DOCTOR
Incomplete Information (due to space limitations on this page, this may not be a complete list)  OTHER DEFICIENCIES: NEED FORM 2 UPON COMPLETION OF TRAINING, MUST COME DIRECTLY
FROM YOUR PROGRAM /INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE
PostGrad - Form 2 UNITY HEALTH WHITE COUNTY MEDICAL CENTER PostGrad - Form 2 COLLEGE OF MEDICINE OKC
Last Medical School Attended: 654-01 American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille
Number of Licenses Previously Granted to Graduates of this Medical School:172
Number of Licenses Freviously Granted to Graduates of this Medical School. 172
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**

Number Name Type

TANIA GHORBAN AZAR MD 43282

MEDICAL DOCTOR

**Practice Address:** 

March 15, 2024

Status:

Res: TR

Received: 03/07/2024 Entered: 03/07/2024

Temp Issued: **Temp Expires:** Train Issued: **Train Expires:** Fed Rec: AMA Rec: **Board Action:** 

License #: 43282

Sex: F

Ethnic Origin: 5

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 3	PASS	10/30/23	3/20/24	1
Test 2:	USMLE 1	<b>PASS</b>	12/4/20	3/20/24	1
Test 3:	USMLE 2	PASS	3/4/22	3/20/24	1
		te: <b>PASS</b> r	neans high	er than 75	

Test AV: **Total Possible:** 

Okla Passing: **Total Score:** 

#### PRE-MED EDUCATION

School Name: UNIVERSITY OF CALIFORNIA SAN DIEGO

City: LA JOLLA

State: CA Country: UNITED STATES From: 9/2015 To: 12/2017 Verified: Degree: BACHELORS OF SCIENCE IN

BIOCHEMISTRY AND CELL

**BIOLOGY** 

School Name: SANTA MONICA COMMUNITY COLLEGE

City: SANTA MONICA State: CA Country: UNITED STATES

From: 8/2013 To: 8/2015 Verified: Degree: NA

#### MEDICAL SCHOOL EDUCATION

Name: American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille

Foreign Name:

State/Country: Netherlands Antilles City: St Maarten

Degree: DOCTOR OF MEDIC From: 1 / 2019 To: 12/2022 Diploma Ver'd: Y

#### PAGE 270 of 379

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

Number Name Type

43282 TANIA GHORBAN AZAR MD

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC Specialty: DIAGNOSTIC RADIOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY State: OK Country: UNITED STATES

Verified: From: 712024 To: - 1

ACGME Ver'd: Comments:

Facility: UNITY HEALTH WHITE COUNTY MEDICAL Specialty:TRANSITIONAL YEAR

CENTER

Res. Fellowship:

City: SEARCY State: AR Country: UNITED STATES OF AM

Verified: 6/2023 To: 6/2024 From:

ACGME Ver'd: Comments:

PRACTICE HISTORY

**Employed: NONE** Supervisor:

City: LOS ANGELES State: CA Country: UNITED STATES Specialty: TRAVEL, RESIDENCY From: 12/ 2022 To: 6/ 2023 Verified:

MATCH

Comments:

**Employed: NONE** Supervisor:

State: CA Country: UNITED STATES City: LOS ANGELES Specialty: MCAT From: 1/ 2018 To: 12/ 2019 Verified:

Comments:

Other Licenses

State Lic Type and Number Status Issued Exp Verif

DEFICIENCIES

OTHER DEFICIENCIES: INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE

PostGrad - Form 2 UNITY HEALTH WHITE COUNTY MEDICAL CENTER

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

# Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 271 of 379

Received:03/07/2024

Foreign Graduate

Applicant Name: GHORBAN AZAR, TANIA

MD 43282



Date Of Birth:

Place Of Birth (City, State): TEHRAN, IRAN

Sex: F

Race: Other

Educ	ation Name	City	ST Country	From	То	Degree	Comments	Veri
UG	UNIVERSITY OF CALIFORNIA SAN DIEGO	LA JOLLA	CA	9/2015	12/2017	BACHELORS OF SCIENCE IN BIOCHEMISTRY AND CELL BIOLOGY	Comments	Ven

Medical School Name	City	State Country	Comments	From	To
American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille	St Maarten	Netherlands A		1/2019	12/2022

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
UNITY HEALTH WHITE COUNTY MEDICAL CENTER	SEARCY	AR UNITED S'	TRANSITIONAL YEAR		6/2023	6/2024

Practice History							
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
UNITY HEALTH WHITE COUNTY MEDICAL CENTER	TRANSITIONAL YEAR RESIDENT		SEARCY	CA	6/2023	0/0	

State License #	Profession	Status	Issue Date	Exp Date	
MD Exam					
Exam	State Scor	e Date Taken	#_		
USMLE					



# Oklahoma State Board of Medical Licensure and Supervision PAGE 272 of 379

# APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/07/2024

# Foreign Graduate

		Response
۱.	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
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
<.	Has your application for examination or a professional license ever been denied?	N
<b>-</b> .	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
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 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
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 273 of 379

# APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/07/2024

## Foreign Graduate

If licensed, where do you intend to locate?  OK
Why do you seek Licensure in the state of Oklahoma?
Other: Residency 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 College of Medicine
If so, Please identify with which category: Residency
Name of Previous Carrier and Policy Holder Cadence Insurance
Name of Current Carrier and policy Holder The University of Okolahoma 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 March 06, 2024:(Signed Online)

#### ATTACHMENT 3



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

RECEIVED

MAD

MAR 25 2024

# OKTRAINING@okmedicalboard.org

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

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.

Lunderstand 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)
Commission Color Agent to
Ghorban Azar, Tania
NOTAR PARTICIPATION OF THE PROPERTY OF THE PRO
PUBLIQ
MISION: 9 = 5/21/2024
RES Doje of signature (must correspond to the date of notarization)
1/10/2030
WTY, America
NOTARY
State of Arkansas, county of White
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 be ONE TARRY to the applicant on this add day of March 20 24

ary Commission Expires



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

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

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Date: 03/20/2024

**Examinee:** 

Ghorban Azar, Tania

Examinee ID: 1-106-247-8

Alt Name(s): Azar, Tania Ghorban

Date of Birth:

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

USMLE STEP 1							
Test Date	Pass/Fail	Score	Minimum Pass	Comments			
12/04/2020	Pass	245	(194)				
USMLE ST	EP 2						
Clinical Know	ledge (CK)						
Test Date	Pass/Fail	Score	<b>Minimum Pass</b>	Comments			
03/04/2022	Pass	253	(209)				
USMLE ST	EP 3			Tel.			
Test Date	Pass/Fail	Score	Minimum Pass	Comments			
10/30/2023	Pass	229	(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.

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: Ghorban Azar, Tania

Examinee ID: 1-106-247-8
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 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.



# MAR 1 5 2024 Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

# Email form to: Licensing@okmedicalboard.org

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



Applicant's Name Tania Ghorban Azar		JOIN
Institution: American University of the Caribbear	n School of Medicine City/State Cupecoy, St. Maarten	
From <u>01 / 07 / 2019</u> To <u>12 /</u>	pplicant attended your medical school on the following dates:	
Month Day Year Month Day  Awarded degree of Doctor of Medicine	on 12 / 16 / 2022  Month Day Year	
Does this individual's official record refle     medical education? If yes, please explair	ect (an) interruption(s) or extension(s) in his/her  n.	□ NO
disciplinary probation during his/her me	edical education? If yes, please explain.	⊠ NO
	ect that he/she was ever the subject of negative estigation by the medical school or parent university?   YES	⊠ NO
	ect that he/she was ever disciplined for unprofessional lical school or parent university? If yes, please explain <b>U YES</b>	⊠ NO
	ect that there were any limitations or special I because of questions of academic incompetence, on? If yes, please explain below	⊠ NO
Please explain any "YES" response from abo An approved Leave of Absence was ta	ove:aken during the period 08/20- 12/20, to sit and study for U	SMLE.
Completion of the following is certification t records and are true and correct.	that the information above is an accurate account of this individual	's
Name: Valdie DeJean	Signature Valdis Dejean	
Title of Signatory: Valdie Dejean	Signature Date03/15/2024	
Phone: 3054460600 Fax: 3054	4466791 E-Mail: Aucregistrar@aucmed.edu	



RECEIVED

MAR 28 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name: Student II Birth Date Print Date	an leave and the party	Tania			Entrance Date: Confer Date: Exit Reason: Exit Date:	01/07/2019 12/16/2022 Graduated 12/16/2022	7	Final Acade Medical Scie Overall GPA Degree Awa	t .	GS 6 out of 1 92.2 Doctor of	
Course #	Description  Molecular & Cell		Attempted 7.00	Earned 7.00	Grade H	Course # 323 333 346 371	Description Physiology II Medical Microbiol Pathology I ICM III	logy	Attempted 5.00 5.00 7.00 1.00	Earned 5.00 5.00 7.00 1.00	Grade H P H
140 150 160	Gross Anatomy Histology Embryology		7.00 3.00 1.00	7.00 3.00 1.00	P P		Standing: GS	Term Totals: Division Totals:	18.00 55.00	18.00 55.00	
170 Academic	ICM I Standing: GS	Term Totals: Division Totals:	1.00 19.00 19.00	1.00 19.00 19.00	р	Medical So January 20	ciences 020 Semester: Dear	n's List			
Medical So May 2019 Course #	ciences Semester: Dean's Description	List	Attempted	Earned	Grade	Course # 421 430 452	Description Medical Pharmaco Neuroscience Pathology II	ology	6.00 5.00 7.00	Earned 6,00 5,00 7,00	Grade H H H
221 237	Physiology I Immunology-Infe Molecular & Cell		5.00 5.00	5,00 5.00 6.00	P H H	490 Academic	ICM IV.1 Standing: GS	Term Totals: Division Totals:	1,00 19,00 74,00	1,00 19,00 74,00	Р
262 270 280	Biostatistics	ыоюду п	6.00 1.00 1.00	1.00	H P	Medical S	ciences				
Academic	: Standing: GS	Term Totals: Division Totals:	18.00 37.00	18.00 37.00		Course #	Semester;  Description  Medical Ethics		Attempted 1.00	Earned	Grade H

#### OFFICIAL TRANSCRIPT

Grading Legend: H-Honors P-Pass F-Fail I-Incomplete W-Withdrawl WF-Withdrawl Fail WC-Withdrawl Cancel LT-Long Term Leave ST-Short Term Leave

Academic Statuses Legend: GS-Good Standing AP-Academic Probation AA-Academic Probation/Readmitted after Appeal AW-Academic Warning PW-Probation Warning

PR-Probation Warning/Readmitted after Appeal AR-Academic Warning/Readmitted after Appeal SP-Suspended AD-Academic Dismissal RA-Readmitted after Appeal SW-SAP Warning

SR-SAP Probation/ Readmitted after Appeal SD-SAP Dismissal MT-Exceeds Max Time Frame NA-Non-Academic Probation ND-Non-Academic Dismissal

143282

RECEIVED

MAR 28 2024



OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

45.7	et (					04 107 10040				ann.	
Name: Student II Birth Date Print Date		, lania			Entrance Date: Confer Date: Exit Reason: Exit Date:	01/07/2019 12/16/2022 Graduated 12/16/2022		Medical Scie Overall GPA Degree Awa	i	GS 6 out of 1 92.2 Doctor of	
538	ICM VI		3.00	3.00	P	1000	Medicine Core		1.00	1.00	н
643	ICM V.1		6.00	6.00	P	2000	Surgery Core		1.00	1.00	H.
		Term Totals:	15.00	15.00		4000	Pediatrics Core		6.00	6.00	H
Academic	Standing: GS	Division Totals:	89.00	89.00		5000	Psychiatry Core		6.00	6.00	н
								Term Totals:	14.00	14.00	
Clinical Sc	iences					Academic	Standing:	Division Totals:	25.00	25.00	
eptembe	r 2020 Semester:										
						Clinical Sc	iences				
Course #	Description		Attempted	Earned	Grade	Septembe	r 2021 Semester:				
.eave: J	08/20-12/20 - Re Step 1 Study Sho		0.00	0.00		Course #	Description		Attempted	Earned	Grade
		Term Totals:	0.00	0.00		1000	Medicine Core		11.00	11.00	H
Academic	Standing:	Division Totals:	0.00	0.00		3000	OB/GYN Core		6.00	6.00	Н
								Term Totals:	17.00	17.00	
Clinical Sc	iences					Academic	Standing:	Division Totals:	42.00	42.00	
January 20	021 Semester:										
						Clinical Sc	iences				
Course #	Description		Attempted	Earned	Grade	January 2	022 Semester:				
2000	Surgery Core		11.00	11.00	Н						
		Term Totals:	11.00	11.00		Course #	Description		Attempted	Earned	Grade
Academic	Standing:	Division Totals:	11.00	11.00		1044	Medicine (Radiol	ogy)	4.00	4.00	H
						1054	Medicine (Sub-I)		4.00	4.00	р
Clinical Sc	CACIFEE							Term Totals:	8.00	8.00	
May 2021	Semester:					Academic	Standing:	Division Totals:	50.00	50.00	
Course #	Description		Attempted	Earned	Grade	Clinical So	ionces				

## OFFICIAL TRANSCRIPT

Grading Legend: H-Honors P-Pass F-Fail I-Incomplete W-Withdrawl WF-Withdrawl Fail WC-Withdrawl Cancel LT-Long Term Leave ST-Short Term Leave
Academic Statuses Legend: GS-Good Standing AP-Academic Probation AA-Academic Probation/Readmitted after Appeal AW-Academic Warning PW-Probation Warning
PR-Probation Warning/Readmitted after Appeal AR-Academic Warning/Readmitted after Appeal SP-Suspended AD-Academic Dismissal RA-Readmitted after Appeal SW-SAP Warning
SR-SAP Probation/ Readmitted after Appeal SD-SAP Dismissal MT-Exceeds Max Time Frame NA-Non-Academic Probation ND-Non-Academic Dismissal

BECENARD

MAR 28 2024

PRIMARY

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

Name: Student II Birth Date Print Date					Entrance Date: Confer Date: Exit Reason: Exit Date:	01/07/2019 12/16/2022 Graduated 12/16/2022	Final Academic Standing: GS  Medical Sciences Rank: 6 out of 110  Overall GPA: 92.2  Degree Awarded: Doctor of Medicine
May 2022	Semester:					THE OF TRANSCRIP	
						END OF TRANSCRIP	1 ************************************
Course #	Description		Attempted	Earned	Grade	AUGAAAAAAAAAAA	***************************************
1019	Medicine (Gastr		2.00	2.00	Н		
1021	The second secon	atology/Oncology)	4.00	4.00	н		
1044	Medicine (Radio	ology)	4.00	4.00	н		
1057	Medicine (Famil	y Practice)	4.00	4.00	н		
		Term Totals:	14.00	14.00			
Academic	Standing:	Division Totals:	64.00	64.00			
erot te							
Clinical Sci Septembe	r 2022 Semester:						
Course #	Description		Attempted	Earned	Grade		
1026	Medicine (Inten	sive Care Unit)	4.00	4.00	Р		
2001	Surgery (Anesth	esiology)	4.00	4.00	P		
		Term Totals:	8.00	8.00			
Academic	Standing:	Division Totals:	72.00	72.00			
	al Qualifying Exa	minations					
msutution				Status	Date		
				To the training			
Descriptio	ites Medical Licer	ising Exam Step 1		Pass	12/04/2020		

## OFFICIAL TRANSCRIPT

\*Denotes last entry made

Grading Legend: H-Honors P-Pass F-Fail I-Incomplete W-Withdrawl WF-Withdrawl Fail WC-Withdrawl Cancel LT-Long Term Leave ST-Short Term Leave

Academic Statuses Legend: GS-Good Standing AP-Academic Probation AA-Academic Probation/Readmitted after Appeal AW-Academic Warning PW-Probation Warning

PR-Probation Warning/Readmitted after Appeal AR-Academic Warning/Readmitted after Appeal SP-Suspended AD-Academic Dismissal RA-Readmitted after Appeal SW-SAP Warning

SR-SAP Probation/ Readmitted after Appeal SD-SAP Dismissal MT-Exceeds Max Time Frame NA-Non-Academic Probation ND-Non-Academic Dismissal



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

Issue Date: 20 Mar 2024

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**

MAR 2 1 2024

USMLE®/ECFMG Identification Number: 1-106-247-8

Applicant's Name: Tania Ghorban Azar Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 25 Jan 2023 English Test Valid Through: 31 Dec 2025

Clinical Skills Assessment Valid Through: 31 Dec 2025

## Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	04 Dec 2020	*	*
USMLE Step 2 CK	04 Mar 2022	*	*

## 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: American University of the Caribbean School of Medicine, Cupecoy, SINT

MAARTEN Degree Year: 2022 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: 9U7AYIRMD4

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

\* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

#### Important Note:

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

Form 282 B - 6/22

037

# OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51" STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

RECEIVED

MAR 19 2024

Email form to: Licensing@okmedicalboard.org
EVIDENCE OF STATUS – PART A

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

	Full Legal Name:	Tania		GI	horban Azar	
	Mailing Address:	First		Middle	Last	Maiden (if applicable)
			Street Address of	Ross Office Box	Social Socurity, H.	
ī	City	State	Zin Code	Telephone Number	Social Security #:	

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

If yo	ou are a U.S. citizen, U.S. national, or permanent legal resident alien, please attach a photocopy of one of the following uments to this form. Place a 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.						
A	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")						
0	Alien Lawfully Admitted for Permanent Residence: Unexpired Temporary I-551 stamp in foreign passport or on INS Form I-94						
Sign Sub No Co	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 3/19/2029  scribed and sworn before me this 19 day of Nacol 20 24  tary Public And Music Public Properties And Andrew Public Properties And Andrew Public Public Properties And Andrew Public Properties And Andrew Public Public Properties And Andrew Public Publi						
	COUNTY, AR						

(43282

ATTACHMENT 1

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

OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Email: OKTRAINING@okmedicalboard.org

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

- Extended Background Check Applicants for licensure are required to request an Extended Background
- 7. Evidence of Status Form In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must submit an Evidence of Status Form and the required supporting documentation with their application. This form must be notarized and mailed to the
- 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.

ania (ahorban Azur 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 email to the address at the top of the page.

MD APPLICATION INSTRUCTIONS Revised 08/2021

Page 4 of 4

# ATTACHMENT 4

# TIME DEFICIENCY FORM

			Salar Chenter and
Name: Tania Ghorban	Azar	Application #	RECEIVED

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.

MAR 2 5 2024 OKLAHOMA STATE BOARD OF

Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degre	2
tayest	2013	August	2015	Santa Marica Community cullege	Santa Monica	CA	N	la
izptember	2015	December	2017	UCSD - transferred from	La Jona	cA	B.S.	hiochemis 11 bisto
Tanwary	2018	December	2019	MCAT	Los Angeles	CA		
Tanvary	2019	December	2022	American university of caribrean School of Medical sciences	St Martin		MD	
EMPLO	OYME	NT IF NE	EDED	TO FILL TIME GAP			les i c	711
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
								_
OTHER	- UNI	EMPLOY End	End S	TAY AT HOME PARENT, SUMMER Other	BREAK, TRA	VELIN	G	
Month	Year	Month	Year	1000		City		State
December	2022	June	2023	Travel, Mutch to residence	y	Los		CA
				- 14	1			

## Kenna L. Shaw

From:

tania ghorbanazar

Sent:

Tuesday, April 2, 2024 6:01 PM

To:

**OK Training** 

Subject:

[EXTERNAL] follow up on deficiencies

OTHER DEFICIENCIES: ADDRESS ON BACKGROUND CHECK DOES NOT MATCH APPLICATION. WHAT IS YOUR CURRENT ADDRESS?/ CHRONOLOGICAL LIST OF US ROTATIONS AND FORM 4 \*OR\* EVAL FOR EACH (IF NOT ON TRANSCRIPT)/ DO YOU HAVE A TRAINING LICENSE IN CA?

On the background check I put my current residence which is where I'm completing my intern year, Arkansas. The address on my application is my family home in California because I did not have an address in OKC yet when completing this application and was afraid any future paperwork would get lost.

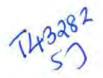
Thank you,

Tania Ghorban Azar

KECEIVED

APR 0 2 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



03/25/2024

TANIA GHORBAN AZAR

RE: MD Application #43282

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP32090040
Password:Last 4 SSN

Dear TANIA GHORBAN AZAR,

# 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.

OTHER DEFICIENCIES: ADDRESS ON BACKGROUND CHECK DOES NOT MATCH APPLICATION. WHAT IS YOUR CURRENT ADDRESS?/ CHRONOLOGICAL LIST OF US ROTATIONS AND FORM 4 \*OR\* EVAL FOR EACH (IF NOT ON TRANSCRIPT)/ DO YOU HAVE A TRAINING LICENSE IN CA?

PostGrad - Form 2 UNITY HEALTH WHITE COUNTY MEDICAL CENTER

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

MedSchool-Transcript American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille Evidence of Status

Visa Type (if non-US citizen)

Visa Expiration Date (if non-US citizen)

US Customs and Immigration Service (USCIS)

MedSchool-Form 1 American Univ Of The Caribbean, Sch Of Med, St Maarten, Netherlands Antille

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>AP32090040</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

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

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

Sincerely,

Kenna Shaw

Kenna Shaw

Dept. of Licensing

Encl

# Oklahoma State Board of Medical Licensure and Supervision Application Summary

Type Number Name MD 43759 AYOOLUWA IBITAYO								
MEDICAL DOCTOR								
Incomplete Information (due to space limitations on this page, this may not be a complete list)								
OTHER DEFICIENCIES: INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE MedSchool-Form 1 St George's Univ, Sch Of Med, St George's, Grenada PostGrad - Form 2 CAPE FEAR PostGrad - Form 2 GRIFFIN MEMORIAL HOSPITAL								
Last Medical School Attended:								
422-01 St George's Univ, Sch Of Med, St George's, Grenada								
Number of Licenses Previously Granted to Graduates of this Medical School:325								
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

43759 AYOOLUWA IBITAYO

MEDICAL DOCTOR

**Practice Address:** 

May 16, 2024

Status:

Res: TR

Received: 05/03/2024

Entered: 05/03/2024

Temp Issued:

**Temp Expires:** 

Train Issued:

**Train Expires:** Fed Rec:

AMA Rec:

**Board Action:** 

License #: 43759

Sex: M

Ethnic Origin: 2

Endorsed By: USMLE

Test	Score	Date Taken	Date Verified	Attempts
Test 1: USMLE 3	PASS	3/25/24	6/19/24	1
Test 2: USMLE 1	<b>PASS</b>	7/9/2021	6/19/24	1
Test 3: USMLE 2CK	PASS	8/15/22	6/19/24	1
Note	: PASS r	neans high	er than 75	

Test AV: **Total Possible:** 

Okla Passing: **Total Score:** 

PRE-MED EDUCATION

School Name: GEORGETOWN UNIVERSITY

City: WASHINGTON, DC

State: DC Country: UNITED STATES

Degree:

School Name: UT AUSTIN

City: AUSTIN

Degree:

From: 8/2017 To: 6/2018 Verified:

State: TX Country: UNITED STATES From: 8/2012 To: 6/2016 Verified:

MEDICAL SCHOOL EDUCATION

Name: St George's Univ, Sch Of Med, St George's, Grenada

Foreign Name:

City: St George's

State/Country: Grenada

Degree:

From:

8 / 2019 To: 6 / 2023

Diploma Ver'd:

Y

Type

Number

Name

MD

AYOOLUWA IBITAYO 43759

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: GRIFFIN MEMORIAL HOSPITAL

Specialty: PSYCHIATRY

Res. Fellowship: Residency

City: NORMAN

State: OK Country: UNITED STATES

Verified:

From:

To:

ACGME Ver'd:

Comments:

Facility: CAPE FEAR

Specialty:

712024

Res. Fellowship:

City: FAYETTEVILLE

State: NC Country: UNITED STATES OF AM

Verified:

From: 6 / 2023

To: 6/2024

ACGME Ver'd:

Comments:

PRACTICE HISTORY

**Employed: NONE** 

City: THE WOODLANDS

Supervisor:

State: TX Country: UNITED STATES

Specialty: N/A

From: 4/ 2019 To: 8/ 2019

Verified:

Comments: UNEMPLOYED

Employed: LONE STAR BEHAVIORAL HEALTH

Supervisor:

City: CYPRESS

State: TX

Country: UNITED STATES

Specialty: PSYCHIATRIC TECHNICIAN From: 10/2018 To: 4/2019

Verified:

Comments:

**Employed: NONE** 

City: THE WOODLANDS

Supervisor:

State: TX Country: UNITED STATES

Specialty: N/A

From: 6/ 2018 To: 10/ 2018

Verified:

Comments: UNEMPLOYED

**Employed: NONE** 

Supervisor:

City: THE WOODLANDS

State: TX Country: UNITED STATES

Specialty: N/A

From: 6/ 2016 To: 8/ 2017

Verified:

Comments: UNEMPLOYED

Other Licenses

State Lic Type and Number

Status Issued

Exp Verif

NC **TRAINING RTL23-1195** 

6/29/23 10/14/24 6/18/24

Type MD

Number

Name

43759 AYOOLUWA IBITAYO

MEDICAL DOCTOR

**DEFICIENCIES** 

OTHER DEFICIENCIES: INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR

TRAINING LICENSE

MedSchool-Form 1 St George's Univ, Sch Of Med, St George's, Grenada

PostGrad - Form 2 CAPE FEAR

PostGrad - Form 2 GRIFFIN MEMORIAL HOSPITAL

# Oklahoma State Board of Medical Licensure and Supervision PAGE 292 of 379

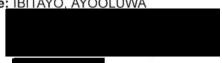
## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/03/2024

## Foreign Graduate

Applicant Name: IBITAYO, AYOOLUWA

MD 43759



Date Of Birth:

Place Of Birth (City, State): DETROIT, MI

Sex: M

Race: Black

Educ	Education										
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri			
GD	GEORGETOWN UNIVERSITY	WASHINGTO	DC	8/2017	6/2018						
UG	UT AUSTIN	AUSTIN	TX	8/2012	6/2016						

Medical School Name	City	State Country	Comments	From	То
St George's Univ, Sch Of Med, St	St George's	Grenada		8/2019	6/2023
George's, Grenada					

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
CAPE FEAR	<b>FAYETTEVILLE</b>	NC UNITED S'			6/2023	6/2024

Practice History							
Employer ,	Specialty	Supervisor	City	ST Countr	From	То	Verif
LONE STAR BEHAVIORAL HEALTH	PSYCHIATRIC TECHNICIAN		CYPRESS	TX	10/2018	4/2019	

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 293 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/03/2024

## Foreign Graduate

Que	stions Answered 05/02/2024	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 a license or had any adverse action taken against any narcotic permit (state or federal)?	N
).	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
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, or training program?	N
Ⅎ.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you been reported to the National Practitioner Data Bank (NPDB)?	N
Κ.	Has your application for a professional license been denied?	N
M.	Have you surrendered a license or had a license revoked?	N
٧.	Has any disciplinary action been taken on any license?	N
Ο.	Have you been the subject of a review by a professional licensing/regulatory agency, other than the Oklahoma State Board, based on a complaint filed against you?	N
P.	Have you ever been arrested or convicted of a felony or misdemeanor, or are charges currently pending against you?	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 294 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:05/03/2024

## 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: 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 May 02, 2024:(Signed Online)



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

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

## OKTRAINING@okmedicalboard.org

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

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

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

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

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

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



JUN 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION



## Ayooluwa Toroitich Ibitayo

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

Ayooluwa Toroitich Ibitayo

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

06/18/2024

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

## NOTARY

State of	Texas	, County of	Dallas	
_				

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 <sup>18th</sup>day of June \_\_\_\_\_\_, 20\_24

NOTARY
SEAL
Electronically signed and notarized online using the Proof platform.



ABIOLA MUSENDIQ

ID NUMBER 134622121 COMMISSION EXPIRES

TU3759 ULL



## 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: 06/18/2024

Examinee:

Ibitayo, Ayooluwa Toroitich

Date of Birth:

Examinee ID: 1-119-692-0

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 07/09/2021	Pass/Fail Pass	Score 222	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	ledge (CK)			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/15/2022	Pass	217	(214)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
03/25/2024	Pass	208	(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: Ibitayo, Ayooluwa Toroitich

Examinee ID: 1-119-692-0

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.



SUBJ NO.

Page: 1

CRED GRD

PTS R

Record of: Ayooluwa Toroitich Ibitayo Current Name: Ayooluwa Toroitich Ibitayo

Date Issued: 18-JUN-2024

COURSE TITLE

Date of Birth:

Student ID: A01022149

Level: Doctor of Medicine

Current Prog	ram rogram : Doctor	of Medicine		
		2		
	rements Complete	The state of the s		
	ded Doctor of Me	dicine 26-MAYQ20	23	
Frimary Degr			,	
P	rogram : Doctor	of Medicine	Q.	
SUBJ NO.	COLID	SE TITLE	CRED GRD	PTS
JOBO NO.	COOK	SE TITLE	O	213
		of .	0	
INSTITUTION	CREDIT:		1	).
				6
August 2019				V/x
BPM 500	Basic Princip	les of Medicine	I 17.00 HP	1460.10
Term Ehrs:	17.00 GPA-Hrs:	17.00 QPts: 145	0.10 Grade:	HP
Cuml Ehrs:	17.00 GPA-Hrs:	17.00 QPts: 145	0.10	6
January 2020	Session			
BPM 501	Basic Princip	les of Med II	17.00 PS	1218.56
	17.00 GPA-Hrs:			
Cuml Ehrs:	34.00 GPA-Hrs:	34.00 QPts: 266	8.66	
August 2020	Session			
	Basic Princip	les of Med III	8 00 PS	621 84
	Principles of			
The state of the s	29.00 GPA-Hrs:			
	63.00 GPA-Hrs:			-
		013915 \$150 HE		
January 2021	Session			
PCM 501	Principles of	Clinical Med II	23.00 PS	1727.76
	23.00 GPA-Hrs:			
	86.00 GPA-Hrs:			
2021 2022 61	inical Session			
	inical Session			

	Institution 1	information continued:				
	MEDI 795N	Internal Medicine -	Core	24.00	A-	2208.00
	OBG 795N	Ob/Gyn - Core		12.00	A-	1104.00
	PED 795N	Pediatrics - Core		12.00	A	1152.00
	SURG 795N	Surgery - Core		24.00	A	2304.00
	Term Ehrs:	78.00 GPA-Hrs: 72.00	QPts: 6768	.00 Gr	ade:	A
	Cuml Ehrs: 1	.64.00 GPA-Hrs: 158.00	QPts:13424	.89		
SR	2022-2023 C1	nical Session				
	CARV 700N	Cardiovascular Disea	ase	4.00	F*	0.00
	MEDR 700N	Medicine Research		4.00	P	0.00
	NROL 700N	Neurology		3.00	P	0.00
	PCCM 700N	Pediatrics Critical	Care	4.00	P	0.00
	PED 700N	Pediatrics - Electi	ve	4.00	P	0.00
0	PED 785N			4.00	P	0.00
-	PSY 700N	Psychiatry - Electi	ve	5.00	P	0.00
- 1	PSY 700N	Psychiatry - Electi		4.00	P	0.00
6	PSY 795N	Psychiatry - Core		12.00	A+	1200.00
	DOLM 700N	Pulmonary Disease		4.00	P	0.00
6	Germ Ehrs:	44.00 GPA-Hrs: 12.00				
		208.00 GPA-Hrs: 170.00				
		******** TRANSCRIPT	The second second second second		***	******
	4/	Earned Hrs GPA				
	TOTAL INSTITU	JTION 208.00 170				
4	9		.07 -6-00-39			
3	TOTAL TRANSP	0.00 0	.00 0.	00		
	OVERALL	208.00 170				
	*******	****** END OF TRAN	SCRIPT ****	*****	****	******
		3				
6		30				

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Gary Belotzerkovsky, University Registrar

## ST. GEORGE'S UNIVERSITY TRANSCRIPT LEGENDS

#### SCHOOL OF MEDICINE

Prior	to Fall 1997
A	Excellent
B	Good
C	Satisfactory
F	Failure
P	Pass
T.	Incomplete
E	Exemption
T	Transfer
W	Withdrawal
X	Passing at time of withdrawal
Y	Failing at time of withdrawal

Prior to Spring 1987, a successful remediated course was removed from the transcripts.

Effective Spring 1987, a successfully removiated course remained on the transcript but quality points were excluded from the Grade Point Average.

#### Effective Fall 1997

A	Excellent
В	Good
C	Satisfactory
F	Failure
P	Pass
1	Incomplete
T	Transfer
E	Exemption
W	Withdrawal
WP	Passing at time of withdrawal
WF	Failing at time of withdrawal
CC	Continued course
NG	No recorded grade

In progress

All earned quality points remain in the Semester and Cumulative Grade Point Average.

#### Beginning with Spring 2011 New Matriculants

BASIC SCIENCES		CLIN	ICAL SCIENC
A+	97-100	A+	97-100
A	93-96	A	93-96
A-	90-92	A-	90-92
B+	87-89	B+	87-89
B	83-86	В	83-86
B-	80-82	B-	80-82
C+	77-79	C+	77-79
C	73-76	C	73-76
C-	70-72	C-	70-72
F	0-69	F	0-69

#### Students Who Matriculated Prior to August 2019

#### Terms 1-5 Grade Designations Letter Grade Numeric Grade

A+	96.50-100
A	92,50-96.49
A-	89.50-92.49
B+	86.50-89.49
В	82.50-86.49
B-	79.50-82.49
C+	76.50-79.49
C	72,50-76.49
	Courses completed by August 2019
C-	69.50-72.49

Course completed after August 2019 71.50-72.49

C) (Term 2) Courses completed by August 2019 1-69.49 Courses completed after August 2019

1-72.49

Course Grades are converted from numeric to alpha grades according to the conversion charts. Term Averages and Cumulative Averages are based on quality points and credits earned using the following calculations and then converted to an average alpha grade on the transcript according to the conversion charts.

Quality Points = [Course Numeric Grade x Course Credits] Mean Weighted Percentage Grade (MWPG) = [Total Quality Points + (N) Hours] Clinical rotations: I week = 40 hours = I credit (credit value is doubled for colorations)

#### Beginning with August 2019

New Matriculants/Term 1 Repeating Students Courses are graded numerically for the transcript. The conversion charts are as follows:

#### Terms 1-5 Grade Designations

Grade	Numeric Gra
Honors (H)	89.50-100
High Pass (HP)	79.50-89.49
Term 1	
Pass (PS)	69.50-79.49
Fail (F)	≤69.49
Term 2	
Pass (PS)	71.50-79.49
Fail (F)	≤71.49
Term 3, 4, 5	
Pass (PS)	72.50-79.49
Fail (F)	≤72.49

Effective January 3, 2022, New Clinical Students that begin Clinical Core Rotations on or after January 3, 2022:

Honors (H)	95
High Pass (HP)	85
Pass (PS)	75
Fall (F)	69

P	Pass
	1 000

	1 000
F.	Fail (not calculated into MWPG)

Incomplete Transfer Exemption Withdrawal

WP Passing at time of withdrawal WF Failing at time of withdrawal

Continued course NG No recorded grade IP In progress CR

Credit remediation Exam pending<sup>2</sup>

Effective as of Fall 2016 Effective as of August 2021

## SCHOOL OF VETERINARY MEDICINE

#### Fall 1999

A	4.00
В	3.00
C	2.00
D	1.00
F	0.00
P	Pass
1	Incomplete
E	Exemption
T	Transfer

Passing at time of withdrawal Failing at time of withdrawal

Withdrawal

#### Effective Fall 2000

ne of withdrawal
e of withdrawal
grade
1000

\*Requires remediation.

Effective Fall 2000, all successfully remedied failures are not calculated into the GPA.

Effective Fall 2009 through Spring 2013, D or D+ no longer awarded.

All failures must be remedied by repeating the course.

## SCHOOL OF ARTS AND SCIENCE

#### Prior to Fall 1997 4.00 3.75

3.25

3.00

2.75

B+

B

B-

NG

C+	2.25
C	2.00
D	1.00
F	0.00
1	Incomplete
E	Exemption
S	Satisfactory
T	Transfer
W	Withdrawal
X	Passing at time of withdrawa

1	rassing at time	OI WILLIGIAWAI
Y	Failing at time o	fwithdrawal
Effec	tive Fall 1997	
A+		
Α	4.00	TO A A DV
B+	3.50	DIMAKI
В	3.00	PKIIVIN
C+	2.50	CALIBLE
C	2.00	COURS
D	1.00	00
F	0.00	100
1	Incomplete	
E	Exemption	
S	Satisfactory	
T	Transfer	
U	Unsatisfactory	
W	Withdrawal	
AU	Audit	
CC	Continued cours	se .

\*Does not add grade points to GPA; used to denote distinction in a given course.

No recorded grade

#### SCHOOL OF GRADUATE STUDIES

A	4.00
В	3.00
C	2.00
F	0.00
P	Pass
1	Incomplete
T	Transfer
W	Withdrawal
WP	Passing at time of wit
WF	Failing at time of with
0	Continued course

thdrawal ndrawal

No recorded grade In progress

## ALL SCHOOLS

# Make-up examinations ## Remediation examination ++ Completion examination

It is not permissible to release information from this transcript to a third party without the written consent of the student.

A reproduced copy of an original record shall not be valid without the University seal and signature of the Registrar or other authorized person.

If course is repeated, the far right column will have an E, I, or A included with the GPA only but not the

Incomplete grades not remediated within the time allowed by the program's guidelines will automatically be converted to failures.



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

Issue Date: 18 Jun 2024

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: 1-119-692-0

Applicant's Name: Ayooluwa Toroitich Ibitayo

Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 22 Jun 2023

English Test Valid Through: 31 Dec 2025

Clinical Skills Assessment Valid Through: 31 Dec 2025

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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	09 Jul 2021	*	*
USMLE Step 2 CK	15 Aug 2022	*	*

## 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: St. George's University School of Medicine, St. George's, GRENADA

Degree Year: 2023

Medical Education Credentials Status†: Complete

# PRIMARY

## 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: CARN3MIS2C

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

TU3759

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

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

Full I	Legal Name:	Ayooluwa	Toroitich	Ibitayo	
	Legar Name.	First	Mic	ldle Last	Maiden (if applicable)
Mail	ling Address:		Street Address or Post C	Office Box	
			Street Address of Post C	V2	22.00
	City	State	Zip Code	Telephone Number	ecurity #:
		(FOR US C		VIDENCE OF CITIZENSHIP .S, OR PERMANENT LEGAL I	RESIDENT ALIENS)
Mark of Party				esident alien, please attach te the document that is att	a photocopy of one of the following ached.
	Virgin Islands		7, 1917), American Samo		co (on or after January 13, 1941), Guam, the U.S. ern Mariana Islands, unless the person was born to
V				issued for periods of less than	
				he Department of State to U.S.	. citizens) Birth (DS1350) (issued by the Department of State)
		ole from the Departme		) or certification of Report of B	orth (D31330) (Issued by the Department of State)
	Certificate of after Decemb	Naturalization (N-55) er 1990 to individuals	0 or N-570) (issued by the	uralized; the N570 is a replacer	e court, or through administrative naturalization ment certificate issued when the N-550 has been
	Certificate of	Citizenship (N-560 or	N-561) (issued by the IN		. citizenship through a parent; the N-561 is a 's name has been changed)
	United States	Citizen Identification	Card (I-197) (issued by t		S. citizens living near the Canadian or Mexican
П	Northern Ma		ard (issued by the INS to		n of the U.S. who was born in the Northern
				at the individual is a U.S. citizen have an FS-240, FS-545 or DS-13	n (This is given to an individual born outside the 350);
	American Ind		fication code "KIC" and a		ifying U.S. citizen members of the Texas Band of
	Alien Lawfull	y Admitted for Perma		known as a "green card")	
П	Alien Lawfull	y Admitted for Perma			
acco	clare under pe ompanying do	enalty of perjury, ur cuments provided t	nder the laws of the Sta	te of Oklahoma, that all info ence of Status application a	ormation contained in this application and all are true and correct.  Date
Sign	nature	7190010	was for ordiced T	JI LINYU	Date
Sub	scribed and sv	vorn before me this	18th day of	June	, 20_24
Not	ary Public	abiola Musendiq	Į	SECELVED.	AIOTARV
Con	nmission Num	ber_134622121		_JUN 1 8 2024	NOTARY SFAL
Му	commission ex	xpires_10/26/202	7 01	KLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION	ABIOLA MUSENDIQ  ID HUMBER

Electronically signed and notarized online using the Proof platform.

TU3750

COMMISSION EXPIRES October 26, 2027

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

### **OKLAHOMA CITY OK 73105**

Phone: (405)962-1400 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.
- 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.

Ayooluwa Ibitayo
Name of Applicant (type or print)

Ayooluwa Ibitayo
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 email to the address at the top of the page.

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JUN 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION Page 4 of 4 113750

## TIME DEFICIENCY FORM

Nar	ne: Ayooluwa Ibitayo	Application #	43759	

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

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

Start	Start	End	End	ITH HIGH SCHOOL		T	T	
Month	Year	Month	Year	Name of Institution	City	State	Degre	ee
					7			
				1				
- 1								
EMPLO	OYME	NT IF N	EDED	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
			/					
9						21 /		
OTHER	R - UN	EMPLO	YED, S	TAY AT HOME PARENT, SI	JMMER BREAK,	TRAVELING	ì	
Start Month	Start Year	End Month	End Year	Other		City		State
June	2016	Aug	2017	Unemployed		The Woo	dlands	TX
June	2018	Oct	2018	Unemployed	Unemployed			
April	2019	Aug	2019	Unemployed		The Woo	dlands	TX
				i i				

6|2016-8|2017 6|2018-10|2018 4|2019-8|2019

JUN 18 2024
OKLAHOMA STATE BOARD OF

t43759

05/16/2024

AYOOLUWA IBITAYO

RE: MD Application #43759

Check Your Application
Status Online at:
http://www.okmedicalboard.org
Username:AP82076857
Password:Last 4 SSN

Dear AYOOLUWA IBITAYO,

# 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="https://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: 6/2016-8/2017, 6/2018-10/2018, 4/2019-8/2019 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: FCVS/INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE

Exam verification date

Translations

**ECFMG** 

**ECFMG Date** 

MedSchool-Transcript St George's Univ, Sch Of Med, St George's, Grenada

MedSchool-Form 1 St George's Univ, Sch Of Med, St George's, Grenada

PostGrad - Form 2 CAPE FEAR

PostGrad - Form 2 GRIFFIN MEMORIAL 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>AP82076857</u> (all caps and no spaces) and your password is the last 4 digits of your social security number.

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

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

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

Type Number Name MD 43655 MIRAZIZ ISMOILOV MEDICAL DOCTOR	т в
Incomplete Information (due to space limitations on this page, this may	not be a complete list)
Application Instructions OTHER DEFICIENCIES: CAN NOT ACCEPT FORM2 BEFORE THE COUSMLE EXAMS WILL RELFECT INCOMPLETE AND INCOMING POSTODEFICIENCY LIST FOR TRAINING LICENSE PostGrad - Form 2 FLORIDA ATLANTIC UNIVERSITY PostGrad - Form 2 COLLEGE OF MEDICINE OKC	
e a	E.
Last Medical School Attended: 912-22 Tashkent Medical Academy, Tashkent, Uzbekistan (since 2005)	· · · · · · · · · · · · · · · · · · ·
Number of Licenses Previously Granted to Gradua	tes of this Medical School:1
Application for: Resident Full License	Reinstatement
The Secretary of the Board has reviewed this application and:	
1) AUTHORIZED CIRCULARIZATION TO OTHER BOARD MEMBER	RS
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 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:	TASHKENT M	EDICAL .	ACADE	MY FACULT	Y OF MEDICI	NE TASH	KENT		
LOCATION:	UKRAINE								
ALTERNATE NAMES									
School type: Year instructio Operational st				SCHOOL I	DETAILS		* 8		
Additional information:		<u> </u>					<u> </u>		
Year instructio	n hegan:	2005		PROGRAM	DETAILS		<b>*</b> J		
Curriculum du	10-70 N	6 YEAR	'S						
Language(s) of				IAN, ENGLIS	Н			+	
Entrance exam Additional information:						RED () I	NFORMATI	ON NOT PROVIDED	
				SPONSOF	NOTES				
Graduation Ye Additional Information:	ars:	\$1 	to	;	to	; 20	005 <b>to</b>	CURRENT	
Listed on appr	oved list by C	Californi	a Med	lical Board:		•	YES	○ NO	
The total num	The total number of graduates from this medical school who are licensed by the Oklahoma Board:								
O 0	<b>(</b> ) 1		0	2	<b>3</b>		O 4	<u> </u>	

Type

Number

Name

MD 43655

MIRAZIZ ISMOILOV

MEDICAL DOCTOR

Practice Address:

May 02, 2024

Status:

Res: TR

Res: IR

Received: 04/21/2024 Entered: 04/21/2024

Temp Issued:

Temp Expires:

Train Issued:

Train Expires:

Fed Rec:

AMA Rec:

**Board Action:** 

License #: 43655

Sex: M

Ethnic Origin: 1

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts				
Test 1	: USMLE 3	PASS	01/20/23	5/22/24	1				
Test 2	: USMLE 2	PASS	02/24/22	5/22/24	1				
	USMLE 1	PASS	03/07/21	5/22/24	1				
	Note: PASS means higher than 75								

Test AV: Total Possible:

Okla Passing:

**Total Score:** 

## PRE-MED EDUCATION

School Name: TURSUNHODJAEVA TASHKENT MEDICAL COLLAGE

City: TASHKENT

Degree: MEDICAL NURSE

State:

Country: UZBEKISTAN

From: 9/2010 To: 7/ 2013 Verified:

## MEDICAL SCHOOL EDUCATION

Name: Tashkent Medical Academy, Tashkent, Uzbekistan (since 2005)

Foreign Name:

City: Tashkent

State/Country: Uzbekistan

Degree: GENERAL PRACTIT From: 9 / 2014 To: 4 / 2020 Diploma Ver'd:

Y

Type

Number

Name

MD 43655 MIRAZIZ ISMOILOV

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: NUCLEAR MEDICINE

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Verified:

From: 7 / 2024

To: 1

ACGME Ver'd:

Comments:

Facility:FLORIDA ATLANTIC UNIVERSITY

Specialty: GENERAL SURGERY

Res. Fellowship:

City: BOCA RATON

State:FL

Country: UNITED STATES OF AN

Verified: ACGME Ver'd:

From: 7 / 2023

To: 6/2024

Comments:

Facility: TASHKENT MEDICAL ACADEMY

Specialty: DIAGNOSTIC RADIOLOGY

Res. Fellowship:

City: TASHKENT

State:

Country: UZBEKISTAN

Verified:

Waived

From: 9 / 2020

To: 9/2022

ACGME Ver'd:

Comments:

PRACTICE HISTORY

**Employed: NONE** 

Supervisor:

City: TASHKENT

State: Country: UZBEKISTAN

Specialty: PREPARATIO FUR USMLE EXAMS

From: 9/2022 To: 7/2023 Verified:

Comments:

**Employed: NONE** 

Supervisor:

City: TASHKENT

State:

Country: UZBEKISTAN

Specialty: PREPERATION FOR USMMLE STEP 1 From: 4/2020 To: 9/2020 Verified:

Comments:

**Employed: NONE** 

Supervisor:

City: TASHKENT

State:

Country: UZBEKISTAN

Specialty: PREPARATION FOR MEDICAL

From: 9/2013 To: 9/2014 Verified:

SCHOOL EXAMS

Comments:

Other Licenses State Lic Type and Number Status Verif Issued Exp **RESIDENT TRN38185** 6/13/23 6/30/25 4/15/24

Type

Number

Name

MD 43655

MIRAZIZ ISMOILOV

MEDICAL DOCTOR

## **DEFICIENCIES**

Application Instructions

OTHER DEFICIENCIES: CAN NOT ACCEPT FORM2 BEFORE THE COMPLETION OF THE PROGRAM/ USMLE EXAMS WILL RELFECT INCOMPLETE AND INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE

PostGrad - Form 2 FLORIDA ATLANTIC UNIVERSITY

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

# Oklahoma State Board of Medical Licensure and Supervision PAGE 311 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/21/2024

## Foreign Graduate

Applicant Name: ISMOILOV, MIRAZIZ

MD 43655

Date Of Birth:

COLLAGE

Place Of Birth (City, State): TASHKENT, UZBEKISTAN

Sex: M Race: Caucasian

Education Type Name ST Country Veri City Degree Comments From To UG TURSUNHODJA **TASHKENT** UZBEKISTAN 9/2010 7/2013 MEDICAL NURSE **EVA TASHKENT MEDICAL** 

Medical School NameCityState CountryCommentsFromToTashkent Medical Academy,<br/>Tashkent, Uzbekistan (since 2005)Tashkent<br/>UzbekistanUzbekistan9/20144/2020

Post-Graduate							
Facility	City	St	Country	Specialty	Comments	From	То
FLORIDA ATLANTIC UNIVERSITY / GENERAL SURGERY	BOCA RATON	FL	UNITED S'	GENERAL SURGERY		7/2023	6/2024
TASHKENT MEDICAL ACADEMY	TASHKENT		UZBEKIST	DIAGNOSTIC RADIOLOGY		9/2020	9/2022

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

Other/	Out-Of-State Li	censes					
State	License #	Profession		Status	Issue Date	Exp Date	
FL	TRN38185			U	6/13/23	6/30/25	
MD Ex	am						
Exam		State	Score	Date Taken	#_	4	
USMLE	≣			333.10	30		

# Oklahoma State Board of Medical Licensure and Supervision PAGE 312 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

## Received:04/21/2024

## Foreign Graduate

	stions Answered 04/20/2024	Response
١.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
<b>.</b>	Have you ever surrendered a license or had any adverse action taken against any narcotic permit (state or federal)?	N
	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
).	Have you ever been denied or had removed or suspended hospital staff privileges?	N
	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
<b>;</b> .	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, or training program?	N
	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
	Have you been reported to the National Practitioner Data Bank (NPDB)?	N
(.	Has your application for a professional license been denied?	N
۸.	Have you surrendered a license or had a license revoked?	N
1.	Has any disciplinary action been taken on any license?	N
).	Have you been the subject of a review by a professional licensing/regulatory agency, other than the Oklahoma State Board, based on a complaint filed against you?	N
	Have you ever been arrested or convicted of a felony or misdemeanor, or are charges currently pending against you?	N
J.	Are you or your spouse currently on Active Duty in the U.S. Armed Forces?	N
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 PAGE 313 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/21/2024

Foreign Graduate

If licensed, where do you intend to locate?
FL
Why do you seek Licensure in the state of Oklahoma?
Other: Nuclear Medicine Residency 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: Nuclear Medicine
If so, Please identify with which category: Hospital
Name of Previous Carrier and Policy Holder n/a
Name of Current Carrier and policy Holder Florida Atlantic University College of Medicine Self-Insurance 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 20, 2024: (Signed Online)



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

Send this form to:

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

I, the undersigned, being duly sworn, hereby certify under outh 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 processor 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 exery 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 bereby 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.



the presence of a notary)

## Miraziz Ismoilov

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

5|21|24 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 Broward 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) corprajing the applicant's signature made by my presence on this form with the signature on his/bee identifying document.

The statements on this document

by the applicant on this Zlay of May

Notary Public Signature

My Notary Commission Expires 9/17/24

STACY MERRITT IAY COMMISSION # HII 43972 EXPIRES: September 17, 2024

RECEIVED 5/21/2024 T43655 SJ



## 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: 05/21/2024

Examinee:

Ismoilov, Miraziz

Examinee ID: 1-057-905-0 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 03/07/2021	Pass/Fail Pass	Score 250	Minimum Pass (194)	Comments
USMLE ST	TEP 2			
Clinical Know	eledge (CK)			
<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments
02/24/2022	Pass	245	(209)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
01/20/2023	Pass	226	(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.

OKLAHOMA STATE BOATO OF





# 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: Ismoilov, Miraziz

Examinee ID: 1-057-905-0

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

## RECEIVED

APR 18 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE

Form 1 (MD)

# Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org

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

PRIMARY SOURCE

	itution: Tashkent Medical Academy City/State Tashkent, Uzbeki	stan	
Dur	records indicate that the above named applicant attended your medical school on the following	dates:	
ror	m 09 /01 /2014 To 04 /01 /2020		
	Month Day Year Month Day Year		
Awa	arded degree of General Practitioner on 04 / 17 / 2020		
	Month Day Year		
1.	Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her medical education? If yes, please explain.	☐ YES	MN
2.	Does this individual's official record reflect that he/she was ever placed on academic or disciplinary probation during his/her medical education? If yes, please explain.	☐ YES	MN
3.	Does this individual's official record reflect that he/she was ever the subject of negative reports for behavioral reasons or an investigation by the medical school or parent university? If yes, please explain below.	☐ YES	₩ 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	☐ YES	₩ No
	Does this individual's official record reflect that there were any limitations or special requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below	□ YES	NZ NC
Ple	requirements imposed on the individual because of questions of academic incompetence,		v⊠ no
Ple	requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below case explain any "YES" response from above:  mpletion of the following is certification that the information above is an accurate account of the		v⊠ NC
Con rec Nai	requirements imposed on the individual because of questions of academic incompetence, disciplinary problems, or any other reason? If yes, please explain below case explain any "YES" response from above:  Impletion of the following is certification that the information above is an accurate account of the cords and are true and correct.	is Individ	v⊠ no

Revised 03/2024





Form 2 (MD)

Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105 ~ (405) 962-1470

**PRIMARY SOURCE** 

# Email form to: Licensing@okmedicalboard.org This form must be completed and sent directly to the Board by the training institution

**Verification of Graduate Medical Education** 

nstitution: Tashkent Medical Academy	City/S	tate Tashl	kent/ Uz	bekista	n
raining Level: e.g. 1, 2, 3, etc.) Specialty/Subspecialty Diagnostic Radio	ology	From:	09/01/	2020 To:	09,01
Internship Residency Chief Residency Fellowship		Successfully Completed? e of these	₩ YES	□ ио	☐ IN PROGRE
raining Level: e.g. 1, 2, 3, etc.) Specialty/Subspecialty		From:	, ,	To:	11
Internship    Residency    Chief Residency    Fellowship	□ Research	Successfully Completed?	☐ YES		☐ IN PROGRES
raining Level: e.g. 1, 2, 3, etc.) Specialty/Subspecialty		From:	, ,	To:	11
1 Internship □ Residency □ Chief Residency □ Fellowship	□ Research	Successfully Completed?	□ YES	Luz	☐ IN PROGRES
raining Level: e.g. 1, 2, 3, etc.) Specialty/Subspecialty  Internship	□ Research	From: Successfully Completed?	/ / □ YES	200	/ /
Did this individual ever take a leave of absence or break	from his/her	training?		☐ YE	s Ø NO
2. Was this individual ever placed on probation?				☐ YE	S NO
<ol> <li>Was this individual ever disciplined or placed under inventor</li> </ol>	estigation?			☐ YE	S NO
<ol> <li>Were there any negative reports for behavioral reasons</li> </ol>				☐ YE	S IZ NO
<ol> <li>Were any limitations or special requirements placed up questions of academic incompetence, disciplinary probl</li> </ol>				□ YE	s D'No
lease attach separate document for "YES" response(s) from	above				
ompletion of the following is certification that the Information of the following is certification that the Information is true and correct. The signature line must contain the or					
ame: Munojat Ismailova	Signature	Munojat	Ismail.	ova	
tle of gnatory: Program director	Signature D	ate 04/10	/2024		
ghatory: Program director					

143655



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

Issue Date: 21 May 2024

STATE BOARD OF LICENSURE & SUPERVISION To:

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

## **ECFMG® CERTIFICATION STATUS REPORT**

USMLE®/ECFMG Identification Number: 1-057-905-0

Applicant's Name: Miraziz Ismoilov

Applicant's Date of Birth:

ECFMG Certified Yes

Certificate Issue Date: 03 Oct 2022 English Test Valid Through: 31 Dec 2025

Clinical Skills Assessment Valid Through: 31 Dec 2025

Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	07 Mar 2021	*	*
USMLE Step 2 CK	24 Feb 2022	*	*

## 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: Tashkent Medical Academy Faculty of Medicine Tashkent, Tashkent, UZBEKISTAN

Degree Year: 2020

Medical Education Credentials Statust: Complete

## How to Verify the Authenticity of this Report:

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

## Report Verification Code: F7L83T0W6G

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

\* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

Since July 1986. ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

## Important Note:

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

Form 282 B - 6/22

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

037

#### Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



PRIMARY SOURCE

Ron DeSantis Governor

Joseph A. Ladapo, MD, PhD State Surgeon General

Vision: To be the Healthiest State in the Nation

April 9, 2024

Oklahoma State Board Of Medical Licensure And 101 Ne 51St Street Oklahoma City, OK 73105

RE: License Certification for Miraziz Ismoilov

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health:

Registration For Resident/hse Physician PROFESSION:

LICENSE NUMBER: TRN38185 ORIGINAL CERTIFICATION: 06/13/2023 **EXPIRATION DATE:** 06/30/2025 **CURRENT STATUS OF LICENSE:** CLEAR, Active

AGENCY ACTION: No LICENSE GRANTED BY: N/A

OTHER CERTIFICATIONS:

To expedite the verification process, the above format is the standard format for all license certifications. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Dweadyn B. Freeman

Gwendolyn B. Freeman Operations and Management Consultant Manager

RECEIVED 4/15/2024

Florida Department of Health

Division of Medical Quality Assurance Bureau of Operations 4052 Bald Cypress Way, Bin C10 · Tallahassee, FL 32399-3251 PHONE: (850) 488-0595 • FAX: (850) 245-4791



## OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION 101 NE 51" STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470

Email form to: Licensing@okmedicalboard.org

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

Full Legal Name: Mir.	aziz			Jsmoilov	
	First		Middle	last	Maiden (if applicable)
Malling Address:					
ALC: NO PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TO PERSON NAME		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)

five years) citizens) irth (DS1350) (issued by the Department of State court, or through administrative naturalization nent certificate issued when the N-550 has been citizenship through a parent; the N-561 is a s name has been changed) citizens living near the Canadian or Mexican arruary 1974) n of the U.S. who was born in the Northern in (This is given to an individual born outside the 350); ifying U.S. citizen members of the Texas Band of
irth (DS1350) (issued by the Department of State court, or through administrative naturalization nent certificate issued when the N-550 has been citizenship through a parent; the N-561 is a sname has been changed) is citizens living near the Canadian or Mexican cruary 1974) in of the U.S. who was born in the Northern in (This is given to an individual born outside the 350);
court, or through administrative naturalization nent certificate Issued when the N-550 has been citizenship through a parent; the N-561 is a s name has been changed) citizens living near the Canadian or Mexican gruary 1974) of the U.S. who was born in the Northern (This is given to an individual born outside the 350);
nent certificate Issued when the N-550 has been citizenship through a parent; the N-561 is a s name has been changed) citizens living near the Canadian or Mexican cruary 1974) of the U.S. who was born in the Northern (This is given to an individual born outside the 350);
's name has been changed) is citizens living near the Canadian or Mexican iruary 1974) n of the U.S. who was born in the Northern in (This is given to an individual born outside the 350);
ruary 1974) n of the U.S. who was born in the Northern n (This is given to an individual born outside the 350);
n (This is given to an individual born outside the 350);
350);
lfying U.S. citizen members of the Texas Band of
ormation contained in this application and a re true and correct.  Date 04/09/2024
NOTARY SEAL

RECEIVED 4/12/2024 T43655 SJ

Name:	Miraziz Ismoilov	Application #	#43655	
DOGGLER DO	WINGELE TOTTONOV	[2] T. P. O. C. S. C.	11 10000	

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							
Start Month	Start Year	End Month	End Year	Name of Institution	City	State De	gree
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-				21 2	024		
				MAY 21 2			
				OKLAHOMA STATE I MEDICAL LICEN AND SUPERVI	SURE SION		
WORK	HISTO	RY					
Start Month	Start Year	End Month	End Year	Name of Employer	City	State John Tit	
OTHER	R ACTIV	/ITY					
Start Month	Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at ho	me parent, etc.)	City	State
09	2013	09	2014	Preparation for medical sch	ool exams	Tashken	Uzbekista
09	2022	07	2023	Preparation for USMLE	exams	Tashken	Uzbekista
04	2020	09	2020	Preparation to USMLE	Step 1	Tashker	† Uzbekista
				40-			



## 3. TA'LIM DARAJASI HAQIDA MA'LUMOTLAR/INFORMATION ON THE LEVEL OF EDER CHEN VIDIO

3.1 Ta'lim darajasi/Level of education

Bakalavr / Bachelor

MAY 2 2 2024

OKLAHOMA STATE BOARD O

3.2 Ta'limning kunduzgi shakli bo'yicha dasturni o'zlashtirish muddati/Length of full-time programme/IEDICAL LICENSURE
AND SUPERVISION

6 Yil / 6 Year

3.3 Oʻqishga kiruvchilarga qoʻyiladigan talab(lar)/Admission requirement(s)
Oʻrta (toʻliq) umumiy ta'lim yoki oʻrta maxsus, kasb-hunar ta'limi toʻgʻrisidagi davlat tomonidan tasdiqlangan namunadagi diplom va kirish sinovlaridan muvaffaqiyatli oʻtish. / Successful completion of a state-approved sample diploma and entrance examinations for secondary (full) general education or secondary special, vocational education,

## 4. TA'LIMNING MAZMUNI VA ERISHILGAN NATIJALAR HAQIDA MA'LUMOTLAR / INFORMATION ON THE CONTENTS OF STUDY AND GRADES OBTAINED

4.1 Ta'lim shakli/Type of study Kunduzgi / Full time education

#### 4.2 Ta'lim dasturining taysifi/Curriculum description

Davolash ishi ta'lim yoʻnalishi boʻyicha bakalavrlar tayyorlovchi oliy ta'limning oʻquv reja va fan dasturi asosida amalga oshiriladi, uning nazariy və amaliy məshqʻulotlərini toʻliq oʻzlashtirgan, yakuniy dəvlət attestatsiyəsidən muvaffəqiyətli oʻtgan shaxsga «bakalavr» malakasi (darajasi) hamda oliy ma'lumot to'q'risidagi davlat namunasidagi rasmiy hujjat(lar) beriladi. O'zlashtirish me'yoriy muddati - 6 yil. Sog'ligni saglashni birlamchi tizimida tibbiy faoliyatni tashkil etish; aholi salomatligini muhofaza qilish va sogʻlom turmush tarzini targʻibot qilish; aholi orasida keng tarqalgan oʻtkir va surunkali kasalliklar boʻyicha barcha turdagi profilaktik chora-tadbirlarni ishlab chiqish va tadbiq etish; yuqumli kasalliklarni oldini olish va epidemiya, pandemiya sharoitida zarur bo'lgan chora - tadbirlarni ishlab chiqish hamda amalga oshirish; shoshilinch yordam ko'lami bo'yicha zarur nazariy va amaliy bilimlarga ega bo'lish hamda amaliyotda qo'llash; tibbiyot sohasida dolzarb bo'lgan kasalliklar hamda muommolar bo'yicha zamonaviy maslumot, bilimlarga ega bo'lish va faoliyati davomida ular to'g'risidagi malumotlar bilan muntazam tanishib borish ya qo'llash; aholi orasida keng tarqalgan kasalliklar bo'yicha zamonaviy tashxislash ya dayolash standartlarini maqsadga yoʻnaltirilgan holda amaliyotda qoʻllash; dispanserizatsiya va reabilitatsiya choralari talab qilinadigan holatlarda, ularni aholiga zarur boʻlgan darajada qoʻllash chora-tadbirlarini oʻz vaqtida amalga oshirish; aholini ijtimoiy muhofaza qilishda uning uchun masul boʻlgan tashkilotlar bilan hamkorlikda mavjud resurslardan unumli foydalanish; sogʻliqni saqlash birlamchi tizimining mehnat resurslaridan oqilona foydalanish va ularni samarali boshqarishda ishtrok etish; tibbiyot sohasida dolzarb boʻlgan muommolar boʻyicha ilmiy-tadgiqot faoliyati va innovatsion loyihalarni talab darajasida olib borishda ishtrok etish. Davolash ishi bakalavriat ta'lim yo'nalishi o'quv rejasi va fanlar dasturlari umumiy o'rta va o'rta maxsus, kasbhunar ta'limi bilan uzluksizlik va uzviylik ta'minlanishini inobatga olgan holda ishlab chiqilishi va talabalarning quyidagi majburiy fanlar bloklarini oʻzlashtirishini nazarda tutishi zarur: gumanitar va ijtimoiy-iqtisodiy; matematik va tibbi-ilmiy umumkasbiy, ixtisoslik; qo'shimcha. Kasb faoliyati Ko'nikmalarini eqallash uchun malaka amaliyotlari o'tilishi nazarda tutilishi shart. / General medicine is carried out on the basis of the curriculum and subject program of higher education, which prepares bachelors in the field of education, to a person who has fully mastered its theoretical and practical training, successfully passed the final state certification "Bachelor" qualification (degree) and an official document (s) of the state standard on higher education. The standard development period is 6 years. Organization of medical activities in the primary health care system; protection of public health and promotion of healthy lifestyles; development and implementation of all types of preventive measures for acute and chronic diseases common among the population; development and implementation of measures necessary for the prevention of infectious diseases and epidemics, pandemics; have the necessary theoretical and practical knowledge in the field of emergency care and apply it in practice; to have up-to-date information and knowledge on current diseases and problems in the field of medicine, and to regularly review and apply information about them during their work; targeted application of modern standards of diagnosis and treatment of common diseases in the population; in cases where dispensary and rehabilitation measures are required, timely implementation of measures to apply them to the needs of the population; effective use of available resources in cooperation with the organizations responsible for social protection of the population; rational use of labor resources of the primary health care system and participation in their effective management: Participate in research activities and innovative projects on current issues in the field of medicine. The curriculum and subject programs of the general medicine bachelor's degree program should be developed taking into account the continuity and continuity of general secondary and secondary special, vocational education, and the following compulsory subject blocks for students, should include: humanitarian and socio-economic; mathematical and medical-scientific, general; specialization, e.t.r. Internships are required to acquire professional skills.

#### ISMOILOV MIRAZIZ XUSAN O'G'LI / ISMOILOV MIRAZIZ

Talabaning F.I.O./Student full name

4.3 Ta'lim dasturini o'zlashtirish natijalari haqida ma'lumotlar/Programme details and grades obtained

T/p	Fan (modul)ning noml / Name of the course (module)	Soatlarning umumly miqdori / Total hours in the curriculum	Baholash/Grade (reyting, ball, kredit, baho / rating, score, credit mark)
1	Oʻzbekiston tarixi / History of Uzbekistan	114	80.94 / 71
2	Huquqshunoslik, O'zbekiston Respublikasi Konstitutsiyasi / Jurisprudence, Constitution of the Republic of Uzbekistan	114	82.08 / 72
3	Falsafa (etika, estetika, mantiq) / Philosophy (ethics, aesthetics, logic)	170	134.30 / 79
4	Ma'naviyat asoslari. Dinshunoslik / Basics of spirituality. Religious studies	86	65.36 / 76
5	Madaniyatshunoslik / Cultural studies	58	41.18/71
6	lqtisodiyot nazariyasi / Theory of economy	114	85.50 / 75
7	Sotsiologiya / Sociology	58	42.92 / 74
8	Pedagogika. Psixologiya / Pedagogy, Psychology	85	65.45 / 77
9	Milliy g'oya: Asosiy tushuncha va tamoyillar / National ideology: Fundamental concepts and principles	58	44.08 / 76
10	Fuqarolik jamiyati. Oʻzbekistonda demokratik jamiyat qurish nazariyasi va amaliyoti / Civil Society. Theory and practice of democratic society formation in Uzbekistan	54	41.04 / 76
11	O'zbek (rus) tili / Uzbek (Russian) Language	114	93.48 / 82
12	Chet tili / Foreign language	397	347.38 / 88
13	Jismoniy madaniyat va sport / Physical training and sport	226	169.50 / 75
14	Informatika va axhorot texnologiyalari / Informatics and Information technology	168	131.04 / 78
15	Tibbiy biologiya va genetika / Medical biology and genetics	168	131.04 / 78
16	Biofizika / Biophysics	106	87.98 / 83
17	Tibbiy texnika va yangi tibbiyot texnologiyasi / Medical equipment and new medical technologies	42	30.24 / 72
18	Tibbiy kimyo / Medical chemistry	194	159.08 / 82
19	Biologik kimvo / Biological chemistry	194	161.02 / 83
20	Lotin tili va tibbiy-farmatsevtik terminologiya asoslari / Latin and medical pharmaceutical terminology	84	63.84 / 76
21	Odam anatomiyasi / Human anatomy	298	220.52 / 74
22	Gistologiya, embriologiya, tsitologiya / Histology, embryology, cytology	194	147.44/76
23	Normal fiziologiya / Normal physiology  Mikrobiologiya, virusologiya va immunologiya / Microbiology, virology and immunology	194	153.26 / 79
25	Gigiyena va ekologiya, Harbiy gigiena / Hygiene, and ecology, MH	194	153.26 / 79 86.24 / 77
26	Patologik fiziologiya / Pathological physiology	170	129.20 / 76
27	Patologik anatomiya, Seksion biopsiya / Pathological anatomy, Sectional biopsy	194	148.80 / 77
28	Sud tibblyoti va tibbiyot huquqi / Forensic medicine, medical law	85	64.60 / 76
29	Farmakologiya / Pharmacology	228	173.28 / 76
30	Jamoat salomatligi va sogʻliqni saqlashni boshqarish / Public Health and Health Management	230	172,50 / 75
31	Epidemiologiya, Harbiy epidemiologiya / Epidemiology, ME	86	63.64 / 74
32	Shifokor va bemor / Doctor and patient	58	41.47 / 72
33	Ichki kasalliklar propedevtikasi / Propaedeutics of internal diseases	258	198.66 / 77
34	Ichki kasalliklar / Internal illnesses	372	308.76 / 83
35	Ptiziatriya / Phthisiology	86	69.66 / 81
36	Xalq tibbiyoti, shifokor nazorati, davolovchi jismoniy tarbiya va fizioterapiya / Traditional medicine, medical supervision, Healing fitnessand Physiotherapy	172	135.02 / 79
37	Endokrinologiya / Endocrinology	86	69.66 / 81
38	Gematologiya va harbiy dala terapiyasi. Laboratoriya ishi / Hematology and military therapy. Laboratory Science	144	117.65 / 82
39	Kash kasalliklari / Occupational diseases	86	68.80 / 80
40	Klinik farmakologiya / Clinical pharmacology	172	144,48/84
41	Yugumli kasalliklar. Bolalar yugumli kasalliklari / Infectious diseases. Children's infectious diseases	259	201.24/78
42	Teri tanosil kasalliklari, OITS / Dermatovenerolgic diseases, AIDS	86	70.52 / 82
43	Asab kasalliklari / Neurology	172	137.60 / 80
44	Psixiatriya va narkologiya. Tibbiyot psixologiya / Psychiatry and narcology. Medical psychology	216	170.64779
	Bolalar kasalliklari. Neonatologiya / Pediatrics Neonatology	515	386.25 / 75
45			
45	Nur diagnostikasi va terapiyasi / Radiation diagnostics and therapy	58	43.50/75
45 47	Nur diagnostikasi va terapiyasi / Radiation diagnostics and therapy Tibbiy genetika / Medical genetics	56	43.68 / 78
45	Nur diagnostikasi va terapiyasi / Radiation diagnostics and therapy		

51	Xirurqik kasalliklar / Surgery diseases	360	262.80 / 73
52	Akusherlik va ginekologiya / Obstetrics and gynecology	232	199,52/86
53	Xalokat tibbiyoti / Emergency Medicine	54	40.50/75
54	Sheshilinch holatlar. Tez tibbiy yordam / Emergency conditions. Emergency	90	72.00 / 80
55	Neyrojarrohlik / Neurosurgery	58	47.56 / 82
56	Bolalar jarrohligi / Pediatric surgery	102	80.58 / 79
57	Urologiya / Urology	58	46.98 / 81
58	Travmatologiya va ortopediya. Harbiy dala jarroxligi, Bolalar travmatologiyasi / Traumatology and orthopedics. VFS Pediatric traumatology	193	144.75 75
59	Onkologiva, Belalar onkologiyasi / Oncology, Pediatric oncology	140	107.10/77
60	Anesteziologiya va reanimatsiya / Anesthesiology and intensive care	56	48.16 / 86
61	Otorinolaringologiya, stomatologiya / Otorhinolaryngology, Dentistry	204	162.18/80
62	Oftalmologyya / Ophthalmology	120	88.80 / 74
63	Tanlov faniari / Selected Items	340	250.58 / 74
64	ixtisoslik fani - Ichki kasalliklar, Reabilitologiya / Subject of speciality - Internal illnesses, Rehabilitology	540	442.80 / 82
65	Ixtisoslik fani - Xirurqik kasalliklar / Subject of speciality - Surpical diseases	309	225.57 / 73
66 -	ixtranslik fani - Akusherlik va ginekologiya / Subject of speciality - Obstetrics and gynecology.	307	264.02 / 86
490	JAMI / TOTAL	10978	8596.29 / 78.30
10	Kurs Ishlari / Coursework	A LANGE LANGE	CONTRACTOR OF
600	Malakaviy amaliyot / Qualification practice	The state of the state of	CONTRACTOR AND
1	Malakaviy amaliyot-1 / Qualifying practice-1	72	86/119
2	Malakaviy amaliyot-2 / Qualifying practice-2	72	72 / 100
3	Malakaviv amaltyot-3 / Qualifying practice-3	144	80 / 56
4	Malakaviy amaliyot-4 / Qualifying practice-4	180	86 / 48
5	Malakaviy amaliyot-5 / Qualifying practice-5	144	807.56
6	Malakaviv amaliyot-6 / Qualifying practice-6	72	79 / 110
De la Co	Yakuniy davlat attestatsiyalari / Final state attestation	Mary Linday Plant	OF STREET
1	Chet tili / Foreign language	AND COMMENCES	74/0
2	Gumanutar va litimoly-iqtisodiy fanlar / Humanities and socio-economic sciences	THE REAL PROPERTY.	8670
3	Yo'nalish fanlaridan integratsiyalashgan Davlat attestatsiyasi / Integrated State Certification in Field sciences	TYPE OF THE	91.2/0
Jan 1	Bitiruv malakaviy ishi (magistriik dissertatsiyasi) / Graduation qualification work (master's) dissertation		C'artestant

4.4 Oliy ta'lim muassasasida baholash tizimi/Grading system at higher education institution Compledy bishaleds (regroup) attention of Bishales: "1976-103 b., "yatchir (7)-35 b.), "emiqentir (35-70 b.), "consquentir (34 bishala kemi) Oque regoding Inalianing 86 % "2" or "quipalinidan "yatchir", yakung deviat attencatiyandan "a" be "a bishala kemid open regoding system as used; "recellert (94-10), "good" (7)-85 b.), "tentifactory (55-70) yakung deviat attencatiyandan "a" be "a bishala kemid open regoding system as used; "recellert (94-10), "good" (7)-85 b.), "tentifactory (55-70) yakung deviat attencatiyandan "a" be "a bishala kemid open regoding system as used; "recellert (94-10), "good" (7)-85 b.), "tentifactory (55-70) yakung deviat attencatiyandan "a" be "a bishala kemid open regoding tentifactory (55-70) yakung deviat attencatiyandan "a" bishala kemid open regoding tentifactory (55-70) yakung deviat attencatiyandan "a" bishala kemid open regoding tentifactory (55-70) yakung deviat attencatiyandan "a" bishala kemid open regoding tentifactory (55-70) yakung deviat attencatiyandan "a" bishala kemid open regoding tentifactory (55-70) yakung deviat attencatiyandan "a" bishala kemid open regoding tentifactory (55-70) yakung deviat attencatiyandan "a" bishala kemid open regoding tentifactory (55-70) yakung deviat attencatiyandan "a" bishala kemid open regoding tentifactory (55-70) yakung deviat attencatiyandan "a" bishala kemid open regoding tentifactory (55-70) yakung deviat attencative (55-70) yakung de

4.5 Diplom haqida qo'shimcha ma'lumotlar/Additional information to the degree

#### 5. DIPLOM BILAN BERILADIGAN HUQUQ VA IMTIYOZLAR / RIGHTS AND PRIVILEGES PROVIDED BY THE DEGREE

- 5. Benilgan inutaxassislik maqistraturada oʻqishiri dayoni ettirish imkonini beradi / The qualification conferred gives the right to continue education in Master's programme
- 5.2 Kasbga oid huquqiy maqomi/Professional status Berilgan mutaxassishk ta'lim darajasi va malakaga muvofiq kasbiy faoliyat yuritish (ishga joylashish) huquqini beradi / The qualification conferred gives the right to be employed in positions according to the level of education and qualification

6. OO'S HIMCHA MA'LUMOTTE RADDITIONAL IRFORMATION
OTHER THOMPOT ASSOCIATION RESIDENCES FOR ADDITIONAL IRFORMATION RESIDENCE FOR ADDITIONAL IRFORMATION RESIDENCES FOR ADDITIONAL IRFORMATION RESIDENCES FOR ADDITIONAL IRFORMATION RESIDENCE dekahrdagi OT N55000012 seriyali davlat akkreditarsiyasi haqidagi sertifikat 11-son bilan berilgan. / The Tashkent Medical Academy has been awarded the State Accreditation Certificate of 5000012 series No. 71 dated December 18, 2019, Issued by the State Inspectorate for Education Quality Control under the Cabinet of Ministers of the Republic of Uzbekistan.

IMZO VA MUHR / SIGNATURE AND SEAL



Diplomga ilova/Diploma supplement B 00050099

Ro'yxat raqami/ Registration number 15341

Berilgan vaqti/ Date of issue 17.04.2020

O'ZBEKISTON RESPUBLIKASI REPUBLIC OF UZBEKISTAN



No B 00050099

## DIPLOMGA ILOVA

## DIPLOMA SUPPLEMENT

(diplomsiz ilova haqiqiy hisoblanmaydi/not valid without diploma about the degree)

2 Farobiy str., Tashkent 100109

Oliv ta'lim muassasasining rekvizitlari: pochta manzili, shahar, ko'cha, uy raqami, telefonlari, elektron pochta manzili

100109 Toshkent sh., Farobiy ko'chasi-2

Requisites of higher education institution: postal address, city, street, house number, telephone number, e-mail address +998 78 150 7828 info@tma.uz

www.tma.uz

1. DIPLOM SOHIBI HAQIDA MA'LUMOTLAR / INFORMATION ABOUT THE DEGREE HOLDER

1.1 Familiyasi/Surname

1.2 Ismi, otasining ismi/Name, other name

ISMOILOV / ISMOILOV

MIRAZIZ XUSAN O'G'LI / MIRAZIZ

1.3 Tugʻilgan sana/Date of birth 1.4 Talabaning identifikatsion raqami va kodi/ Student's identification number and code

31709950330037

- 1.5 Avvalgi ta'lim haqida hujjat/Previous education document 2010 - 2013, M.S. Tursunxojaveva nomli tibbiyot kolleji, K 3181464 / 2010 - 2013, the Tashkent Medical collage after M.S.Tursunkho' jayeva, K 3181464
- 2. MALAKASI HAQIDA MA'LUMOTLAR / QUALIFICATION
- 2.1 Malakasining (darajasining) nomi, berilgan sanasi/Qualification, date of issue Bakalavr, 17.04.2020 / Bachelor, 17.04.2020

Daylat attestatsiya komissiyasining qarori/Decision of the State Attestation Commission 16.04.2020

- 2.2 Ta'lim yo'nalishi, mutaxassisligi/Field of study, specialization 5510100 - Davolash ishi / 5510100 - General medicine
- 2.3 Kvalifikatsiyasi/Qualification Umumiy amaliyot shifokori / General practitioner
- 2.4 Diplom bergan oliy ta'lim muassasasining nomi, tashkiliy-huquqiy shakli, ta'lim muassasasining turi/Awarding institution Davlat / State
- 2.5 Avval tahsil olgan oliy ta'lim muassasasining nomi va tashkiliy-huquqiy shakli. o'qitish davri/Former Institution administered studies
- 2.6 Ta'lim (imtihon) til(lar)i/Language(s) of instruction (examination) Rus/Russian

05/02/2024

MIRAZIZ ISMOILOV

RE: MD Application #43655

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP88907601 Password:Last 4 SSN

Dear MIRAZIZ ISMOILOV,

# 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 30 business days</u> for review by a licensing analyst, at which time you may check your updated status online by logging in with the username and password provided above. If you have further questions at that time, you may email the Licensing Staff at licensing@okmedicalboard.org or call (405) 962-1470.

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

Application Instructions

OATH

Time Deficiency Form for: 9/2013-9/2014, 4/2020-9/2020, 9/2022-7/2023 MUST USE TIME DEFICIECNY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: CAN NOT ACCEPT FORM2 BEFORE THE COMPLETION OF THE PROGRAM/ USMLE EXAMS WILL RELFECT INCOMPLETE AND INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE

Exam verification date

Translations

**ECFMG** 

MedSchool-Transcript Tashkent Medical Academy, Tashkent, Uzbekistan (since 2005)

MedSchool-Form 1 Tashkent Medical Academy, Tashkent, Uzbekistan (since 2005)

PostGrad - Form 2 FLORIDA ATLANTIC UNIVERSITY / GENERAL SURGERY

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

**USMLE Exams Incomplete** 

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

Any of the required forms in the list above may be downloaded from our website: http://www.okmedicalboard.org/resources

In order to check on the status of your application, please log on to our web site (www.okmedicalboard.org). Your user name is AP88907601 (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,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

Type Number Name  MD 43363 QUOC BAO NGUYEN						
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/ INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE PostGrad - Form 2 LINCOLN MEDICAL AND MENTAL HEALTH CENTER PROGRAM PostGrad - Form 2 COLLEGE OF MEDICINE OKC						
Last Medical School Attended: 942-02 Hue Univ. Of Medicine and Pharmacy (fmly UNIV OF HUE, FAC OF MED), Hue						
Number of Licenses Previously Granted to Graduates of this Medical School:0						
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 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:	: Hue University of Medicine and Pharmacy								
LOCATION:	Hue, Viet Nam	Hue, Viet Nam							
ALTERNATE NAMES	Trường Đại học Y Dược Huế Hue Medical College (1957 - 2007)								
			SCHOOL	DETAILS					
School type:		Public	SCHOOL	DETAILS					
Year instructio	n started:	1957			****				
Operational sta	atus:	Currently oper	rational						
Additional				1100-000					
information:									
			DDOCDAR	A DETAILS					
Year instructio	n hegan:	1957	PROGRAI	/I DETAILS					
Curriculum du		6 years							
Language(s) of		Vietnamese			48-10-20-00-00-00-00-00-00-00-00-00-00-00-00				
Entrance exam	ı:	O IS REQU	IRED IS	NOT REQUIR	ED ( INFOR	MATION NOT PROVIDED			
Additional			) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A		25-17-17-17-17-17-17-17-17-17-17-17-17-17-				
information:									
			SPONSO	R NOTES					
<b>Graduation Ye</b>	ars:	to	;	to	; 1963	to CURRENT			
Additional									
Information:									
					8				
Listed on anny	avad list by C	`alifornia Ma	dical Board		(A) VES	○ NO			
Listed on appr	oved list by C	California Me	dical Board	l:	( YES	○ NO			
Listed on appr	oved list by C	California Me	dical Board	l:	• YES	○ NO			
					0	NO NO			
The total num	ber of gradua		s medical s	chool who ar	re licensed by t	the Oklahoma Board:			
					0	the Oklahoma Board:			

Type

Number

Name

MD

43363

QUOC BAO NGUYEN

MEDICAL DOCTOR

Practice Address:

March 22, 2024

Status:

Res: TR

Received: 03/21/2024

Entered: 03/21/2024

Temp Issued:

**Temp Expires:** 

Train Issued:

**Train Expires:** 

Fed Rec:

AMA Rec:

**Board Action:** 

License #: 43363

Sex: M

Ethnic Origin: 6

Endorsed By: USMLE

9	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 2	PASS	01/25/21	3/21/24	1
Test 2:	USMLE 1	<b>PASS</b>	05/30/19	3/21/24	1
Test 3:	USMLE 3	PASS	12/09/21	3/21/24	1
	No	e PASS	neans high	er than 75	

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

PRE	-MED	EDU	CAT	ION
-----	------	-----	-----	-----

School Name: HUE UNIVERSITY OF MEDICINE AND PHARMACY

City: HUE

State:

Country: VIETNAM

Degree:

From: 9/2014 To: 10/ 2020 Verified:

School Name: PHAN CHAU TRINH HIGH SHCOOL

City: DANANG

State:

Country: VIETNAM

Degree: DIPLOMA

From:

3/2014 To: 9/2014 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: Hue Univ. Of Medicine and Pharmacy (fmly UNIV OF HUE, FAC OF MED), Hue

Foreign Name:

City: Hue

State/Country: Vietnam

Degree:

From:

8 / 2014

To: 10/2020

Diploma Ver'd:

Y

Type

Number

Name

MD

43363

QUOC BAO NGUYEN

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty:NEUROLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State:OK Country:UNITED STATES

Verified:

From:

7 / 2024

To:

ACGME Ver'd:

Comments:

Facility: LINCOLN MEDICAL AND MENTAL HEALTH

Specialty: INTERNAL MEDICINE

**CENTER PROGRAM** 

Res. Fellowship:

City: BRONX

State:NY

Country: UNITED STATES OF AM

Verified:

From:

712023

To: 6/2024

ACGME Ver'd: Comments:

Type

Number

Name

MD

43363

QUOC BAO NGUYEN

MEDICAL DOCTOR

PRACTICE HISTORY

**Employed: NONE** 

Supervisor:

City: DANANG

State:

Country: VIETNAM

Specialty: UNEMPLOYED

From: 3/ 2023 To: 6/ 2023

Verified:

Comments:

**Employed: NONE** 

Supervisor:

City: MERRILLVILLE

State: IN Specialty: CLINICAL OBSERVERSHIP From: 21 2023 To: 31 2023

Country: UNITED SATES Verified:

Comments:

**Employed: NONE** 

Supervisor:

City: DANANG

Specialty: UNEMPLOYED

State:

Country: VIETNAM From: 91 2022 To: 21 2023

Verified:

Comments:

**Employed: NONE** 

Supervisor:

City: VARIOUS

State:

Country: UNITED STATES

Specialty: CLINICAL OBSERVERSHIPS From: 6/ 2022 To: 9/ 2022

Verified:

Comments:

**Employed: NONE** 

Supervisor:

State:

Country: VIETNAM

Specialty: UNEMPLOYED

City: DANANG

City: VARIOUS

From: 8/ 2021 To: 6/ 2022

Verified:

Comments:

**Employed: NONE** 

Supervisor:

Country: UNITED STATES

Specialty: CLINICAL OBSERVERSHIPS From: 3/ 2021 To: 8/ 2021

State:

Verified:

Comments:

**Employed: NONE** 

Supervisor:

City: DANANG Specialty: UNEMPLOYED

State:

Country: VIETNAM

From: 10/2020 To: 3/2021

Verified:

Comments:

Other Licenses

State Lic Type and Number

Status Issued

Exp

Verif

Type

Number

Name

MD

QUOC BAO NGUYEN 43363

MEDICAL DOCTOR

#### **DEFICIENCIES**

OTHER DEFICIENCIES: NEED FORM 2 AND EVAL UPON COMPLETION OF TRAINING, MUST COME DIRECTLY FROM YOUR PROGRAM/ INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE

PostGrad - Form 2 LINCOLN MEDICAL AND MENTAL HEALTH CENTER PROGRAM

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

# Oklahoma State Board of Medical Licensure and Supervision PAGE 333 of 379

#### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/21/2024

#### Foreign Graduate

Applicant Name: NGUYEN, QUOC BAO

MD 43363



Date Of Birth:

Place Of Birth (City, State): DA NANG, VIETNAM

Sex: M

Race: Asian/Pacific Islander

Educ	ation							
Туре	Name	City	ST Country	From	То	Degree	Comments	Veri
GD	HUE UNIVERSITY OF MEDICINE AND PHARMACY	HUE	VIETNAM	9/2014	10/2020	**	*	- 18 e de 1888

Medical School Name	City	State Country	Comments	From To
UNIV OF HUE, FAC OF MED,	Hue	Vietnam		9/201410/2020
HUE, VIET NAM				

Post-Graduate			2			
Facility	City	St Country	Specialty	Comments	From	То
LINCOLN MEDICAL AND MENTAL HEALTH CENTER PROGRAM	BRONX	NY UNITED S	INTERNAL MEDICINE	9 9	7/2023	6/2024

Practice History		.,			7		
Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
-	7+				1	-	14

Other/ Out-Of-State L	icenses					
State License #	Profession		Status	Issue Date	Exp Date	
MD Exam				and the same of th		
Exam	State S	Score	Date Taken	#		
USMLE						

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

Received:03/21/2024

#### Foreign Graduate

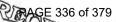
Que	stions Answered 03/20/2024	Response
A.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
B.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N
C.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ē.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
F.	Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?	N
G.	Have you ever been the subject of an investigation, probation or disciplinary action by a hospital, clinic, practice group, training program or professional school?	N
H.	Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?	N
Ī.	Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?	N
J.	Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.)	N
K.	Has your application for examination or a professional license ever been denied?	N
Ĺ.	Have you ever failed any part of a licensure/certification/registration examination?	N
M.	Have you ever surrendered a license or had a license revoked?	N
N.	Has any disciplinary action been taken on any license?	N
Ō.	Have you ever been subject of a review by professional licensing/regulatory agency based on a complaint filed against you?	N
P.	Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations?	N
Q.	Have you ever been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol?	N
R.	Are you now or have you within the past two years been addicted to or used in excess any drug or chemica substance, including alcohol?	l <b>N</b>
S.	Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol?	j 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 APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:03/21/2024

#### 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?
If 'Yes', Name of practice:
If so, Please identify with which category:
Name of Previous Carrier and Policy Holder Lincoln Medical Hospital
Name of Current Carrier and policy Holder Lincoln Medical Hospital
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
Lettest that all the above information is accurate as of March 20, 2024: (Signed Online)





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

#### Send this form to:

# Oklahoma State Board of Medical Licensure and Supply of Oklahoma State Board of Medical Licensure and Supply of 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.



# Quoc Bao Nguyen

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

Quoc Bao Nguyen

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

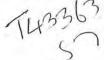
03/25/2024

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	Virginia	, County of	Prince William		X.
by (a) comp	oaring his/her physi affixed hereto, and	cal appearance with the	al named above did appear persor e photograph on the identifying o olicant's signature made by my pro	document presented by the	applicant and with the
The statem	ents on this docume	ent are subscribed and	sworn to before me by the applic	ant on this day of	arch, 20
Notary Pul Notarized remot	olic Signature ety online using communicati	on technology via Proof.	My Notary	Commission Expires	09/30/2026





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

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

SOURCE Date: 03/21/2024

Recipient:

OKLAHOMA STATE BOARD OF

MEDICAL LICENSURE & SUPERVISION

Examinee:

Nguyen, Quoc Bao

Alt Name(s): Nguyen, Bao Quoc

Examinee ID: 1-057-245-1

Date of Birth:

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

USMLE ST	EP 1			
Test Date 05/30/2019	Pass/Fail Pass	Score 225	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	eledge (CK)			
<b>Test Date</b>	Pass/Fail	Score	Minimum Pass	Comments
01/25/2021	Pass	244	(209)	
USMLE ST	TEP 3		. 1.1	
Test Date	Pass/Fail	Score	Minimum Pass	Comments
12/09/2021	Pass	230	(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.

CARGINATION

MAR 2 1 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

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: Nguyen, Quoc Bao

Examinee ID: 1-057-245-1 Date of Birth:

#### INTERPRETATION OF RESULTS

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

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

#### STEP 1 AND STEP 2 CLINICAL SKILLS (CS)

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

#### ANNOTATIONS APPEARING UNDER "COMMENTS"

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

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

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

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

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

#### ANNOTATIONS APPEARING AS "NOTE"

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

#### PHYSICIAN DATA CENTER INFORMATION APPEARING AS "NOTE"

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

03/2015

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

Page 2 of 2 Rev 2018



Form 1 (MD)

**ATTACHMENT 5** 

# Oklahoma State Board of Medical Licensure and Supervision 101 NE 51<sup>st</sup> Street Oklahoma City, OK 73105 ~ (405) 962-1470

Email form to: OKTRAINING@okmedicalboard.org

This form must be completed by the institution and sent directly from the institution!\*\*C

Applicant's Name QUOC BAO NGUYEN Institution: HUE UNIVERSITY OF MEDICINE AND PHARMACY City/State HUE, VIETNAM Our records indicate that the above named applicant attended your medical school on the following dates: /02 / 2020 From 08 To 10 Year Day Month Day Month Year Awarded degree of DOCTOR OF MEDICINE Does this individual's official record reflect (an) interruption(s) or extension(s) in his/her NO NO ☐ YES 1. medical education? If yes, please explain. Does this individual's official record reflect that he/she was ever placed on academic or Z NO ☐ YES 2. disciplinary probation during his/her medical education? If yes, please explain. Does this individual's official record reflect that he/she was ever the subject of negative NO NO ☐ YES 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 NO NO conduct/behavioral reasons by the medical school or parent university? If yes, please explain ☐ YES below Does this individual's official record reflect that there were any limitations or special NO NO ☐ YES 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: Completion of the following is certification that the information above is an accurate account of this individual's records and are true and correct. GUYEN VUQUOCHUY Signature Name: Title of

**Signature Date** 

23 4382 287 3 Fax: E-Mail:

Revised 03/2024

Signatory:

(43363

# HUE UNIVERSITY OF MEDICINE AND PHARMACY

### THE SOCIALIST REPUBLIC OF VIETNAM Independence – Freedom - Handingss



### ACADEMIC TRANSCRIPT

Name: NGUYEN QUOC BAO

Date of birth:

Sex: Male

Register No. 0650/YK.2020

Field of Study: Medicine

Academic course: 2014 - 2020

No.	Course Title	Unit	Credit	Grade	No. Course Title		Unit	Credit	Grade
1	Marxism-Leninism	1	3	6	45	Community practice	1	2	8
2	Biophysics	I	4	5	46	Preclinical medicine	I	2	6
3	Biology	Ï	3	8	47	Health Organization and Management	I	2	6
4	Anatomy	I	3	7	48	Anesthesia & Intensive Care	I	2	7
5	Informatics	1	2	7	49	Radiology	I	3	7
6	Demography	1	2	7	50	Preclinical medicine	II	2	7
7	Marxism-Leninism	II	5	7	51	Obstetrics & Gynecology	I	4	7
8	Chemistry	1	5	6	52	Obstetrics & Gynecology	II	4	7
9	Genetics	1	3	7	53	Pediatrics	I	4	6
10	Anatomy	П	3	8	54	Pediatrics	II	4	7
11	Histology & Embryology	I	4	8	55	Research Methodology	1	2	6
12	Informatics	11	2	9	56	Health Economics	I	2	7
13	Ho Chi Minh Ideology	I	3	5	57	Hematology	I	2	6
14	Parasitology	1	4	7	58	Family Medicine	I	2	6
15	Statistics & Probability	I	3	8	59	Internal Medicine	III	3	6
16	Physiology	I	3	6	60	Internal Medicine	IV	4	9
17	Biochemistry	I	5	8	61	Surgery	I	4	5
18	Nutrition & Food Hygiene	1	3	7	62	Surgery	II	4	8
19		III	4	8	63	Infectious Diseases	1	5	7
20	Medical Psychology & Ethics	1	3	7	64	Traditional Medicine	1	4	7
21	Foreign language	I	5	9	65	Tuberculosis	1	3	7
22	Physiology	II	2	8	66	Odonto-Stomatology	I	3	6
23	The state of the s	I	4	8	67	Otolaryngology	I	3	8
24	Health Information & Education	1	2	8	68	Internal Medicine	V	3	6



TUB363

25	Pathology	I	3	8	69	Pediatrics	III	4	7
26	Basic Nursing	I	3	7	70	Catastrophe Medicine	I	2	6
27	Environmental & Occupational Health	I	3	9	71	Community practice	II	2	9
28	Revolution Lines of Vietnam Communist Party	11	4	5	72	Ophthalmology	I	3	7
29	Pathophysiology and Immunology	II	2	8	73	Dermatology	I	3	7
30	Practical surgery	1	2	5	74	Rehabilitation	1	3	7
31	Physiology	III	2	8	75	Psychiatry	I	3	6
32	Forensic Medicine	I	2	7	76	Neurology	I	3	8
33	National Health Care Program	I	2	5	77	Oncology	I	3	5
34	Basic Internal Medicine	I	4	6	78	Surgery	III	4	7
35	Basic Internal Medicine	II	4	7	79.	Obstetrics & Gynecology	III	4	6
36	Pharmacology	1	5	7	80	Emergency Medicine	I	2	6
37	Biochemistry	II	2	6	81	Internal Medicine	VI	4	7
38	Pathophysiology and Immunology	I	4	7	82	Internal Medicine	VII	4	8
39	Pharmacology	II	2	7	83	Surgery	IV	4	7
40	Epidemiology	I	3	6	84	Surgery	V	4	7
41	Basic Surgery	I	4	7	85	Obstetrics & Gynecology	IV	4	7
42	Basic Surgery	II	4	8	86	Obstetrics & Gynecology	V	4	6
43	Internal Medicine	I	2	6	87	Pediatrics	IV	4	5
44	Internal Medicine	II	4	6	88	Pediatrics	V	4	70
Grad	uation Examination								5
1	Theory of Basic Sciences and Public Health	I	5	5					3C/
2	Clinical Medicine: Theory	I	5	6	1 1/3				
3	Clinical Medicine: Practice	1	5	7.5					
COU	RSE ACADEMIC RE	SUL	TS			R	ECI	DIN	VI RY
	Cumulative GPA:			6.87		TOO IS A TO	DC PR n	0	-
	Course study ranking	10		Average-	Good gr		0	0 2	124
	the state of the s					CNLAHI	DICAL L ID SUPE	ATE	11-

Thua Thien Hue, July 9th, 2021

Professor Nguyen Vu Quoc Huy, M.D., Ph.D.

# SOCIALIST REPUBLIC OF VIETNAM Independence - Freedom - Happiness

#### RECTOR

University of Medicine and Pharmacy, Hue University

has conferred

## THE DEGREE OF DOCTOR OF MEDICINE

MAJOR IN GENERAL MEDICINE

Upon:

NGUYEN QUOC BAO

Date of birth:

Year of graduation:

Degree classification:



Thua Thien Hue, 02 October 2020

Serial number: C 0000650

Reg. No:

0650/YK.2020

# CỘNG HÒA XÃ HỘI CHỦ NGHĨA VIỆT NAM Độc lập - Tự do - Hạnh phúc

HIỆU TRƯỞNG

Trường Đại học Y Dược, Đại học Huế

cấp

BĂNG BÁC SĨ

Y KHOA

Cho:

NGUYĒN QUỐC BÃO

Ngày sinh:

Năm tốt nghiệp:

2020

Hang tốt nghiệp:

Trung bình khá

Thừa Thiên Huế, ngày 02 tháng 10 năm 2020

HIEU TRUÔNG

GS.TS. NGUYEN VŨ QUỐC HUY

Số hiệu: C 0000650

Số vào số cấp bằng:

0650/YK.2020



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

Issue Date: 26 Mar 2024

STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

037

Please include this number on

all requests.

#### **ECFMG® CERTIFICATION STATUS REPORT**

USMLE®/ECFMG Identification Number: 1-057-245-1

Applicant's Name: Quoc Bao Nguyen

Applicant's Date of Birth:

ECFMG Certified: Yes

Certificate Issue Date: 22 Oct 2021

English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

SECRIVED

MAR 2 6 2024

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	30 May 2019	*	*
USMLE Step 2 CK	25 Jan 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: Hue University of Medicine and Pharmacy, Hue, VIET NAM

Degree Year: 2020

Medical Education Credentials Status†: Complete

#### How to Verify the Authenticity of this Report:

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

#### Report Verification Code: H3XOMTBA2R

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

Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

#### Important Note:

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

037

Form 282 B - 6/22

<sup>\*</sup> To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION MAR 25 2024
101 NE 51st STREET OKLAHOMA CITY OK 73105 ~ (405) 962-1470 KLAHOMA STATE BOARD

Email form to: Licensing@okmedicalboard.org

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

Full Legal Name:	QUOC BAO		NGUYEN		
	First	Middle	Last	M	aiden (if applicable)
Mailing Address:					
maning madress.		Street Address or Post Office Box			
			Social Security #:		
City	State Zip	Code Telephone f			
document that will Immigrant or Non-Ir INS Form I-9 INS Form I-6 Asylee: INS Form I-6 INS Form I-6 INS Form I-7 Grant letter Order of an Refugee:	ed alien, please submit a notar be submitted. nmigrant Visa Status: 14	g grant of asylum under §208 Card) annotated "27a .12 (a) Document) annotated "AS"	of the INA (5)"		ndicate the
	588B (Employment Authorization				
	766 (Employment Authorization		TATE		
	571 (RefugeeTravel Document)	and the second s			
And the second of the second o	he U.S. for a least One Year:				
IMC Form LC	94 with stamp showing admission	n for at least one year under §	212 (d) (5) of the INA. (Applican	t cannot aggregate peri	ods of admission
	one year to meet the one-year				45 44 45051
Alien Whose Depor	tation or Removal Was Withhel	d:			
	588B (Employment Authorization		a) (10)"		
	766 (Employment Authorization				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	an immigration judge showing d (b) (3) of the INA	eportation withheld under §2	43 (h) of the INA as in effect pric	or to April 1, 1997, or re	moval withheld
Alien Granted Cond					
	94 with stamp showing admissio				
	588B (Employment Authorization		a) (3)"		
	766 (Employment Authorization	Document) annotated "A3"			
Cuban/Haitian Entr				NET TO SEE THE SECOND S	
	551 (Alien Registration Receipt C			CU7, or CH6	
	temporary I-551 stamp in foreign				
	94 with stamp showing parole as		r § 212 (d) (5) of the INA		
	n Battered or Subjected to Extre				
	and appropriate supporting do	cumentation			
Other Document (p Passport, )					
	nalty of perjury, under the laws	af the State of Oklahama	hat all information contained	in this application and	all accompanying
	ed to substantiate my Evidence			in this application and	an accompanying
documents provide	and the property of the same of	of Status application are th	de and correct.		
Signature Quoc	oc Bao Naugen		Date	03/25/2024	-
Subscribed and sw	orn before me this 25th	day of March	, 20_24		Received 3/25/202 T43363
	4		Manual de la companya del companya del companya de la companya de		SJ
Notary Public	Atm Nu	rul Alam ary Public	HINEALTH OF	Atm Nurul Alam	
Commission Numb	per283777		NOT NOT SE	ARY REGISTRATION NUMBER AL 283777	R
My commission ex	pires06/30/2024		PONIC HOTARY	COMMISSION EXPIRES	1

My commission expires\_

June 30, 2024

#### 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 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.
  - 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.

	240	
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.

## TIME DEFICIENCY FORM

RECEIVED

MAR 2 6 2024

Name: Quoc Bao Nguyen

DOB: Email: OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

START	START	END	END	NAME OF	CITY	STATE	DEGREE
MONTH	YEAR	MONTH	YEAR	INSTITUTION			
80	2014	10	2020	Hue University of Medicine and Pharmacy	Hue	Vietnam (country)	Doctor of Medicine
07	2023	06	2024	Lincoln Medical Hospital	Bronx	NY	Preliminary – Internal Medicine Residency

### EMPLOYMENT IF NEEDED TO FILL THE GAP (None)

OTHE	R - UNEN	PLOYED,	STAY AT	HOME PARENT, SUMME	ER BREAK, TRAVE	LLING
START MONTH	START YEAR	END MONTH	END YEAR	OTHER	CITY	STATE
10	2020	03	2021	Unemployed		$1, V, \gamma \equiv$
03	2021	03	2021	Clinical Observership	New York City	NY
03	2021	04	2021	Clinical Observership	Buffalo	NY
05	2021	06	2021	Clinical Observership	Rochester	NY
06	2021	06	2021	Clinical Observership	Secaucus	NJ
06	2021	07	2021	Clinical Observership	Houston	TX
07	2021	08	2021	Clinical Observership	Boca Raton	FL
08	2021	06	2022	Unemployed		
06	2022	07	2022	Clinical Observership	New York City	NY
07	2022	08	2022	Clinical Observership	Marietta	GA
08	2022	09	2022	Clinical Observership	Rochester	NY
09	2022	02	2023	Unemployed		
02	2023	03	2023	Clinical Observership	Merrillville	IN
03	2023	06	2023	Unemployed		

(423b3

Name: QUOC BAO NGUYEN Application # 43363	NGUYEN Application # 43363
---	----------------------------

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

Start Month	Start Year	End Month	End Year	Name of Institution	City	State	Degree
03	2014	09	2014	Phan Chau Trinh High School Danang		Vietnam	High School Di
09	2014	10	2020	Hue University of Medicine and Pha	Hue	Vietnam	Doctor of Medi
WORK	HISTO	DRY					
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title
07	2023	06	2024	Lincoln Medical Hospital	Bronx	NY	Medical Resid
				ĵ	RECEIV	ED	
					APR 0 3 202	24	
				OF	LAHOMA STATE BO MEDICAL LICENSU AND SUPERVISIO	ARD OF	
OTHER	ACTI	VITV					
Start	Start	End	End	Other Activity		City.	State
Month	Year	Month	Year	(example: Unemployed, Summer Break, Stay at ho	me parent, etc.)	City	State
10	2020	07	2023	Unemployed			



Name	OLIGO DAG NOLIVEN	Application #	40060
Name:	QUOC BAO NGUYEN	Application #	43303

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.

MOITA							
Start Year	End Month	End Year	Name of Institution	City	State	Degree	
2014	10	2020	Hue University of Medicine and Pha	Hue	Vietnam <b>•</b>	Doctor of Me	
HISTO	ORY						
Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
2023	06	2024	Lincoln Medical Hospital	Bronx	NY	Medical Res	
			RIE	CIEILVEID			
			AP	R 16 2024			
R ACTI	VITY						
Start Year	End Month	End Year	Other Activity (example: Unemployed, Summer Break, Stay at ho	ome parent, etc.)	City	State	
2014	09	2014	Complete high school educ	11		ng Vietna	
2020	03	2021	1 Unemployed Dar		Dana	ng Vietna	
2021	06	2022			ng Vietna		
2022	02	2023	4 1120 4714		ng Vietna		
2023	06	2023			ing Vietna		
	Start Year 2014  CHISTO Start Year 2023  RACTI Start Year 2014  2020  2021  2022	Start Year Month 2014 10  HISTORY Start End Month 2023 06  RACTIVITY Start Year Month 2014 09 2020 03 2021 06 2022 02	Start   End   Month   Year   2014   10   2020	Start Year Month Year 2014 10 2020 Hue University of Medicine and Phane Institution Medicine Institution Medicine Institution Medicine Institution Medicine	Start Year Month Year 2014 10 2020 Hue University of Medicine and Pha Hue    HISTORY	Start Year   Month   Year   Name of Institution   City   State	

04/03/2024

QUOC BAO NGUYEN

RE: MD Application #43363

Check Your Application Status Online at:

http://www.okmedicalboard.org *Username*:AP88558592 *Password*:Last 4 SSN

Dear QUOC BAO 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 <a href="mailto:oktraining@okmedicalboard.org">oktraining@okmedicalboard.org</a>

with your activities during the specified time frame.

#### Translations

MedSchool-Transcript UNIV OF HUE, FAC OF MED, HUE, VIET NAM

MedSchool-Form 1 UNIV OF HUE, FAC OF MED, HUE, VIET NAM

PostGrad - Form 2 LINCOLN MEDICAL AND MENTAL HEALTH CENTER PROGRAM

Time Deficiency Form for: 3/2014-9/2014, 10/2020-7/2023 MUST USE TIME DEFICIENCY FORM FOR EXPLANATIONS

OTHER DEFICIENCIES: CAN NOT ACCEPT FORM2 FROM LINCOLN MEDICAL HOSPITAL

BEFORE COMPLETION OF THE PROGRAM/ INCOMING POSTGRAD FORM 2 WILL REMAIN ON

DEFICIENCY LIST FOR TRAINING LICENSE

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

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

http://www.okmedicalboard.org/resources

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

Your user name is <u>AP88558592</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

- XI

Sincerely,

# Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl

Type Number Name MD 43472 FELIPE VELASQUEZ MEDICAL DOCTOR	
Incomplete Information (due to space limitations on this page, this may not be a complete list)	
OTHER DEFICIENCIES: VERIFICATION OF THE CURRENT RESIDENCY PROGRAM CAN BE ACCEPTED ONLY AFTER THE COMPLETION OF THE PROGRAM/ INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE PostGrad - Form 2 GRIFFIN HOSPITAL  PostGrad - Form 2 COLLEGE OF MEDICINE OKC	
Last Medical School Attended:	
264-16 INST DE CIEN DE LA SALUD, FAC DE MED, MEDELLIN, COLOMBIA	
Number of Licenses Previously Granted to Graduates of this Medical School:3	
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 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:	Universidad C	ES Escuela de	Medicina			
LOCATION:	v: Columbia					
ALTERNATE NAMES	Instituto de Ci	encias de la Sal	ud			
			SCHOOL	DETAILS		
School type:		Private				
Year instructio	n started:	1977				
Operational st	atus:	Currently oper	ational			
Additional						
information:						
			PROGRAM	/I DETAILS		
Year instructio		2015				
Curriculum du		6 years				
Language(s) of		Spanish; Cast				
Entrance exam	1:	IS REQUI	IRED IS	NOT REQUIRE	D () INFORMA	TION NOT PROVIDED
Additional					5000	
information:						
			SPONSO	R NOTES		
<b>Graduation Ye</b>	ars:	to	;	to	; 1982 to	CURRENT
Additional						
Information:						
Listed on approved list by		California Me	dical Board	:	YES	○ NO
					•	•
The total num	ber of gradua	ates from this	medical so	hool who are	licensed by the	Oklahoma Board:
	_	_			_	
O 0	$\bigcirc$ 1	O	2	3	O 4	O 5
	200			1077100		

Type Number Name

MD 43472 FELIPE VELASQUEZ

MEDICAL DOCTOR

**Practice Address:** 

April 23, 2024

Status:

Res: TR

Received: 04/02/2024 Entered: 04/02/2024

Temp Issued:
Temp Expires:
Train Issued:
Train Expires:
Fed Rec:
AMA Rec:
Board Action:

License #: 43472

Sex: M

Ethnic Origin: 4

Endorsed By: USMLE

	Test	Score	Date Taken	Date Verified	Attempts
Test 1:	USMLE 1	PASS	05/04/20	4/15/24	1
Test 2:	USMLE 3	<b>PASS</b>	08/03/21	4/15/24	1
Test 3:	USMLE 2	PASS	09/14/20	4/15/24	1
		e: PASS r	neans high	er than 75	

Test AV: Total Possible: Okla Passing:

**Total Score:** 

#### PRE-MED EDUCATION

School Name: COLEGIO SAN IGNACIO DE LOYOLA

City: MEDELLIN
Degree: BACHELOR

State: Country: COLOMBIA From: 1/2005 To: 12/ 2011 Verified:

#### MEDICAL SCHOOL EDUCATION

Name: INST DE CIEN DE LA SALUD, FAC DE MED, MEDELLIN, COLOMBIA

Foreign Name:

City: Medellin State/Country: Colombia

Degree: DOCTOR IN MEDIC From: 1 / 2012 To: 12 / 2017 Diploma Ver'd: Y

Type

Number

Name

MD

43472 FELIPE VELASQUEZ

MEDICAL DOCTOR

POST GRADUATE EDUCATION

Facility: COLLEGE OF MEDICINE OKC

Specialty: RADIOLOGY

Res. Fellowship: Residency

City: OKLAHOMA CITY

State: OK Country: UNITED STATES

Verified:

712024

- /

From:

To:

Facility: GRIFFIN HOSPITAL

Specialty: INTERNAL MEDICINE

Res. Fellowship:

ACGME Ver'd: Comments:

City: DERBY

State:CT

Country: UNITED STATES OF AM

Verified:

From:

712023

To: 6/2024

ACGME Ver'd: Comments:

PRACTICE HISTORY

Employed: THOMAS JEFFERSON UNIVERSITY

Supervisor:

HOSPITAL

City: PHILADELPHIA

State: PA

**Country: UNITED STATES** 

Specialty: RESEARCH SCHOLAR

From: 6/ 2022 To: 6/ 2023

Verified:

Comments: WORKED AS A RESEARCH ASSOCIATE IN THE DEPARTMENT OF DIAGNOSTIC AND

INTERVENTIONAL RADIOLOGY

**Employed: NONE** 

Supervisor:

City: DALLAS

State: TX

**Country: UNITED STATES** 

Verified:

Specialty: STUDENT OF ENGLISH AS A From: 7/ 2019 To: 5/ 2022 SECOND

LANGUAGE@EXCEL INST

Comments:

Employed: SOMER CLINIC

Supervisor:

City: RIO NEGRO

State:

Country: COLOMBIA

Specialty: PRIMARY CARE PHYSICIAN From: 2/2018 To: 8/2019

Verified:

Comments: WORKED AS A PCP IN THE EMERGENCY DEPARTMENT OF SOMER CLINIC, A TERTIARY

CARE HOSPITAL.

Other Licenses

CT

State Lic Type and Number

Status Issued

7/1/23

Exp Verif

Internal medicine, preliminary year 73934

Α

6/30/24 4/23/24

Type

Number

Name

MD

43472 FELIPE VELASQUEZ

MEDICAL DOCTOR

#### **DEFICIENCIES**

OTHER DEFICIENCIES: VERIFICATION OF THE CURRENT RESIDENCY PROGRAM CAN BE ACCEPTED ONLY AFTER THE COMPLETION OF THE PROGRAM/ INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST FOR TRAINING LICENSE

PostGrad - Form 2 GRIFFIN HOSPITAL

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

## Oklahoma State Board of Medical Licensure and Supervision

APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 356 of 379

Received:04/02/2024

Foreign Graduate

Applicant Name: VELASQUEZ, FELIPE

MD 43472

Date Of Birth:

Place Of Birth (City, State): MEDELLIN, COLOMBIA

Race: Hispanic

	ation Name	City	ST Country	From	То	Degree	Comments	Veri
HS	COLEGIO SAN IGNACIO DE LOYOLA	MEDELLIN	COLOMBIA	1/2005	12/2011	BACHELOR		

Medical School Name	City	State Country	Comments	From To
INST DE CIEN DE LA SALUD, FAC	Medellin	Colombia		1/201212/2017
DE MED, MEDELLIN, COLOMBIA				

Post-Graduate						
Facility	City	St Country	Specialty	Comments	From	То
GRIFFIN HOSPITAL	DERBY	CT UNITED S'	INTERNAL MEDICINE		7/2023	6/2024

Practice History Employer	Specialty	Supervisor	City	ST Countr	From	То	Verif
GRIFFIN HOSPITAL	INTERNAL MEDICINE PRELIMINARY YEAR		DERBY	CT	7/2023	0/0	
THOMAS JEFFERSON UNIVERSITY HOSPITAL	RESEARCH SCHOLAR	R	PHILADELPHIA	PA	6/2022	6/2023	
SOMER CLINIC	PRIMARY CARE PHYSICIAN		RIO NEGRO	COLOM BIA	2/2018	8/2019	

Other/	Out-Of-State Lice	nses					-
State	License #	Profession		Status	<b>Issue Date</b>	Exp Date	
CT	Internal medicine	Internal med	dicine, pre	liminary U	7/1/23	6/30/24	
MD Ex	am			G-exten			
Exam		State	Score	Date Taken	#_		
USMLE							

4250/

50

# Oklahoma State Board of Medical Licensure and Supervision PAGE 357 of 379

## APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

Received:04/02/2024

#### Foreign Graduate

Que	estions Answered 04/01/2024	Response
Α.	Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third-party payor, to include TRICARE, MEDICARE, MEDICAID?	N
3.	Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)?	N .
Э.	Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization?	N
D.	Have you ever been denied or had removed or suspended hospital staff privileges?	N
Ξ.	Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?	N
Ξ.	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 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

### APPLICATION FOR OKLAHOMA MEDICAL DOCTOR LICENSE

PAGE 358 of 379

Received:04/02/2024

#### 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?
If 'Yes', Name of practice:
If so, Please identify with which category:
Name of Previous Carrier and Policy Holder NA
Name of Current Carrier and policy Holder NA
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 01, 2024:(Signed Online)



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

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

#### OKTRAINING@okmedicalboard.org

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

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

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

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

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

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



# Felipe Velasquez Botero

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

Velasquez Botero, Felipe

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

15th

April

2024

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

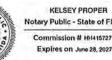
		NOTAL	RY			
State of Florida	, County of	Broward				
applicant by (a) compa applicant and with the	te set forth below, the indiv ring his/her physical appea photograph affixed hereto, nis/her identifying docume	rance with the pheand (b) comparing	otograph on the identify	ying document	t presented b	y the
The statements on this	document are subscribed and	d sworn to before m	ne by the applicant on this	s 15th <sub>day</sub> of—	April	<u>2934</u>

Notary Public Signature Kelsey Proper My Notary Commission Expires 06/28/2027 HH415727

Notarized remotely online using communication technology via Proof.

PASSPORT produced for ID.

NOTARY SEAL



KELSEY PROPER
Notary Public - State of Florida

143472



## 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: 04/15/2024

Examinee:

Velasquez, Felipe

Alt Name(s): Velasquez Botero, Felipe

Examinee ID: 1-089-908-6

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 05/04/2020	Pass/Fail Pass	Score 254	Minimum Pass (194)	Comments
USMLE ST	EP 2			
Clinical Know	eledge (CK)			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
09/14/2020	Pass	263	(209)	
USMLE ST	EP 3			
Test Date	Pass/Fail	Score	Minimum Pass	Comments
08/03/2021	Pass	238	(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: Velasquez, Felipe

Examinee ID: 1-089-908-6
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.

## Oklahoma State Board of Medical Licensure and Supervision 101 NE 51st Street Oklahoma City, OK 73105 ~ (405) 962-1470



#### Email form to: Licensing@okmedicalboard.org

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

pplicant's f	Name <u>: Felipe Velasquez</u>		OKI APR	15 2024 TERON
stitution:_	CES University	City/State: Medellin, Colombia	MEDICA ST	2024
	ended your medical school on the following	dates:	TE BOARD OF	
om <u>: 01</u> Month	/ 20 / 2012     To     12 / 13 / 2017       Day     Year     Month     Day     Year			
varded de	gree of GENERAL PHYSICIAN	on 12 / 13 / 2017 Month Day Year		
	his individual's official record reflect (an) inte al education? If yes, please explain.	rruption(s) or extension(s) in his/her	☐ YES	<b>≋</b> NO
discipli	his individual's official record reflect that he/s	tion? If yes, please explain.	☐ YES	<b>♯</b> NO
report	his individual's official record reflect that he/s s for behavioral reasons or an investigation by please explain below.		☐ YES	<b>₩</b> NO
	his individual's official record reflect that he/s ct/behavioral reasons by the medical school o	가게 하지 않는 사람이 하면 가게 되었다. 그렇게 되면 하면 이 이 가장 하는 사람이 되었다면 하는 사람이 되었다. 그렇게 되었다면 하는 사람들이 되었다면 하다.	☐ YES	<b>₩</b> NO
require	his individual's official record reflect that the ements imposed on the individual because of inary problems, or any other reason? If yes, p	questions of academic incompetence,	□ YES	<b>₩</b> NO
lease expl	ain any "YES" response from above:			
	of the following is certification that the info	ormation above is an accurate account of th	is individu	al's
lame:	Paula Vasquez Marin	Signature Paula Vasquez	m	
itle of ignatory:	Dean	Signature Date 04/15/2024		
hone: 5	7604 4440555 Fax:	E-Mail: pvasquez@ces.edu.co		

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#### Ces University

Commitment to Excellence

Resolution issued by the Ministry of National Education No. 1371 on March 22, 2007.

Hereby awards this Diploma,

Taking into account that:

#### Felipe Velasquez Botero

ID N° 1.037.625.965 issued in Envigado (Antioquia)

Has completed all the academic requirements demanded by University bylaws to qualify for the Degree of:

#### **General Physician**

In witness whereof, this Diploma is issued, signed and sealed with the corresponding University seals, in the City of Medellin, Colombia, on December 13, 2017.

(Signature affixed)
Jorge Julian Osorio Gomez
University Chancellor
CES University
[Seal affixed: CES University]

(Signature affixed)
Patricia Chejne Fayad
General Secretary
CES University

(Signature affixed)
Jorge Ricardo Posada Saldarriaga
Dean
CES University

Recorded in file 467, Number 15864 of December 13, 2017. Degree Certificate N° 15959 of December 13, 2017. Signature: (Signature affixed)

Address: Cl 10A N° 22-04 PO Box 054 591 Tel: 444 0555 Fax: 266 6046 Tax ld N° 890,984.002-6 City of Medellin, Colombia

I hereby certify that this is a true, complete and correct translation from the original document I had in sight. DAVID ALBERTO FORERO VIERA, Official certified translator and interpreter for the English-Spanish-English languages, according to proficiency translator's certificate 440 issued by the National University of Colombia.

To verify the authenticity and issuance of this Official Translation log-on to: <a href="https://www.upc-documents.com">https://www.upc-documents.com</a> and enter the publication date (i.e. official translation date) and the following verification code: 1586B4T02476 (Online authenticity check will be available for 90 days after publication date). No responsibility is assumed for the contents of documents presented by the Client. Authenticity and accuracy of documents submitted is the sole responsibility of the Client.

Translation Ref. B4-T02476 Official Translation Date: January 17, 2020







### EN ATENCIÓN A QUE

# Felipe Velásquez Botero

C.C. 1.037.625.965 de Envigado (Antioquia)

HA COMPLETADO TODOS LOS REQUISITOS ACADÉMICOS EXIGIDOS POR LOS ESTATUTOS UNIVERSITARIOS, PARA OPTAR EL TÍTULO DE

## Médico General

EN TESTIMONIO DE ELLO EXPIDE, FIRMA Y REFRENDA EL DIPLOMA CON LOS SELLOS RESPECTIVOS EN MEDELLÍN, COLOMBIA A LOS 13 DÍAS DEL MES DE DICIEMBRE DE 2017.

Patricia Cheine Fayad Secretaria General

Universidad CES

Jorge Ricardo Posada Saldarriaga

**Universidad CES** 

Registrado en: Folio 467 Número 15864 del 13 de diciembre de 2017. Acta 15959 del 13 de diciembre de 2017. Firma: Besche Fra



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#### **CES UNIVERSITY**

## Resolution N° 1371 issued on March 22, 2007 by the Ministry of National Education OFFICIAL TRANSCRIPT OF GRADES FACULTY OF MEDICINE

### FELIPE VELASQUEZ BOTERO

Citizenship ID card No



Courses	Year	Period	Grades	Concept	Credits
Level 1					
Anatomy I	2012	010	3,56	Α	2
Histo-embryology I	2012	010	3,87	Α	4
Physiology I	2012	010	3,21	Α	6
Biochemistry and Molecular Biology I	2012	010	3,17	Α	5
Physical examination and exploration methods I	2012	010	3,87	Α	1
Introduction to Medicine I	2012	010	3,70	Α	1
Public health I	2012	010	3,79	Α	1
Medical information technology I	2012	010	3,63	Α	1
Reading and writing techniques	2012	010	4,10	Α	2
Average Level 1: 3.51	2012	2.15	71,10	.,,	- 6
Level 2					
Medical information technology II	2012	030	4,09	Α	1
Sociobiology	2012	030	4,60	Α	2
Public health II	2012	030	4,54	Α	1
Physical examination and exploration methods II	2012	030	4,11	Α	2
Histo-embryology I	2012	030	3,69	Α	1 2 3 7
Biochemistry and Molecular Biology II	2012	030	3,62	Α	7
Physiology II	2012	030	3,60	Α	5
Anatomy II	2012	030	3,97	Α	4
Average Level 2: 3,85					
Level 3					
General Anthropology	2013	010	4,00	Α	2
Medical information technology III	2013	010	5,00	Α	1
Public health III	2013	010	4,53	Α	1
Physical examination and exploration methods III	2013	010	3,87	Α	1
Introduction to Medicine II	2013	010	4,54	Α	1
Physiology III	2013	010	3,26	Α	9
Pharmacology I	2013	010	3,66	Α	9
Histo-embryology III	2013	010	3,89	Α	2 2
	2013	010	4,21	Α	2
Anatomy III Pathophysiology I	2013	010	4,50	Α	3
Average Level 3: 3,83	2010	010	1,00		
Level 4					
Pathology	2013	030	4,10	Α	1
Pathophysiology II	2013	030	3,40	Α	9
Pharmacology II	2013	030	3,95	Α	3
Epidemiology I	2013	030	3,78	Α	1
Epidemiology I	2013	030	3,78	Α	1
Microbiology	2013	030	4,03	Α	3
Public health IV	2013	030	3,65	A	1
	2013	030	4,40	A	2
Medical Socio-anthropology	2013	030	4,34	A	2 6
Semiology	2010	000	4,04		-
Average Level 4: 3,88					

Official translation Ref. B4-T02519 Official Translation date: February 19, 2020



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Level 5	200-00000						
	reciation and history of cinema)	2014	010	3,80	A	2	Dr
Family and community		2014	010	4,53	A	1	27
	nealur i	2014	010	4,43	A	1 3	OF
Diagnostic Aids	otoro I	2014	010	4,42	A	1	
Emergencies and Disa	isters i	2014	010	5,00	A	2	
History of medicine		2014	010		A	1	
Epidemiology II				3,23		3	
Pediatrics I		2014	010	3,87	A	11	
Internal Medicine I		2014	010	3,93	Α	4.1	
Average Level 5: 4,07							
Level 6						- 2	
Dermatology I		2014	030	3,89	Α	3	
Optional course II (Arti	istic appreciation)	2014	030	4,60	Α	2	
Surgical technique		2014	030	4,27	A	1	
Internal Medicine II		2014	030	3,87	Α	8	
General Ethics (Artisti	ic appreciation)	2014	030	4,80	Α	2	
Mental health		2014	030	3,73	Α	1	
Groups and Environme	ents II	2014	030	4,02	Α	2	
Pediatrics II		2014	030	4,54	A	5	1.5
Average Level 6: 4,17	7		572			4.0	0
Level 7-8							e
		2014	030	4,08	Α	1	2
Research methodolog		2015	050	4,85	A	1	RECEN
Groups and Environm		2015	050	4,19	Â		18
Specialties and extern	al consultation	2015	050	4,50	Â	5 2 2 4	25
Political Sciences				4,30	A	2	3
Rural Sociology		2015	050		Ä	1	051
Gynecology and Obst	etrics I	2015	050	4,47	Ä	6	
Internal Medicine III	nuclei de	2015	050	4,13		4	
Orthopedics and traun	natology I	2015	050	4,46	A		
Medical Ethics		2015	050	4,32	A	1	
Health Management I		2015	050	3,85	A	3	
Pediatrics III		2015	050	4,21	A	7	
Psychiatry I		2015	050	4,51	Α	4	
Average Level 7-8: 4	,28						
Level 9-10							
Health Intervention		2016	050	4,59	Α	12	
Legal medicine and fo	rensic sciences	2016	050	3,40	Α	4	
Emergency patient ma		2016	050	4,42	Α	2	
Elective Rotation	•	2016	050	4,70	Α	5	
Economy and Society		2016	050	4,00	Α	2	
Gynecology and Obst		2016	050	4,32	Α	5 2	
Health Management I		2016	050	4,80	Α	2	
Pediatrics IV		2016	050	4,24	Α	3	
Orthopedics and traur	natology II	2016	050	4,50	Α	3	
Evidence based medi		2016	050	4,22	Α	1	
	OITIG	2016	050	4,37	A	3	
Dermatology II		2016	050	4,28	A	6	
Surgery I		2016	050	4,74	A	3	
Psychiatry II		2016	050	4,40	A	1	20
Anesthesia I	4.20	2010	VJU	7,70	(1)		
Average Level 9-10:	4,38						

Official translation Ref. B4-T02519 Official Translation date; February 19, 2020



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Level 11-12					
Surgery II	2017	070	4,47	A	10
Anesthesia II	2017	070	4.76	A	5
Pediatrics V	2017	070	4,43	A	15
Orthopedics and traumatology III	2017	070	4,85	Α	5
Internal Medicine IV	2017	070	4,36	Α	10
Gynecology and Obstetrics III	2017	070	4,69	Α	10
Emergency patient management II	2017	070	4,11	Α	8

Average Level 11-12: 4,48

Failed subjects between: zero, zero, zero (0.00) and two, nine, nine (2.99). Subjects approved between: three, zero, zero (3.00) and five, zero, zero (5.00).

Concepts: RE = Repeated, SA = Passed Sufficiency, SR = Failed Sufficiency, CP = Promotion Committee, A = Passed, HA = Remedial academic work Passed, HR = Remedial academic work Failed, C = Canceled, R = Failed, HM = Course approval.

Periods: 010 First Semester, 020 Inter-semester 1, 030 Second Semester, 040 Inter-semester 2, 050 Annual 1 (Jan.-Dec.), 060 Annual 2 (Jun.-May.), 070 Annual 3 (Dec.-Nov.)

Degree;

December 13, 2017

Degree certificate N°:

15959

Obtained Degree: GENERAL PHYSICIAN

Cumulative average:

4.15

Position N°:

50 of 72

(Signature affixed)

BEATRIZ ELENA GUZMAN ARISMENDY

City of Medellin, January 26, 2018

[Seal affixed: CES University / Admissions and Tuition

Department / (Signature affixed)]

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

www.ces.edu.co Address: Cll 10A N° 22-04 PO Box: 054 591 Tel: 444 0555 Fax: 266 6046 Tax ID N° 890.984.002-6 City of Medellin, Colombia

I hereby certify that this is a true, complete and correct translation from the original document I had in sight. DAVID ALBERTO FORERO VIERA, Official certified translator and interpreter for the English-Spanish-English languages, according to proficiency translator's certificate 440 issued by the National University of Colombia.

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Official translation Ref. B4-T02519 Official Translation date: February 19, 2020





#### CERTIFICADO DE NOTA

#### FACULTAD DE MEDICINA MEDICINA

FELIPE VELÁSQUEZ BOTERO Cédula de ciudadanía:



Asignatura	Año	Período	Nota	Concepto	Créditos	
NIVEL 1						
Anatomia I	2012	010	3,56	Α	2	
Histoembriología I	2012	010	3,87	A	4	
Fisiología I	2012	010	3,21	Α	6	
Bioquímica Y Biología Molecular I	2012	010	3,17	Α	5	
Examen Físico Y Métodos De Exploración I	2012	010	3,87	Α	1	
Introducción A La Medicina I	2012	010	3,70	Α	1	
Salud Pública I	2012	010	3,79	Α	1	
Informática Médica I	2012	010	3,63	Α	. 1	
Técnicas Para La Lectura Y La Escritura	2012	010	4,10	Α	2	
Promedio Nivel 1 : 3,51						
NIVEL 2						
Informática Médica II	2012	030	4,09	A	100	
Sociobiología	2012	030	4,60	Α	2	
Salud Pública II	2012	030	4,54	A	1	
Examen Físico Y Métodos De Exploración II	2012	030	4,11	Α	2	
Histoembriología II	2012	030	3,69	· A	3	
Bioquímica Y Biología Molecular II	2012	030	3,62	Α .	7	
Fisiologia II	2012	030	3,60	Α	5	
Anatomía II	2012	030	3,97	Α	4	
Promedio Nivel 2 : 3,85						
NIVEL 3						
Antropologia General	2013	010	4,00	Α	2	
Informática Médica III	2013	010	5,00	Α	1 .	
Salud Pública III	2013	010	4,53	Α	1	
Examen Físico Y Métodos De Exploración III	2013	010	3,87	Α	1	



Página 1 de 5







### FACULTAD DE MEDICINA MEDICINA

**FELIPE VELÁSQUEZ BOTERO** Cédula de ciudadanía:



Asignatura	Año	Período	Nota	Concepto	Créditos
ntroducción A La Medicina II	2013	010	4,54	A	1
Fisiologia III	2013	010	3,26	Α	9
Farmacología I	2013	010	3,66	Α	3
Histoembriología III	2013	010	3,89	A	2
Anatomía III	2013	010	4,21	Α	2
Fisiopatología I	2013	010	4,50	Α	3
Promedio Nivel 3 : 3,83					
NIVEL 4					
Patologia	2013	030	4,10	A	1
Fisiopatologia II	2013	030	3,40	Α	9
Farmacología II	2013	030	3,95	Α	3
Epidemiologia I	2013	030	3,78	Α	1
Epidemiología I	2013	030	3,78	Α	1
Microbiología	2013	030	4,03	. A	3
Salud Pública IV	2013	030	3,65	A	1
Socioantropología Médica	2013	030	4,40	A	2
Semiología	2013	030	4,34	A	6

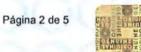
Promedio Nivel 4: 3,88

#### NIVEL 5

Opcional I ( Apreciación E Historia Del Cine )	2014	010	3,80	Α	2
Salud Familiar Y Comunitaria I	2014	010	4,53	Α	1
Ayudas Diagnósticas	2014	010	4,43	Α	3
Emergencias Y Desastres I	2014	010	4,42	Α	1
Historia De La Medicina	2014	010	5,00	A	2
Epidemiología II	2014	010	3,23	Α	1
Pediatria I	2014	010	3,87	Α	3
Medicina Interna I	2014	010	3,93	Α	11

Promedio Nivel 5: 4,07



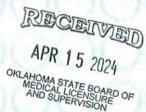






#### FACULTAD DE MEDICINA MEDICINA

FELIPE VELÁSQUEZ BOTERO Cédula de ciudadanía:



Asignatura	Año	Período	Nota	Concepto	Créditos
NIVEL 6					
Dermatología I	2014	030	3,89	A	3
Opcional II ( Apreciación Artística )	2014	030	4,60	Α	2
Técnica Quirúrgica	2014	030	4,27	Α	1
Medicina Interna II	2014	030	3,87	A	8
Ética General ( Apreciación Artística )	2014	030	4,80	Α	2
Salud Mental	2014	030	3,73	A	1
Grupos Y Entornos II	2014	030	4,02	A	2
Pediatria II	2014	030	4,54	Α	5
Promedio Nivel 6 : 4,17					
NIVEL 7-8					
Metodología De La Investigación	2014	030	4,08	Α	1
Grupos Y Entornos III	2015	050	4,85	Α	1
Especialidades Y Consulta Externa	2015	050	4,19	Α	5
Ciencias Políticas	2015	050	4,50	A	2
Sociología Rural	2015	050	4,30	A	2
Ginecología Y Obstetricia I	2015	050	4,47	Α	4
Medicina Interna III	2015	050	4,13	Α	6
Ortopedia Y Traumatología I	2015	050	4,46	A	4
	2015	050	4,32	Α	1
Ética Médica	2013				
Ética Médica Administración En Salud I	2015	050	3,85	A	3
	100	050 050	3,85 4,21	A	1 7



Promedio Nivel 7-8: 4,28

Página 3 de 5





APR 15 2024

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

#### CERTIFICADO DE NOTA

#### **FACULTAD DE MEDICINA MEDICINA**

FELIPE VELÁSQUEZ BOTERO

Cédula de ciudadanía:

**NIVEL 9-10** 

Asignatura	Año	Período	Nota	Concepto	Créditos
Intervención En Salud	2016	050	4,59	A	12
Medicina Legal Y Ciencias Forenses	2016	050	3,40	A	4
Manejo Del Paciente Urgente I	2016	050	4,42	A	2
Rotación Electiva	2016	050	4,70	Α	5
Economia Y Sociedad	2016	050	4,00	Α	2
Ginecología Y Obstetricia II	2016	050	4,32	Α	5
Administración En Salud II	2016	050	4,80	A	2
Pediatria IV	2016	050	4,24	Α	3
Ortopedia Y Traumatología II	2016	050	4,50	Α	3
Medicina Basada En La Evidencia	2016	050	4,22	Α	1
Dermatologia II	2016	050	4,37	Α	3
Cirugia I	2016	050	4,28	Α	6
Psiquiatría II	2016	050	4,74	A	3
Anestesia I	2016	050	4,40	Α	1
Promedio Nivel 9 -10: 4,38					
NIVEL 11-12					
Cirugia II	2017	070	4,47	Α	10
Anestesia II	2017	070	4,76	Α	5
Pediatria V	2017	070	4,43	Α	15
Ortopedia Y Traumatología III	2017	070	4,85	Α	5
Medicina Interna IV	2017	070	4,36	A	10
Ginecología Y Obstetricia III	2017	070	4,69	A	10
Manejo Del Paciente Urgente II	2017	070	4,11	Α	8

Promedio Nivel 11-12: 4,48

Página 4 de 5

Un compromiso con la excelencia





#### FACULTAD DE MEDICINA MEDICINA

FELIPE VELÁSQUEZ BOTERO Cédula de ciudadanía:



Asignaturas reprobadas entre: cero.cero.cero ( 0,00 ) y dos.nueve.nueve ( 2,99 ) Asignaturas aprobadas entre: tres.cero.cero ( 3,00 ) y cinco.cero.cero.cero ( 5,00 )

Conceptos: RE = Repetida, SA = Suficiencia Aprobada, SR = Suficiencia Reprobada, CP = Comité de Promoción, A = Aprobada, HA = Habilitada Aprobada, HR = Habilitada Reprobada, C = Cancelada, R = Reprobada, HM = Homologada.

Periodos: 010 Primer Semestre, 020 Intersemestral 1, 030 Segundo Semestre, 040 Intersemestral 2, 050 Anual 1 (Ene.-Dic.), 060 Anual 2 (Jun.-May.), 070 Anual 3 (Dic.-Nov.)

Titulado (a) el: 13 de Diciembre de 2017

Acta No.: 15959

Obtuvo el Titulo de: MÉDICO GENERAL

Promedio acumulado: 4,15 Puesto ocupado: 50 de 72

BEATRIZ ELENA GUZMAN ARISMENDY

Medellin, 26 de enero de 2018

ADMISIONES Y REGISTRO

Página 5 de 5





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

Issue Date: 25 Apr 2024

STATE BOARD OF LICENSURE & SUPERVISION

LISA CULLEN

DIRECTOR OF LICENSING

P.O. BOX 18256

OKLAHOMA CITY, OK 73154-0256

State Board Code:

Please include this number on

all requests.

#### **ECFMG® CERTIFICATION STATUS REPORT**

USMLE®/ECFMG Identification Number: 1-089-908-6

Applicant's Name: Felipe Velasquez Botero

Applicant's Date of Birth

ECFMG Certified: Yes

Certificate Issue Date: 22 Jun 2021

English Test Valid Through: 31 Dec 2024

Clinical Skills Assessment Valid Through: 31 Dec 2024

APR 29 2024

HOMA STATE BOARD OF

#### Passing Performance on Medical Science Examinations:

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	04 May 2020	*	*
USMLE Step 2 CK	14 Sep 2020	*	*

#### 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: Universidad CES Escuela de Medicina, Medellin, COLOMBIA

Degree Year: 2017

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: 8JSKODC450

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

\* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

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

Form 282 B - 6/22

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



### **Lookup Detail View**

PRI	MADO
80	JRCE

Name

Name

**FELIPE VELASQUEZ** 

#### License Information

License Information

License Type	License Number	Expiration Date	Granted Date	License Name	License Status		Actions or Pending Charges
Resident Physician	73934	06/30/2024	07/01/2023	FELIPE VELASQUEZ	ACTIVE	CURRENT(	None

Generated on: 4/23/2024 1:07:01 PM



143492

Expires on June 28, 2027

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

ull Legal Name:	Felipe			Velasquez Botero	
30.00	First		Middle	Last	Maiden (if applicable)
Mailing Address:					
		Street Address or Po	st Office Box		
				Social Security #:	
City	State	Zip Code	Telephone Number		
ocument that will be	e submitted.			QUALIFIED ALIEN STATUS red documents. Place a checkm	nark below to indicate the
nmigrant or Non-Imn	nigrant Visa Status:				
INS Form I-94 INS Form I-688					
INS Form I-688	B				8
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	(Employment Authorization				APD
	om the Asylum Office of INS		7.0	Oki	APR 15 2024
	migration judge granting as			, A	MEDIMA ST. 1024
efugee:					AND SUSICE BOA
INS Form I-94	annotated with stamp shov	ving admission und	der §207 of the INA		ERVISIORE OF
	B (Employment Authorizat				
	(Employment Authorization		otated "A3"		
	(RefugeeTravel Document	:)			
	U.S. for a least One Year:				
			e year under §212 (	i) (5) of the INA. (Applicant canno	t aggregate periods of admission
	ne year to meet the one-ye ion or Removal Was Withh				
	BB (Employment Authorizat		ed "274 a 12 (a) (10)	"	
	(Employment Authorization		the second secon		
Order from an				of the INA as in effect prior to Ap	ril 1, 1997, or removal withheld
under §241 (b)		8 4 5 C 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	THE WITTER SHIP OF	ar and mirrar in annual great terrip	on an area of the second secon
ien Granted Condition	onal Entry:		00-00-00		
	with stamp showing admiss				
	BB (Employment Authorizat				
	(Employment Authorization	on Document) ann	otated "A3"		
uban/Haitian Entrant					
				ard") with the code CU6, CU7, or	CH6
	nporary I-551 stamp in fore with stamp showing parole				
	attered or Subjected to Ex		entrant under § 21	z (d) (5) of the INA	
	nd appropriate supporting of				
ther Document (plea					
	to substantiate my Evider			l information contained in this a d correct. O4/15/ Date, 2 <sub>0</sub> 24	A CONTRACTOR OF THE CONTRACTOR
lotary Public	Mayropen	Kelsey Pro		PAY PURE	KELSEY PROPER Notary Public - State of Florida

Notarized remotely online using communication technology via Proof. PASSPORT produced for ID.

My commission expires\_

06/28/2027

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

#### OKLAHOMA CITY OK 73105

Phone: (405)962-1400 Email: OKTRAINING@okmedicalboard.org

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

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

Felipe Velasquez 04/05/2024 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 email to the address at the top of the page.

Page 4 of 4 TUBY P

### TIME DEFICIENCY FORM

Name:	Felipe Velasquez	Application #	٦
ivallie.	TORY OF STREET	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	
01	2006	12	2011	Colegio San Ignacio de Loyola	Medellin	Colombia	ia Bachelor	
01	2012	12	2017	Universidad CES	Medellin	Colombia	Doctor in Medicine	
EMPLO	VMEN	r IF NF	EDED :	TO FILL TIME GAP				
Start Month	Start Year	End Month	End Year	Name of Employer	City	State	Job Title	
01	2018	06	2019	Somer Clinic	Rio Negro	Colombia	Physician	
06	2022	06	2023	Thomas Jefferson University Hospital	Philadelphia	PA	Research associate	
06	2023	06	2024	Griffin Hospital	Derby	CT	Intern PGY-	
			TA	RECEIVE	D			
				APR 1 5 2024				
				OKLAHOMA STATE BOARI MEDICAL LICENSURE AND SUPERVISION	OF			
OTHER	- UNE	MPLOY	ED, S	 TAY AT HOME PARENT, SUMMER I	 BREAK, TRA	VELING		
Start Month	Start Year	End Month	End Year	Other		City	State	
07	2019	05	2022	Student of English as a Second Language. Excel Institute		Dallas	TX	
	-							



04/23/2024

FELIPE VELASQUEZ

RE: MD Application #43472

Check Your Application Status Online at: http://www.okmedicalboard.org Username:AP57304709 Password:Last 4 SSN

Dear FELIPE VELASQUEZ,

# 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.

Extended Background Check

OTHER DEFICIENCIES: INCOMING POSTGRAD FORM 2 WILL REMAIN ON DEFICIENCY LIST

FOR TRAINING LICENSE

**ECFMG** 

**ECFMG Date** 

PostGrad - Form 2 GRIFFIN HOSPITAL

PostGrad - Form 2 COLLEGE OF MEDICINE OKC

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

http://www.okmedicalboard.org/resources

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

Your user name is <u>AP57304709</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. <u>oktraining@okmedicalboard.org</u>

Sincerely,

Seema Jayachand

Seema Jayachand

Dept. of Licensing

Encl